

FANSER Project Care Group Annexes

July 2021



ACKNOWLEDGEMENTS

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Contents

ACKNOWLEDGEMENTS	2
Handout 2A: GIZ-FANSER Project Goal, Objectives, and Activities	5
Handout 3A: GIZ-FANSER Project Care Group Structure	11
Handout 3B: Causes of Death in Children less than Five Years of Age, Lancet	12
Handout 3C: Results from Care Group Operations Research.....	13
Handout 3D: GIZ-FANSER Project Care Group Reference Table - Blank.....	14
Handout 3E: GIZ-FANSER Care Group Reference Table – Completed	16
Handout 4A: GIZ-FANSER Project Care Group Program Characteristics as adapted from the Care group Model -Blank.....	19
Handout 4B: GIZ-FANSER Project Care Group Program Characteristics-Completed	22
Handout 5A: Household Registration Form.....	25
Handout 5B: Creating a Community Map.....	28
Handout 5C: Community Census Form - Blank.....	32
Handout 5D: List from Census of HHs in a Sample Community - Completed	32
Hand Out 5E: Ward Map.....	33
Handout 6A: Care Group Essential Responsibilities Jumble	34
Handout 6B: GIZ-FANSER Project Care Group Team Essential Responsibilities adapted from Care Group Model.....	37
Handout 6C: Characteristics of Nutrition Volunteers	41
Handout 6D Selection Criteria for Nutrition Volunteers and Health/Sanitation Promoters	43
Handout 7A: Training Table (page 1-2).....	47
Handout 7A: Training Table Answers (Page 2 of 2)	49
Handout 7B: Training Table ANSWER KEY	51
Handout 7C: Agenda Assembly.....	53
Handout 7C: Agenda Assembly (Key)	55

Handout 7D: Monthly Training Meeting.....	57
Handout 7E: Lesson Calendar	59
Handout 8A: Stages of Behavior Change Cards	60
Handout 8B: Stages of Behavior Change	62
Handout 9A: Nutrition Field Supervisor’s (NFS)/Health Facility Focal Point Person (HFFPP) Checklist for Supervising a Health/Sanitation Promoter	67
Handout 9B: Supervision Actions Game	70
Handout 10A: Supervision Table (1 of 2)	72
Handout 10A: Supervision Answers (Page 2 of 2)	73
Handout 10B: Supervision Table ANSWER KEY	75
Handout 10C: Workplan-Blank	76
Handout 10 D: Samples of Monthly Workplans	77
Handout 11A: QIVC for Education Sessions.....	79
Handout 11B: For the Skit Volunteer.....	81
Handout 12A: Steps for Giving Positive Feedback.....	83
Handout 12B: QIVC to Evaluate Positive Feedback.....	84
Handout 16A: Talking Points for Community Meetings about GIZ-FANSER Projects	87
Handout 17 A: Nutrition Field Supervisors Monthly report form	89
Hand out 17 B: Health Promoters Monthly Report.....	93
Hand out 17C: Nutrition Volunteer Monthly Report.....	97
Annex 1: Learning Resource Needs Assessment – Care Groups	100
Handout 1A : Pre- and Posttest	101
Annex 2: CG Workshop Feedback Forms.....	109
Daily Feedback Form.....	109

End of Workshop Feedback Form..... 110
Credit..... 111

Handout 2A: GIZ-FANSER Project Goal, Objectives, and Activities

[Cut into individual strips]

The nutritional situation of people living in food-insecure households in districts of Luapula and Eastern Provinces especially of women of reproductive age and children under the age of 2 years, has improved.
Scaling of recommended feeding practices for children under 2 and nutrition of women of reproductive age
Improved nutrition-sensitive hygiene practices among

women of reproductive age and children under 2

Diversification of dietary intake through reliable access to safe and nutritious foods

Improved knowledge and practices in recommended feeding using IYCF practices

Improved dietary diversity for women of reproductive age and children under 2

Improved knowledge in recommended hygiene

Increased production of diverse, quality foods

Increased access to diverse foods for household consumption

Increased incomes and resilience of poor households

Improved knowledge and capacity to transfer knowledge by intermediaries on recommended IYCF, nutrition, and nutrition-sensitive hygiene practices

Planning and coordination capacities at district-level is improved

Improved intra-household, joint decision-making with a focus on enhancing women's control over resources and

household nutrition and male care-taker support on nutrition actions

Improved male engagement in all program activities

Conduct monthly nutrition counseling and support sessions at households (ENAs, WEAs)

Support growth monitoring and promotion sessions through CLTN

Promote essential WASH actions

Conduct cooking demonstrations

Promote kitchen gardens

Form, support, monitor SILCs
Certify Private Service Providers (PSPs)
Provide marketing basics to SILCs
Conduct value chain assessments
Train PSPs in SILC GTA
Conduct focus group discussions with households on gender issues
Provide training in advanced marketing and business skills
Participating in child health events
Conduct home visits to encourage men participation in child care activities

Exchange visit/peer learning among volunteers and households

Conduct radio programs

Conduct drama (road shows)

Conduct share-out meetings for SILC

Conduct network meetings

Conduct training in Farmer business school (FBS)

Handout 3A: GIZ-FANSER Project Care Group Structure

Figure 2: GIZ-FANSER Project Care Group structure

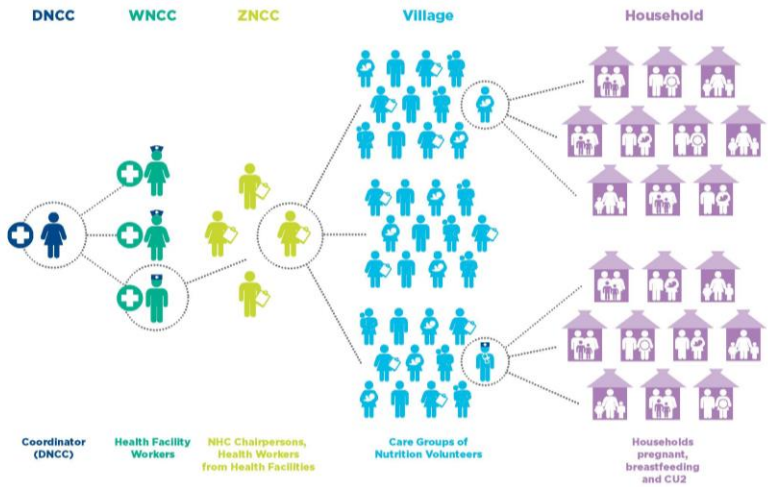
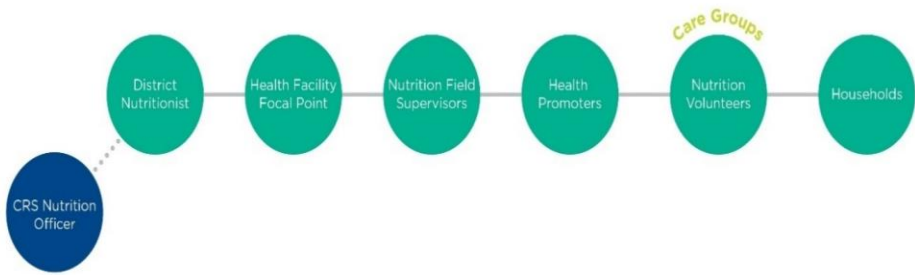


Figure 3: Proposed GIZ-FANSER Project Care Group structure in health facilities



Handout 3B: Causes of Death in Children less than Five Years of Age, Lancet

Table 2: **Under-5 deaths that could be prevented in the 42 countries with 90% of worldwide child deaths in 2000 through**

	Estimated under-5 deaths prevented			
	Number of deaths (~10 ³)	Proportion of all deaths		
Preventive interventions				
Breastfeeding	1301	13%	<p>Cumulative impact of behavior change!</p> <p>13%</p> <p>7%</p> <p>6%</p> <p>5%</p> <p>4%</p> <p>3%</p> <p>2%</p> <p>2%</p> <p>15%</p> <p>57%</p>	
Insecticide-treated materials	691	7%		
Complementary feeding	587	6%		
Zinc	459(351)*	5% (4%)*		
Clean delivery	411	4%		
Hib vaccine	403	4%		
Water, sanitation, hygiene	326	3%		
Antenatal steroids	264	3%		
Newborn temperature management	227(0)*	2% (0%)*		
Vitamin A	225(176)*	2% (2%)*		
Tetanus toxoid	161	2%		
Nevirapine and replacement feeding	150	2%		
Antibiotics for premature rupture of membranes	133(0)*	1% (0%)*		
Measles vaccine	103	1%		
Antimalarial intermittent preventive treatment in pregnancy	22	<1%		
Treatment interventions				
Oral rehydration therapy	1477	15%		
Antibiotics for sepsis	583	6%		
Antibiotics for pneumonia	577	6%		
Antimalarials	467	5%		
Zinc	394	4%		
Newborn resuscitation	359(0)*	4% (0%)*		
Antibiotics for dysentery	310	3%		
Vitamin A	8	<1%		

Jones G, Steketee R, Bhutta Z, Morris S. and the Bellagio Child Survival Study Group. "How many child deaths can we prevent this year?" Lancet 2003; 362: 65-71.



Handout 3C: Results from Care Group Operations Research

% Of Care Group Volunteers who say they have gained more respect from [each group] since they began participating in the project	% Of CGVs
... from health facility personnel	25%
...from their extended family	41%
... from their parents or husbands' parents	48%
... from their husbands	61%
... from their community leaders	64%
... from their mothers / other women / mother beneficiaries	100%
% Of CGVs who say that it is okay for a husband to hit his wife if he is not satisfied with her (final level shown; baseline was ~64%)	3%

Handout 3D: GIZ-FANSER Project Care Group Reference Table - Blank

GIZ-FANSER PROJECT CARE GROUP REFERENCE TABLE FOR FANSER PROGRAM		
1. Program Essentials	# Nutrition Officer/District Nutritionist	
	#Nutrition Field Supervisor/Health Facility Focal person :	
	# Of Health Promoters:	
	# Of Sanitation Promoters:	
	# Of CG's per Health/Sanitation Promoter:	
	# Of NVs per CG:	
	# Of HHs per Neighbor Group:	
	NV (gender, age, and child status required):	
	HHs (gender, age, and child status required):	
1a. Coordinator Supervision	Who does Nutrition Officer/District Nutritionist report to?	
	Who does the Nutrition Officer/District Nutritionist supervise?	
	How often do they make supervisory visits?	
1b. Supervisor Supervision	Who do Nutrition Field Supervisor/Health Facility Focal persons report to?	
	Who does the Nutrition Field Supervisor/Health Facility Focal person supervise?	
	How often do they make supervisory visits?	
1c. Promote	Who do Health/Sanitation Promoter reports to?	
	Who does the Health/Sanitation	

	Promoter supervises?	
	How often do they make supervisory visits?	
2. Training	Who trains Nutrition Field Supervisor/Health Facility Focal persons in CG curriculum and how often?	
	Who does refresher trainings with Nutrition Field Supervisor/Health Facility Focal persons about CG curriculum and how often?	
	Who trains Health/Sanitation Promoters in CG curriculum and how often?	
	Who trains NVs in CG curriculum and how often?	
	Who trains HHs in curriculum and how often?	
3. Care Group Curriculum	What are the Lesson titles for your Health/Sanitation Promoters?	
	How many months will it take to teach the CG curriculum?	
	Who will or has developed the CG curriculum?	
4. M&E	What information will be tracked by Nutrition Field Supervisor/Health Facility Focal persons?	

5. Other s	What surveys will you conduct as part of your Health Program? How often will you conduct them?	
	Additional Questions:	

Handout 3E: GIZ-FANSER Care Group Reference Table – Completed

GIZ-FANSER Project Care Group REFERENCE TABLE		
1. Program Essentials	# Nutrition Officer/District Nutritionist	1
	#Nutrition Field Supervisor/Health Facility Focal persons:	District specific
	# Health Promoters:	District specific
	#Sanitation Promoters:	District specific
	# Of CG's per Health/Sanitation Promoter:	5-6
	# Of NVs per CG:	10
	# Of HHs per Neighbor Group:	10
	NV (gender, age, and child status required):	Must be from a household with WRA, pregnant or lactating woman, or care giver of a child under two, must be selected by Neighbor HHs
	HHs (gender, age, and child status required):	HH must contain WRA , pregnant or lactating woman (any age) or a child under two years old (GIZ-FANSER HH)
1a. Coordinator Supervision	Who does Nutrition Officer/District Nutritionist report to?	CRS Program Manager/Principal Nutritionist
	Who does the Nutrition Officer/District Nutritionist supervise?	Provides technical support to Nutrition Field Supervisor/Health Facility Focal person but does not directly supervise them

	How often do they make supervisory visits?	With the DNNC Members, visits Nutrition Field Supervisor/Health Facility Focal persons once per month, plus regular monthly meeting with all Supervisors
1b. Supervisor Supervision	Who do Nutrition Field Supervisor/Health Facility Focal person's report to?	Nutrition Officer/District Nutritionist and Health Facility In-charge provides oversight
	Who does the Nutrition Field Supervisor/Health Facility Focal person supervise?	Health/Sanitation Promoters
	How often do they make supervisory visits?	Visit each Health/Sanitation Promoter twice per month, plus one monthly meeting with all HPs and SPs
1c. Promoter Supervision	Who do Health/Sanitation Promoter's report to?	Nutrition Field Supervisor/Health Facility Focal persons
	Who does the Health/Sanitation Promoter supervise?	Nutrition Volunteers (50-60)
	How often do they make supervisory visits?	Should visit a minimum of two Nutrition Volunteers per month, during a HH visit
2. Training	Who trains Nutrition Field Supervisor/Health Facility Focal persons in CG curriculum and how often?	Nutrition Officer/District Nutritionist trains on one lesson per month, during regular monthly meeting with Supervisors
	Who does refresher trainings with Nutrition Field Supervisor/Health Facility Focal persons about CG curriculum and how often?	Nutrition Officer/District Nutritionist working with other DNCC members once a year
	Who trains Health/Sanitation Promoters in CG curriculum and how often?	Nutrition Field Supervisor/Health Facility Focal persons, one lesson per month during regular monthly meeting
	Who trains NVs in CG curriculum and how often?	Health/Sanitation Promoters, one lesson per month during regular monthly CG Group meeting
	Who trains HHs in curriculum and how often?	Nutrition Volunteers, once per month during monthly HH visit

3. CG Curriculum	What are the Lesson titles for your Health/Sanitation Promoters?	<p>First five lessons are:</p> <p>(1) Better Breastfeeding (2) Feeding a child 6-23 months (3) Catching Child Health Problems Early (4) Handwashing (5) Food processing and Preservation</p> <p>Additional lessons are yet to be developed, but follow the MAIYCN counseling cards</p>
	How many months will it take to teach the CG curriculum?	The curriculum is not yet fully developed but will likely take about two years to teach the full curriculum
	Who will or has developed the CG curriculum?	CRS technical team
4. M&E	What information will be tracked by Nutrition Field Supervisor/Health Facility Focal persons?	HH visits, referrals made to health facilities or, topic of messages delivered, successes/challenges in adopting new practices and others as decided by FANSER stakeholders
	What surveys will you conduct as part of your Health Promoter? How often will you conduct them?	Baseline, KAP, Barrier analysis, Mid- line and End line surveys.
5. Other	Additional Questions:	

Handout 4A: GIZ-FANSER Project Care Group Program Characteristics as adapted from the Care group Model -Blank

A. Characteristic		B. FANSER	C. Why is this important?
1. Essential Information			
1	Target Group?	Households with WRA, PLW or CU2	
2	Coverage of target group?	90% of neighbor HH with WRA, PLW or CU2 in target communities	
3	How many members of a Neighbor Households?	10	
4	How many members of a Care Groups (CG)?	10	
5	How are Nutrition Volunteers chosen?	Nutrition Volunteers are selected by members of the Neighbor Households	
6	Distance between Nutrition Volunteer and his/her neighbor HHs?	10 - 45 minutes (walking)	
2. Supervision			
7	How many Care Groups does a Health/Sanitation Promoters supervise?	5-6	

A. Characteristic		B. FANSER	C. Why is this important?
8	Supervision of Nutrition Volunteers?	<i>Each month, the Health/Sanitation Promoter should supervise at least one Nutrition Volunteer from each of his/her Care Groups</i>	
9	Supervision of Health/Sanitation Promoter?	Two supervisory visits per Health/Sanitation Promoter per month	
3. Training			
10	How often does the Nutrition Volunteer contact and teach his/her assigned neighbor HHs?	At least once per month	
11	Instructional time when Health/Sanitation Promoter teaches Nutrition Volunteers?	1 -2 hours per meeting, one meeting per month	
4. Care Group Curriculum			
12	Educational materials used by Promoters, Nutrition Volunteers to communicate Social Behavior Change messages?	Pictorial flip charts; Lesson booklet, menu game, place mat, food group charts, reminder cards, feeding bowl, nutrition game card, mobile phones and videos.	

A. Characteristic		B. FANSER	C. Why is this important?
13	Education methods (for CG Meetings)?	Participatory	
5. Monitoring & Evaluation & Formative Research			
14	What information do the Nutrition Volunteers and Health/Sanitation Promoter collect?	HH registers, Attendance, referrals, successes, and challenges	
15	Formative research?	Positive Deviance Inquiry, Barrier Analysis	

Handout 4B: GIZ-FANSER Project Care Group Program Characteristics-Completed

A. Characteristic		B. FANSER	C. Why is this important?
1. Essential Information			
1	Target Group?	Households with WRA, PLW or CU2	Targeting women and children under two is a 'window of opportunity' where pregnant women and young children are most vulnerable to death and disease and where health interventions can have the greatest impact.
2	Coverage of target group?	100% of HH with WRA, PLW or CU2 in FANSER target communities	To create a supportive social environment for behavior change, it is important that many mothers adopt the new practices being promoted. Behavior change is much more likely to happen when there is regular, direct contact with <u>all</u> mothers of young children (rather than reaching only a small proportion of mothers), and probably more likely when there is contact with all households in a community (but this approach will probably be more costly).
3	How many members of a Neighbor Households?	10	We want to ensure this number is low (maximum of 15, 10-12 is better) to assure volunteer is not overworked.
4	How many members of a Care Group?	10	As with focus group discussions, with fewer than six members, dialogue is often not as rich and with more than 16, there may not enough time for everyone to fully contribute and participate.
5	How are Nutrition Volunteers chosen?	Nutrition Volunteers are selected by members of the Neighbor Group (HHs)	People will choose someone that they respect – someone that they are willing to “listen to.” If an outsider chooses someone – it is more likely that person will not be accepted by the community. The community will be somewhat reluctant to listen to their ideas. If it is “one of their own” they are already comfortable and ready to hear.
6	Distance between Nutrition Volunteer and her Neighbors?	10 - 45 minutes (walking)	It is preferable that the Nutrition Volunteer does not have to walk more than 45 minutes to get to the furthest house that he/she visits so that regular visitation is not hindered. (In many CG projects, the average travel time is much less than this.) This also makes it more likely that he/she will have a prior relationship with the people that she is serving.
2. Supervision			
7	How many Care Groups does a Health/Sanitation Promoter supervises?	5-6	For Promoters to know and have the trust of those with which they work, it is best to limit the number of volunteers with which they work to about 150, or 9 groups (assuming a CG size of between 6 and 16 members). Some social science research confirms that our maximum “social channel capacity” – the maximum number of people with whom we can have a genuinely social relationship – is about 150 people (and 9 groups x 16 people/group = 144).

A. Characteristic		B. FANSER	C. Why is this important?
8	Supervision of Nutrition Volunteers?	<i>Each month, the Promoter should supervise at least two Nutrition Volunteers from each of her Care Groups</i>	This should be done through direct observation of skills following the CG meeting
9	Supervision of Health/Sanitation Promoter?	Two supervisory visits per Health/Sanitation Promoter per month	For Promoters to be effective, regular, supportive supervision and feedback is necessary on a regular basis (monthly or more).
3. Training			
10	How often does the Nutrition Volunteer contact and teach his/her assigned neighbor HHs?	At least once per month	To establish trust and regular rapport, the Nutrition Volunteer should have at least monthly contact with neighbor HHs. Overall contact time between the Nutrition Volunteer and the neighbor HHs (and other family members) correlates with behavior change.
11	Instructional time when Health/Sanitation Promoter teaches Nutrition Volunteers?	1 -2 hours per meeting, one meeting per month	CG members are volunteers, and as such, their time needs to be respected. We have found that limiting the CG meeting time to 1-2 hours helps improve attendance and limits their requests for financial compensation for their time. (This instruction should include interactive and participatory methods.)
4. CG Group Curriculum			

<i>A. Characteristic</i>		<i>B. FANSER</i>	<i>C. Why is this important?</i>
12	Educational materials used by Promoters and Nutrition Volunteers to communicate CG messages?	Pictorial flip charts; Lesson booklet, menu game, place mat, food group charts, reminder cards, feeding bowl, nutrition game card, mobile phone, videos. (CommCare) NB: Phones and videos only applicable to Promoters.	Providing visual teaching tools to Nutrition Volunteers helps guide promotional activities, gives them more credibility in the neighbor households and communities, and helps to keep them “on message” during health promotion. The visual nature of the teaching tool also helps mothers to receive messages by both hearing it and seeing it.
13	Education methods (for CG Group Meetings)?	Participatory	Principles of adult education should be used since they have been proven to be more effective than lecture and more formal methods when teaching adults
5. Monitoring & Evaluation & Formative Research			
14	What information do the Nutrition Volunteers and Health/Sanitation Promoters collect?	Attendance, referrals, successes, and challenges	A low attendance rate (<70%) at CG Group meetings is often an indication that something is wrong somewhere, either with the teaching methodology or the promoter attitude, and helps the organization to identify problems early in the project. Information on how the program is successful or what challenges volunteers face will feed back into the project to improve quality and effectiveness.
15	Formative research?	Positive Deviance Inquiry, Barrier Analysis	These formative research tools will allow our program to focus on the specific barriers the community faces in changing the behaviors of interest. More systematic use of formative research on behaviors will lead to the best adoption rates. Formative research also helps assure that the behaviors promoted by program staff are more feasible by community members.

Handout 5A: Household Registration Form

BENEFICIARY REGISTRATION FORM

Commented [CU1]: Insert FANSER registration Forms

GIZ NEIGHBOURHOOD GROUP REGISTRATION FORM

For Official Use
Household ID _____

Province _____
District _____
Beneficiary Ward _____
Beneficiary Camp _____
Beneficiary Village _____



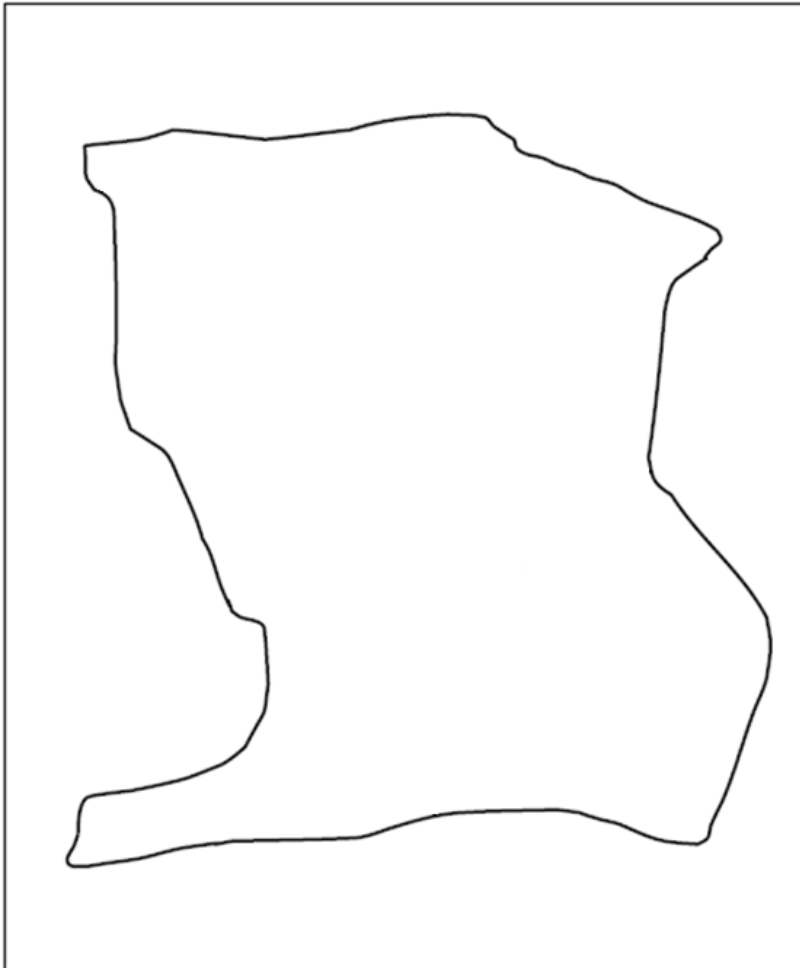
HP Name _____
NV Name _____
NV Surname _____
NV NRC _____
Date _____

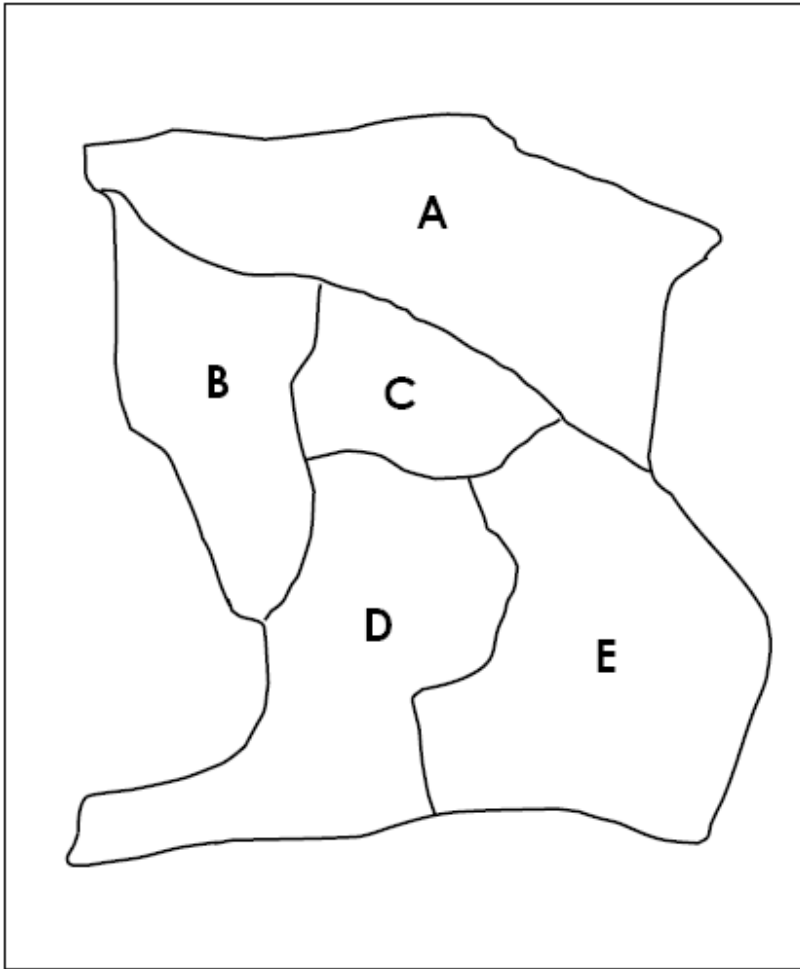
Household Member	Memebr ID (official use)	First Name	Surname	Sex	Date of Birth (dd/mm/yyyy)	Status at Registration Pregnant or L	Date of Registration (dd/mm/yyyy)	MEMBERSHIP	
								SILC	Agric
WRA1				F					
WRA2				F					
WRA3				F					
WRA4				F					
Child 1 (0-23 months)									
Child 2 (0-23 months)									
Child 3 (0-23 months)									
Child 4 (0-23 months)									
Caregiver									
Head of the Household									
HH member									
HH member									
HH member									
HH member									
HH member									

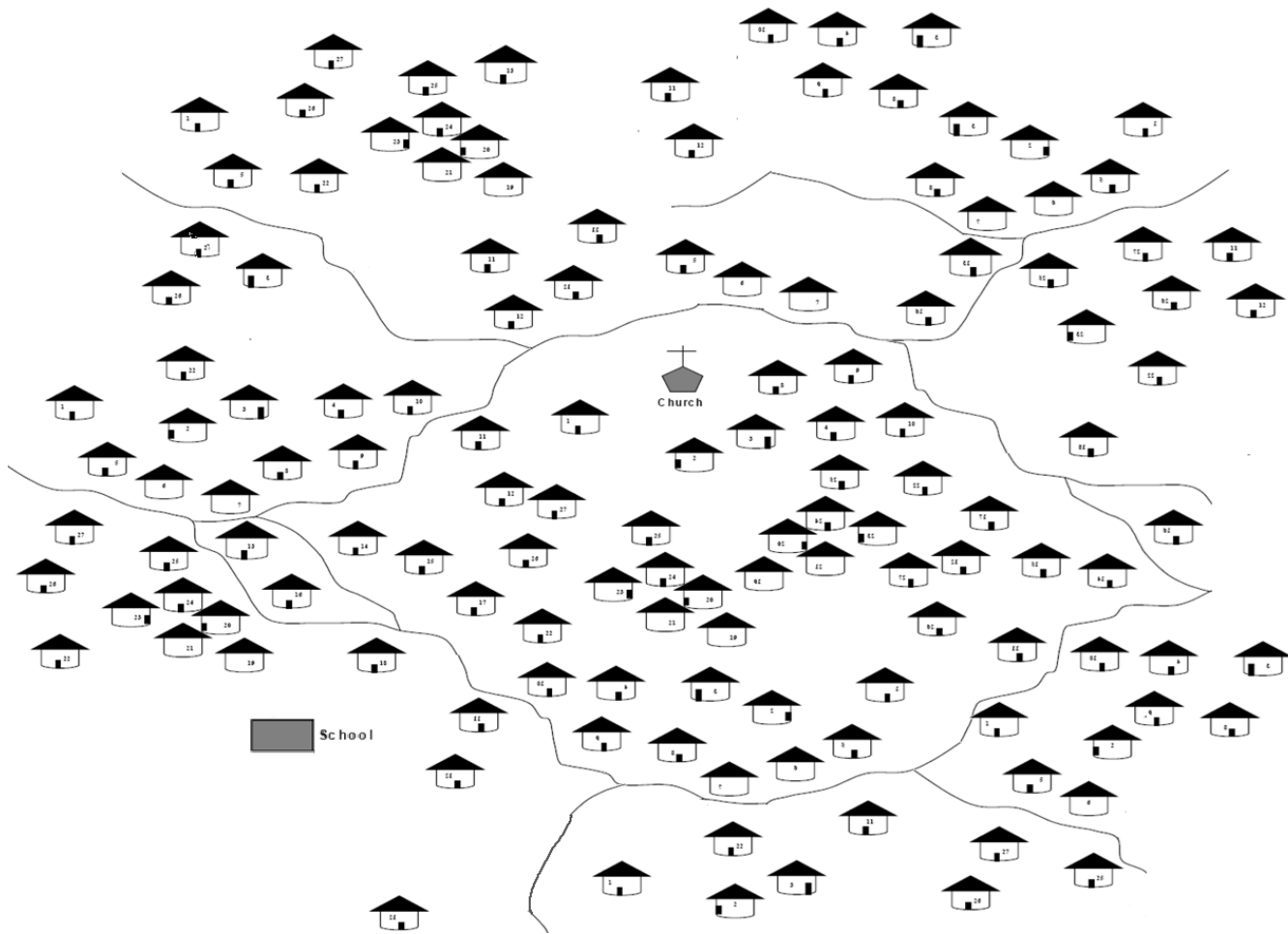
INSTRUCTION: This form should be filled in by Nutrition Volunteer with guidance from Health Promoter or Nutrition Supervisor

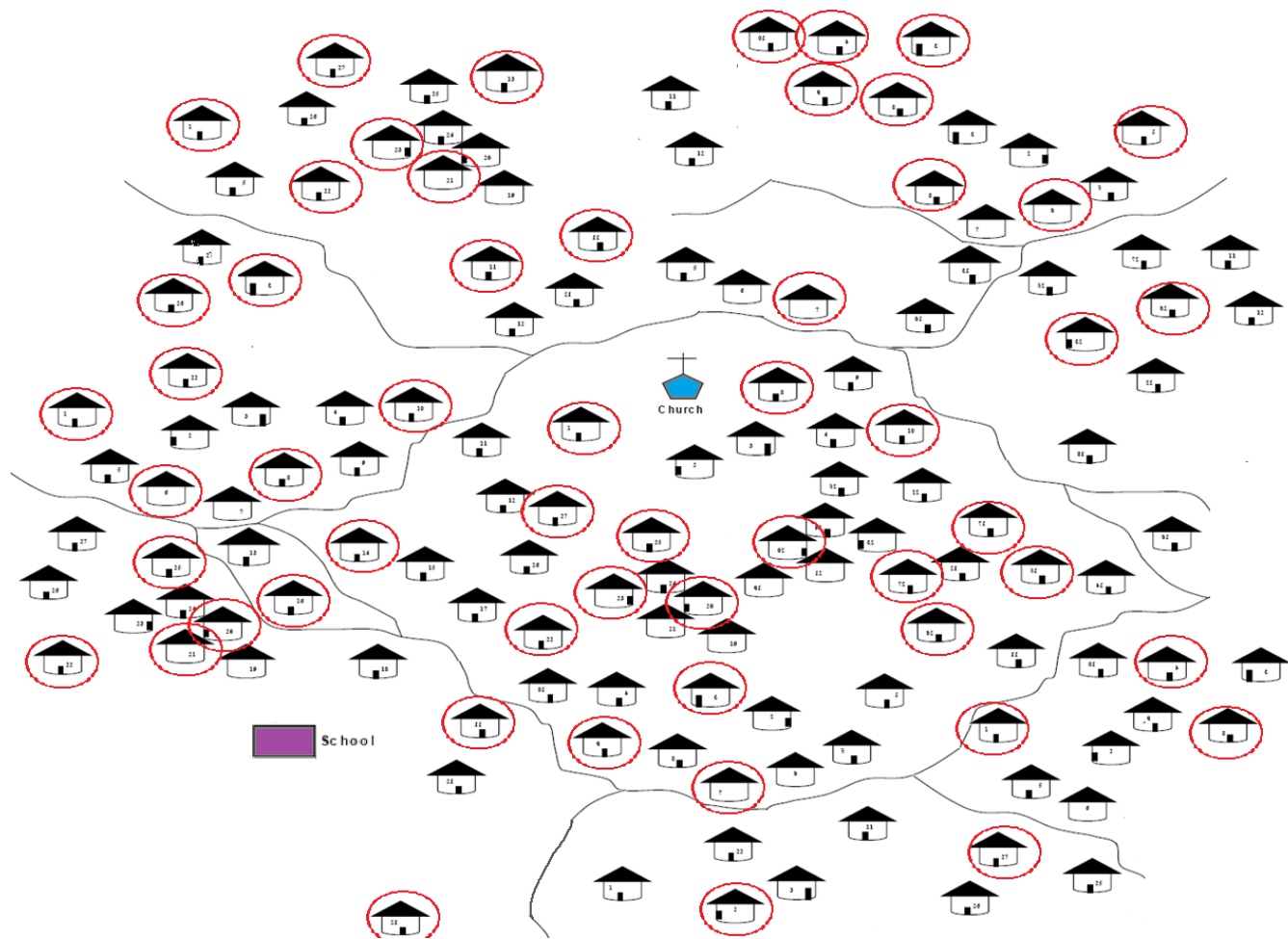
- WRA: Woman of Reproductive Age (18 to 45 years) or woman of bearing age within a given household
- Child (0-23 months) a child within a household less than 23 Months
- Care Giver: Any other person apart from biological Mother taking care of the child when Mother is away (or died)
- Head of Household, Male or Female person heading the Household
- HH member: Any other member within a Household not a FANSEK Direct beneficiary (WRA or child)

Handout 5B: Creating a Community Map









Handout 5C: Community Census Form - Blank

HH#	Mother's or Caregiver's Name	Sex (M/F)	NRC#	Status (PLW)	HH has a (CU2)? (Y/N)	Ward	Health Facility	Village
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								

Handout 5D: List from Census of HHs in a Sample Community - Completed

HH#	Mother's or Caregiver's Name	Sex (M/F)	NRC#	Status (PLW)	HH has a child Under 2? (Y/N)	Ward	Health Facility	Village
1	Bwalya Ng'andu	M	105976/53/1	N	Y	Nteke	Chachacha	Chibote
2	Mutinta Mwemba	F	222903/42/1	P	N	Muzoka	Simwantachela	Simango
3	Lungowe Likanda	F	456798/23/1	L	N	Namayula	Kaonga	Luvuzi
4	Kutemba Chinyama	F	879809/56/1	P	Y	chavuma	Kucheka	Kameya
5	Womba Sakuwaha	F	985361/32/1	N	Y	Pindi	Chitokoloki	Ntoka
6	Musonda Mulenga	F	236798/67/1	L	N	Nondo	Chambeshi	Nondo
7	Dalitso Phiri	M	237597/86/1	N	Y	Katondo	Kamlaza	Kasenengwa
8	Nyangwira Nyirenda	F	905634/52/1	L	Y	Magodi	Chasefu	Munyukwa
9	Suwilanjani Nambeye	F	106782/75/1	P	N	Nsokolo	Mambwe	Mpande
10	Bertha Mumena	F	2039867/46/1	L	Y	Tetamashi	Mumena	Kakolwe

						mba			
11	Beene Mwalusaka	F	102876/42/1	P/L	Y	rufunsa	Chongwe	St Luke	

Hand Out 5E: Ward Map

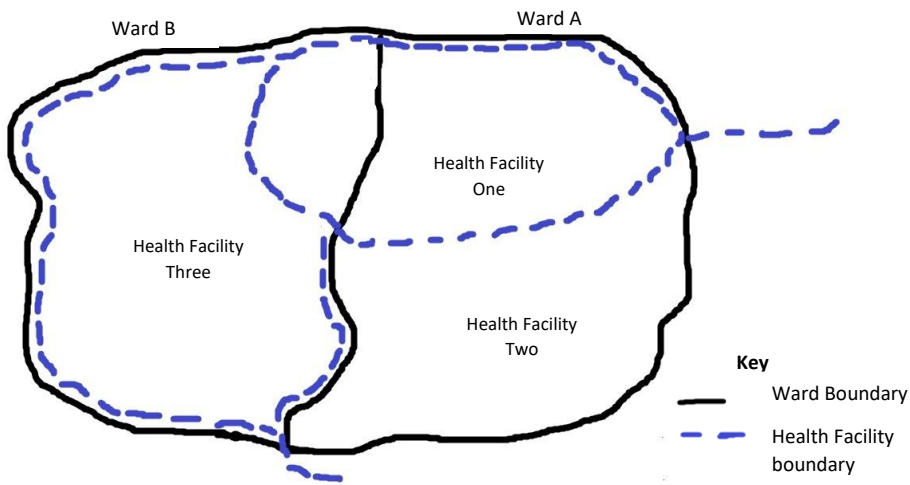


Figure 1: Map drawn by Ulembe Chinyemba & Barbra Chisangano

Handout 6A: Care Group Essential Responsibilities Jumble

[Print one set]

NV: Visit 10 Neighbor households at least once a month to promote behavior change using an educational flipchart
NV: Meet once every month or two with the neighbor group to conduct group cooking sessions, kitchen garden demonstrations, or other group activities
NV: Report to the Promoter monthly the number of Neighbor households they have visited or who attended the group activities
NV: Refer PLW or CU2 to the health facility or other services, as necessary
NV: Support practical sessions within Care Groups
NV: Mobilize Neighbor households to participate in community activities that will benefit their families such as Immunization Campaigns, food production, and/or latrine construction
NV: Attend Care Group meetings (the monthly trainings) provided by the Promoter
NV: Report problems that cannot be solved at the household level to the local leadership and request support and collaboration from the Promoter
NV: Model the health, nutrition, and sanitation behaviors they are teaching Neighbor households.
Promoters: Coordinate activities at the local level and maintain cooperation with other structures involved in community action at community level such as the village council, churches, and schools
Promoters: Facilitate organized, participatory learning sessions with each of their Care Group (made up of 10 Nutrition Volunteers) every month, following the lesson plans in the educational materials provided
Promoters: Collect and analyze household data from Nutrition Volunteers and write program reports
Promoters: Attend monthly Training and Reporting Meetings provided by the Field Supervisor. From these trainings, Promoter should be able to accurately replicate trainings received with Nutrition Volunteers, sharing correct information, and demonstrating skills learned

Promoters: Model the health, nutrition, and sanitation behaviors they are teaching to Nutrition Volunteers in their own homes, located in the community
Promoters: Visit and monitor each Nutrition Volunteer. Supervise the work of Nutrition Volunteers by accompanying them on home visits to Neighbor households
Promoters: Assist with other program activities such as: National Vaccination Days, distribution of Vitamin A and deworming medicine, weighing of children <5years of age, or other community health events
Promoters: Help coordinate and conduct nutrition and related activities
NFS/HFFPP: Coordinates with program partners, staff, and other stakeholders regarding upcoming activities and needs at the community and provincial levels
NFS/HFFPP: Responsible for the performance and professional development of the Health Promoter who report to him/her
NFS/HFFPP: Review Flipchart Lesson Plans with Health Promoter every month and assure they understand the information well and can teach back the information in a participatory manner
NFS/HFFPP: Coordinate with existing community groups leaders to promote relevant nutrition specific and sensitive practices
NFS/HFFPP: Collect Promoter reports monthly, review the reports, and assure the information presented is reasonable and complete
NFS/HFFPP: Prepare a monthly report using the information provided by Health Promoter
NFS/HFFPP: Ensure program quality among Promoter
NFS/HFFPP: Maintain a filing system so copies of Promoter Reports and N Field Supervisor/Health Facility Focal Point Person Reports are easily accessible
NFS/HFFPP: Responsible to supervise each Promoter who reports to him or her in the field at least twice a month, using the Promoter Supervision Checklist in the annex Handout 10A
NFS/HFFPP: Responsible to liaison with the appropriate people in a timely and professional manner to ensure the financial, logistical and procurement

issues required to implement project activities
NUTRITION OFFICER/DISTRICT NUTRITIONIST: Provide technical leadership, guidance, and support.
NUTRITION OFFICER/DISTRICT NUTRITIONIST: Train Nutrition Field Supervisors/Health Facility Focal Point Person in Care Group approach, behavior change methodologies and technical lessons
NUTRITION OFFICER/DISTRICT NUTRITIONIST: Stay abreast with relevant evidence and guidelines, review available technical materials, develop, or adapt materials as necessary, share with Nutrition Field Supervisors/Health Facility Focal Point Person and assist partners to adopt best practices
NUTRITION OFFICER/DISTRICT NUTRITIONIST: Support quality assurance through regular technical reviews and technical input on monitoring and evaluation indicators
NUTRITION OFFICER/DISTRICT NUTRITIONIST: Assess staff capacities and coordinate initial or ongoing trainings based on need and program goals
NUTRITION OFFICER/DISTRICT NUTRITIONIST: Prepare a monthly report using the information provided by Nutrition Field Supervisors/Health Facility Focal Point Person.
NUTRITION OFFICER/DISTRICT NUTRITIONIST: Participate in supervisory visits, together with the Provincial and district coordinators, to provide technical guidance and support to Nutrition Field Supervisors/Health Facility Focal Point Person.
NUTRITION OFFICER/DISTRICT NUTRITIONIST: Ensure that the program is well represented in regular provincial/state/national level meetings and forums
NUTRITION OFFICER/DISTRICT NUTRITIONIST: Identify learning needs of Nutrition Field Supervisor/Health Facility Focal Point Persons and provide mentorship to meet those needs

Handout 6B: GIZ-FANSER Project Care Group Team Essential Responsibilities adapted from Care Group Model

Nutrition Volunteer Essential Responsibilities

1. Visit 10 Neighbor households at least once a month to promote behavior change using an educational materials..
2. Meet once every month or two with the neighbor group to conduct group cooking sessions, kitchen garden demonstrations, or other group activities.
3. Report to the Promoters monthly the number of Neighbor households they have visited or who attended the group activities.
4. Refer WRA, PLW or Cu2 to the health facility for other services, as necessary.
5. Support practical sessions within Care Groups.
6. Mobilize Neighbor households to participate in community activities that will benefit their families such as Immunization Campaigns, food production, and/or latrine construction.
7. Attend Care Group meetings (the monthly lessons) provided by the Promoters.
8. Report problems that cannot be solved at the household level to the local leadership and request support and collaboration from the Promoters.
9. Model the health, nutrition, and sanitation behaviors they are teaching Neighbor households.

Promoters Essential Responsibilities

1. Coordinate activities at the Ward/zone level and maintain cooperation with other structures involved in community action at community level such as the ZNCC/NHC (and/or the village council, churches, and schools).
2. Need to work together with other sectors in the ZNCC/NHC, for multi-sectoral response within CG
3. Report's progress of CG to ZNCC/NHC
4. Facilitate organized, participatory learning sessions with each of their Care Group (made up of 10 Nutrition Volunteers) every month, following the lesson plans in the educational materials provided.
5. Collect and analyze household data from Nutrition Volunteers and write program reports.
6. Attend monthly Training and Reporting Meetings provided by the Field Supervisor. From these trainings, Promoters should be able to accurately replicate trainings received with Nutrition Volunteers, sharing correct information, and demonstrating skills learned.
7. Model the health, nutrition, and sanitation behaviors they are teaching to Nutrition Volunteers in their own homes, located in the community.
8. Visit and monitor each Nutrition Volunteer. Supervise the work of Nutrition Volunteers by accompanying them on home visits to Neighbor households.
9. Assist with other program activities such as: Child health week , distribution of Vitamin A and deworming medicine, weighing of children <5years of age, or other community health events.

10. Help coordinate with other intermediaries (FAs, PSPs, SLFs) and conduct nutrition related activities.

Nutrition Field Supervisor/Health Facility Focal Point Person Essential Responsibilities

1. Coordinates with program partners, staff, and other stakeholders regarding upcoming activities and needs at the community and Ward levels.
2. Need to work together with other sectors in the WNCC, for multi-sectoral response within CG Need e.g., Agriculture extension officer, community development assistant, fisheries officer etc.
2. Provides updates to WNCC on FANSER program.
3. Responsible for the performance and professional development of the Promoters who report to him/her.
4. Receive monthly lesson from Nutrition Officer/District Nutritionist in preparation to share with Promoter
5. Review Flipchart Lesson Plans with Promoters every month and insure they understand the information well and can teach back the information in a participatory manner.
6. Coordinate with existing community groups leaders to promote relevant nutrition specific and sensitive practices
7. Collect Promoters' reports monthly, review the reports, and insure the information presented is reasonable and complete.
8. Prepare a monthly report using the information provided by Promoters.
9. Ensure program quality among Promoters.
10. Maintain a filing system so that copies of Promoter Reports and Nutrition Field Supervisor/Health Facility Focal Point Person Reports are easily accessible.
11. Responsible to supervise each Promoter who reports to him or her in the field at least twice a month, using the Promoter Supervision Checklist in the annex Handout 10A.
12. Responsible to liaison with the appropriate people in a timely and professional manner to ensure the logistical issues required to implement project activities.

Other Requirements for Nutrition Field Supervisor/Health Facility Focal Point Person

- a. Salaried GRZ /Project partner staff, Project staff to be attached to the health facility reporting technically t the Nutritionist(Project and MoH). The health facility in charge will provide oversight to this person, if they themselves are not Focal point persons.
- b. Personnel from health facility structure (CHA, EHT, Nurse, Nutritionist etc.)
- c. Able to consolidate and submit timely Promoter reports
- d. Preferably trained in MAIYCN

Nutrition Officer/District Nutritionist Essential Responsibilities

1. Provide technical leadership, guidance and support and oversight on CG model in the district
2. Train Nutrition Field Supervisors/Health Facility Focal Point Person in Care Group approach, behavior change methodologies and technical lessons.
3. Works with other sectors in the DNCC, for multi-sectoral response within CG model.
4. Stay abreast with relevant evidence and guidelines, review available technical materials, develop, or adapt materials as necessary, share with Nutrition Field Supervisors/Health Facility Focal Point Person and assist partners to adopt best practices.
5. Support quality assurance through regular technical reviews and technical input on monitoring and evaluation indicators.
6. Assess staff capacities and coordinate initial or ongoing trainings based on need and program goals.
7. Prepare a monthly report using the information provided by Nutrition Field Supervisors/Health Facility Focal Point Person.
8. Provide updates to DNCC on CG model.
9. Participate in supervisory visits, together with the Provincial and district coordinators, to provide technical guidance and support to Nutrition Field Supervisors/Health Facility Focal Point Person.
10. Ensure that the program is well represented in regular district/provincial level meetings and forums.
11. Identify learning needs of Nutrition Field Supervisors/Health Facility Focal Point Person and provide mentorship to meet those needs.

Other Requirements for Nutrition Officer/District Nutritionist

1. Salaried MoH/ FANSER Project staff as MoH is the accountable line ministry for the CG structure. *(The District Health Director (DHD) will supervise this person. Technically supervised by The Principal Nutritionist at PHO)*
2. Representative of FANSER and MoH in DNCC

3. Project staff supervised by the Regional Program Manager and MoH staff report to the Principal Nutritionist.
4. Ability to guide planning, budgeting, and contextual revisions of CG activities.

Handout 6C: Characteristics of Nutrition Volunteers

[Print one set for each group of 3-4 people]

To be willing to work as a volunteer

For initial recruitment this should be a person from a household with a target group. (WRA/ PLW/primary caregiver of CU2)

Positive Attitude and desire to serve their community

Models FANSER promoted behaviors e.g., good hygiene, sanitation, and nutrition practices

Respected by the neighbor households, trusted and honest

Confident to speak, listen and take action with peers

Not addicted to alcohol

Midwife or traditional healer

Has a bicycle

Able to read and write in local language

Has children in good health

Should have sufficient time to fulfill their responsibilities (12 hours per month)

Must be selected from and accepted by the CG neighbor households

Must be a resident within the CG locality

Ability to mobilize neighbor HH's for community events

Ability to document and report progress to Promoters

Handout 6D Selection Criteria for Nutrition Volunteers and Health/Sanitation Promoters

Nutrition Volunteer Selection Criteria

Commented [CU2]: Insert FANSER Criteria

Required (Must Have)	Desired (Good to Have)	Not Necessary
Must be selected from and accepted by the CG neighbor households <i>Able to read and write in local language</i>	Models FANSER promoted behaviors e.g., good hygiene, sanitation, and nutrition practices	Has children in good health
Respected by the neighbor households, trusted and honest	Ability to mobilize neighbor HH's for community events	Has a bicycle
Must be a resident within the CG locality	Not addicted to alcohol	Midwife or traditional healer
Must be willing to work as a volunteer		
Positive Attitude and desire to serve their community		
For initial recruitment this should be a person from a household with a target group (PLW, WRA primary caregiver of CU2)		
Must be confident to speak, listen and act with peers		

Should have sufficient time to fulfil their responsibilities (12 hours per month) as a volunteer		

Health/Sanitation Promoter Selection Criteria

Required (Must Have)	Desired (Good to Have)	Not Necessary
Must be a member of the Care Group (selected from the pool of volunteers in the Care Group)	Models FANSER promoted behaviors e.g., good hygiene, sanitation, and nutrition practices	Has children in good health
Respected by the neighbor households, trusted and honest	Ability to mobilize neighbor HH's for community events	
Must be a resident within the CG locality	Not addicted to alcohol	
Must be willing to work as a volunteer		
Positive Attitude and desire to serve their community		
Must be confident to speak, listen and take action with peers		

Should have sufficient time to fulfil their responsibilities (12 hours per month) as a volunteer		
Not addicted to alcohol		
Able to read and write in English		
Able to use a phone		
Attain a minimum of 7 th grade of education		
Must undergo and pass the Health/Sanitation Promoter interview		

Interview Questions for Health/Sanitation Promoters

Name of Promoter _____ Date _____ Camp: _____

Ward _____ Health Facility _____ Village _____

Note: this interview is supposed to last for not more than 20 minutes

A. Knowledge check question

1. How would you tell that a child has malnutrition?

Possible responses: Oedema (swollen limbs, feet; and pitting), wasting (being very thin), low weight for age.

Note: Any other questions to check knowledge on areas of interest maybe incorporated here.

B. Reading Skills

1. Show the candidate/volunteer the image below and ask him/her to read the script:



This image shows Stunting. This child is malnourished. He is the same age as the other child, but he is short for his age – he is stunted.

2. This means he has not gotten enough feeding and care over a long period of time. His body and brain are not developing as well as the other children his age who are getting better care.

C. Writing Skills (provide a piece of paper for the candidate to write on)

Read out the following and ask the candidate/volunteer to write it down on a piece of paper:

- Name of the mother: Barbara Chisangano
- Name of the child: Ulembe Chinyemba

- Lesson Name: Better Breastfeeding

3. Mathematics Skills (provide a piece of paper for the candidate to work out the calculations)

Let the candidate solve the following mathematics calculations

1. You have 5 Care Groups. You have 10 Nutrition Volunteers in each of the 3 groups, 12 Nutrition Volunteers in one group and 9 Nutrition Volunteers in the last group. How many Nutrition Volunteers do you have in total?

Answer for Interviewer: 51 Volunteers (10+10+10+12+9)

2. You have received 500 Child Health Reminder Cards to distribute to your Nutrition Volunteers for their households. At the end of the month, your Nutrition Volunteers report that they have distributed 372 cards, how many cards are remaining?

Answer for Interviewer: 128 (500-371)

3. During your CG meeting, three of your Nutrition Volunteers have reported that they made four referrals each, to the lead farmer for agriculture in-puts. How many referrals were made in total?

Answer for Interviewer: 12 referrals (3X4)

4. You have received 612 Infant and Young Child Feeding Counselling Feeding books for your six Care Groups, how many books will each group receive?

Answer for Interviewer: 102 books (612÷6)

Handout 7A: Training Table (page 1-2)

Do not cut this page

Training	Lead Trainer	People receiving the training	Length of the Training	Frequency	Materials
	Nutrition Officer/District Nutritionist				
	Nutrition Field Supervisors/Health Facility Focal Point Person				
	Health/Sanitation Promoters				

Nutrition Volunteers					
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Handout 7A: Training Table Answers (Page 2 of 2)

Cut the squares out, mix them up and place in a pile at the start of each team's line (under a rock or in a small tin).

Nutrition Officer/District Nutritionist	Nutrition Field Supervisors/Health Facility Focal Point Person	½ day	Monthly	New Flipchart and detailed Lesson Plan
Nutrition Field Supervisors/Health Facility Focal Point Person	Health/Sanitation Promoter	2 hours	Monthly	Review of the lesson in flipchart and lesson plan
Health/Sanitation Promoter	Nutrition Volunteers	1-2 hours	Monthly	Flipchart and brief Lesson Plan

Nutrition Volunteers	Neighbor HHs	1 hour	Monthly	Flipchart and Talking Points
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Handout 7B: Training Table ANSWER KEY

Training	Lead Trainer	People receiving the training	Length of the Training	Frequency	Materials
	Nutrition Officer/District Nutritionist	Nutrition Field Supervisors/Health Facility Focal Point Person	½ day	Monthly	New Flipchart and detailed Lesson Plan
Nutrition Field Supervisors/Health Facility Focal Point Person	Health/Sanitation Promoter	2 hours	Monthly	Review of the lesson in flipchart and lesson plan	

	Health/Sanitation Promoter	Nutrition Volunteers	1-2 hours	Monthly	Flipchart and brief Lesson Plan
	Nutrition Volunteer	Neighbor HHs	1 hour	Monthly	Flipchart and Talking Points

Handout 7C: Agenda Assembly

Cut along the lines. Mix up the papers. Make one group of papers for every 2 participants.

<p>Review of the flipchart lesson (20 minutes)</p>	<ul style="list-style-type: none"> • To reinforce key health messages • To reinforce activities which accompany the teaching of the lesson. 	<ul style="list-style-type: none"> • Use the Lesson Plan Template to help you remember each part of the lesson. • Demonstrate / model the teaching of the entire lesson. • Practice all demonstrations with the Health/Sanitation Promoter.
<p>Practice and Coaching (60-90 min)</p>	<ul style="list-style-type: none"> • To ensure Promoter can teach the lessons effectively. 	<ul style="list-style-type: none"> • In pairs, the Health/Sanitation Promoter teach the lessons to each other; the Nutrition Field Supervisor/Health Facility Focal Point person watches and coaches them.
<p>Collect and review Promoter reports (20 minutes)</p>	<ul style="list-style-type: none"> • To gather information for quarterly reports on vital events and attendance. • To meet monthly and quarterly targets. 	<ul style="list-style-type: none"> • Health/Sanitation Promoter. fill out the report, using their completed registers. Registers track attendance, vital events, and other key program elements. • Nutrition Field Supervisor/Health Facility Focal Point person and Health/Sanitation Promoter create a commune or district level report.
<p>Discuss solutions to problems that have risen. (30 minutes)</p>	<ul style="list-style-type: none"> • To help staff overcome problems (poor attendance or vital events that need intervention [ex. Cholera]). 	<ul style="list-style-type: none"> • Discuss good things that are happening as well as the challenges. • Work together to solve challenges and find a way forward.

<p>Discuss plans for upcoming events (community or organization events) (20 min)</p>	<ul style="list-style-type: none"> • To prepare staff and the community for upcoming events. • To ensure that no other events are planned that conflict with activities. 	<ul style="list-style-type: none"> • Consider possible problems that could arise during these events. Create plans with Health/Sanitation Promoters' input to overcome these problems. • If a conflict is found, work together to reschedule events.
<p>Review of Promoter's 4-week work plan (5 min)</p>	<ul style="list-style-type: none"> • To ensure that Promoter are preparing all their given activities and scheduled them in advance. 	<ul style="list-style-type: none"> • Health/Sanitation Promoters share 4-week plan (prepared in advance). The Nutrition Field Supervisor/Health Facility Focal Point persons makes a copy of the plan (both have one copy).
<p>Supervision Scheduling (5 min)</p>	<ul style="list-style-type: none"> • To let each Promoter, know when the Supervisor will come for a planned visit. 	<ul style="list-style-type: none"> • The Nutrition Field Supervisor/Health Facility Focal Point person informs Health/Sanitation Promoters of when they will receive their scheduled visit over the next month. • Ensure both the Health/Sanitation Promoter and the Nutrition Field Supervisor/Health Facility Focal point person note the visit time and place.

Handout 7C: Agenda Assembly (Key)

Sample Meeting: (3.5 hours) Activity	Objective	Ideas/Materials/Activities (Methodology)
1. Review of the flipchart lesson (20 minutes)	<ul style="list-style-type: none"> To reinforce key health messages To reinforce activities which accompany the teaching of the lesson. 	<ul style="list-style-type: none"> Use the Lesson Plan Template to help you remember each part of the lesson including the game, discussion of barriers and activity. Demonstrate / model the teaching of the entire lesson.
2. Practice and Coaching (60-90 min)	<ul style="list-style-type: none"> To ensure Health/Sanitation Promoters can teach the lessons effectively. 	<ul style="list-style-type: none"> In pairs, the Health/Sanitation Promoters teach the lessons to each other; the Nutrition Field Supervisor/Health Facility Focal person watches and coaches them.
3. Collect and review Promoter reports (20 minutes)	<ul style="list-style-type: none"> To gather information for quarterly reports on vital events and attendance. To meet monthly and quarterly targets. 	<ul style="list-style-type: none"> Health/Sanitation Promoters fill out the report, using their completed registers. Registers track attendance, vital events, and other key program elements. Nutrition Field Supervisor/Health Facility Focal person and Health/Sanitation Promoter create a commune or district level report.
4. Discuss solutions to problems that have risen. (30 minutes)	<ul style="list-style-type: none"> To help staff overcome problems (poor attendance or vital events that need intervention [ex. Cholera]). 	<ul style="list-style-type: none"> Discuss good things that are happening as well as the challenges. Work together to solve challenges and find a way forward.
5. Discuss plans for upcoming events (community or organization events) (20 min)	<ul style="list-style-type: none"> To prepare staff and the community for upcoming events. To ensure that no other events are planned that conflict with activities. 	<ul style="list-style-type: none"> Consider possible problems that could arise during these events. Create plans with Promoters' input to overcome these problems. If a conflict is found, work together to reschedule events.
6. Review of Promoter's 4-week work plan. (5 min)	<ul style="list-style-type: none"> To ensure that Health/Sanitation Promoters are preparing all their given activities and scheduled them in advance. 	<ul style="list-style-type: none"> Health/Sanitation Promoters share 4-week plan (prepared in advance). The Nutrition Field Supervisor/Health Facility Focal point person makes a copy of the plan (both have one copy).

7. Supervision Scheduling (5 min)	<ul style="list-style-type: none">• To let each Health/Sanitation Promoter, know when the Nutrition Field Supervisor/Health Facility Focal point person will come for a planned visit.	<ul style="list-style-type: none">• The Nutrition Field Supervisor/Health Facility Focal point person informs Health/Sanitation Promoters of when they will receive their scheduled visit over the next month.• Ensure both the Health/Sanitation Promoters and the Nutrition Field Supervisor/Health Facility Focal point person note the visit time and place.
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Handout 7D: Monthly Training Meeting

Objectives of the Meeting:

- To encourage and improve the work of the Health/Sanitation Promoter.
- To review this month's lesson
- To discuss challenges that the Health/Sanitation Promoter have encountered: to coach and mentor them, giving them the ability to overcome these problems.
- To alert the Promoter to upcoming program events.
- To gather attendance and vital event information from the Health/Sanitation Promoter from their last meeting with the Nutrition Volunteer.

Who attends?

- The Nutrition Field Supervisor/Health Facility Focal point person and his (or her) Health/Sanitation Promoters.

Where is it held?

- At the office or another quiet place where 9-10 people can sit comfortably

How often does this meeting happen?

- Twice a month

Length of meeting?

- 1-2 hours
- Meeting should be worth the Health/Sanitation Promoter's time (some must travel great distances).
- Some Health/Sanitation Promoter may have to arrive the day before and return home the day after.
- If the project office is far from the communities where Health/Sanitation Promoter's work, it may be advisable for the Nutrition Field Supervisor/Health Facility Focal point person to travel to where the Health/Sanitation Promoters work. In some projects the Health/Sanitation Promoter's host the meeting in a rotating fashion.

Costs?

- Refer to your staff budget
- A day-long meeting might include lunch (if budgeted).

What should the Nutrition Field Supervisor/Health Facility Focal point person bring?

- Flipchart (for this month's health lesson) and Lesson Plan
- A schedule of upcoming program information
- The Nutrition Field Supervisor/Health Facility Focal point person's work plan for the next month
- Regional Monthly Report form (to be filled out during the meeting – taking information from the Health/Sanitation Promoter).

What should the Health/Sanitation Promoter bring?

- Flipchart (for this month's health lesson) and Lesson Plan
- Attendance Registers from their last meeting
- QIVCs, she used in the last month
- Completed Monthly Report from their last meeting
- Health/Sanitation Promoter' work plan for the next month

Handout 7E: Lesson Calendar

Month	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
Season	Rainy				Dry								Rainy
	Weeding/Lean		Green Harvest		Harvest		Post-harvest			Land prep/Early Lean		Planting/Lean	
Nutrition Lessons	Smart, Healthy and Strong	Best start to life – Why Good nutrition matters	Food Processing and Preservation	Better breastfeeding	Feeding a child in 6-23 months - FADDA UH	Planning for Rainy Season	Health Diet for Pregnant and Lactating woman	Food Group and Diversity	Catching child problem early	Feeding child 0 – 6 months during and after illness	Feeding child 6 – 23 months during and after illness	Best start – Child growth and Development	
WASH Lessons	Hand Washing	Water Treatment and Storage	Food Hygiene		Sanitation								

]Handout 8A: Stages of Behavior Change Cards

[Cut one set]

Pre – awareness

Awareness

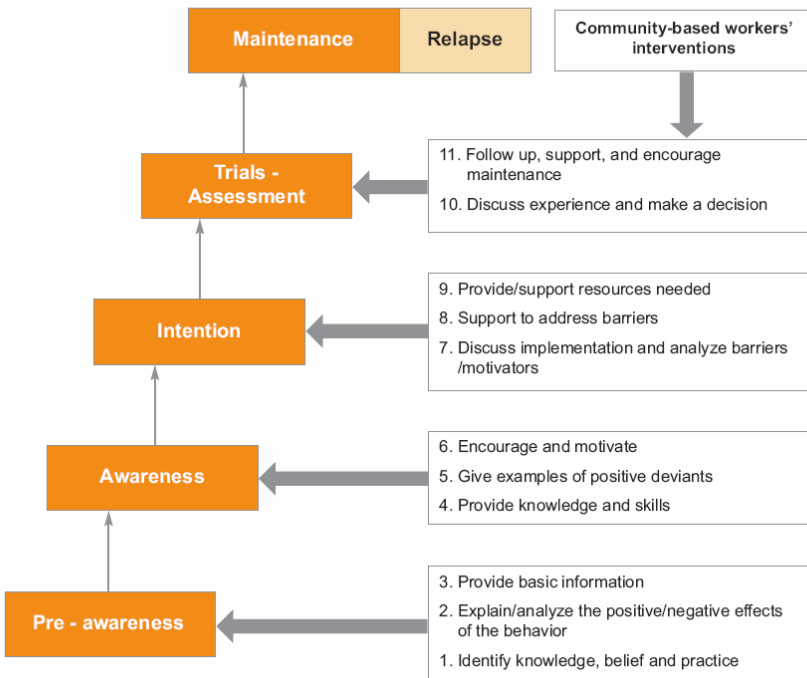
Intention

Trial / assessment

Maintenance / relapse

Handout 8B: Stages of Behavior Change

STEPS OF BEHAVIOR-CHANGE PROCESS AND INTERVENTIONS BY COMMUNITY-BASED WORKERS



Source: Alive and Thrive. Behavior Change Communication on Infant and Young Child Feeding in the Community. Trainer Manual Three. July 2011. Available at: <http://dev-aliveandthrive.org/resources/training-manuals>.

Handout 8C: ASPIRE STEPS for Health/Sanitation Promoters and Nutrition Volunteers

ASPIRE Steps for Health/sanitation Promoter

Ask about current practice

- Greets Nutrition Volunteers.
- Confirms Nutrition Volunteers' willingness to meet with him/her at that time
- Asks the Nutrition Volunteers about progress with nutrition practices related to the most recent lesson.
- Health/Sanitation Promoter gives the Nutrition Volunteers time to talk (does not interrupt).
- The Health/Sanitation Promoter uses body language to demonstrate that s/he is paying attention.
- Health/Sanitation Promoter paraphrases what the Nutrition Volunteer says during group training
- Health/Sanitation Promoter recognizes and praises any progress that the caregiver has made in practicing the behavior.
- Health/Sanitation Promoter uses simple language,
- Health/Sanitation Promoter uses open ended questions to allow a discussion

Show and Explain: Introduce the new skills and practice

- Health/Sanitation Promoter should be able to present current month's nutrition counseling lesson
- Health/Sanitation Promoter uses at least one job aid during the lesson training to help Nutrition Volunteer understand the proposed behavior.
- Health/Sanitation Promoter demonstrates where appropriate, the skill to Nutrition Volunteers (i.e., Handwashing, food preservation etc.)

Probe about (anticipated) barriers to the new practice

- Health/Sanitation Promoter asks Nutrition Volunteers about perceived challenges expected in trying the new behavior being discussed during the training session.
- Health/Sanitation Promoter uses open ended questions to allow a discussion

Inform caregiver, WRA and PLW ways to overcome barriers (to new behavior)

- Health/Sanitation Promoter probes Nutrition Volunteers to identify realistic options for overcoming barriers to change. Options are suggested by Nutrition Volunteers, not by Health/Sanitation Promoter.
- Health/Sanitation Promoter provides COMPLETE information on the lesson(s) presented
- Health/Sanitation Promoter provide ACCURATE information on the lesson(s) presented
- Health/Sanitation Promoter speaks loudly and clearly

Request a verbal commitment in front of others

- Health/Sanitation Promoter supports Nutrition Volunteers in describing the behavior change that Nutrition Volunteer wants to make (ex: Health/Sanitation Promoter helps Nutrition Volunteer to explain benefits of the new behavior)
- Health/Sanitation Promoter asks the Nutrition Volunteer to repeat the agreed-upon new behavior that the Nutrition Volunteer commits to trying.

Examine Previous behavior commitment/s

- Health/Sanitation Promoter asks Nutrition Volunteer to describe their experiences in practicing the last behavior change to which they committed.
- Health/Sanitation Promoter encourages Nutrition Volunteer to describe barriers encountered and solutions used. Motivators to doing a committed behaviour.

Practice and coaching.

- Nutrition Volunteers take turns to deliver a lesson to a fellow volunteer.
- Health/Sanitation Promoter allows Nutrition Volunteers to give feedback to fellow Nutrition Volunteers

ASPIRE steps for Nutrition Volunteer:

Ask about current practice

- Greets household members (Caregiver, WRA and PLW).
- Confirms household members willingness to meet with him/her at that time
- Asks the household members (Caregiver, WRA and PLW) about progress with nutrition practices related to the most recent lesson.
- Nutrition Volunteer gives the household members (Caregiver, WRA and PLW) time to talk (does not interrupt).
- The Nutrition Volunteer uses body language to demonstrate that s/he is paying attention.
- Nutrition Volunteer paraphrases what the household members (Caregiver, WRA and PLW) says during group training.
- Nutrition Volunteer recognizes and praises any progress that the caregiver has made in practicing the behavior.
- Nutrition Volunteer uses simple language,
- Nutrition Volunteer uses open ended questions to allow a discussion

Show and Explain: Introduce the new skills and practice

- Nutrition Volunteer should be able to present current month's nutrition counseling lesson
- Nutrition Volunteer uses at least one job aide during the lesson to help household members (Caregiver, WRA and PLW) understand the proposed behavior.
- Nutrition Volunteer demonstrates where appropriate, the skill to the caregivers (i.e., Handwashing, food preservation etc.)

Probe about (anticipated) barriers to the new practice

- Nutrition Volunteer asks household members (Caregiver, WRA and) about perceived challenges expected in trying the new behavior being discussed during the training session.
- Nutrition Volunteer uses open ended questions to allow a discussion

- Nutrition Volunteer uses simple language

Inform caregiver, WRA and PLW of ways to overcome barriers (to new behavior)

- Nutrition Volunteer probes household members (Caregiver, WRA and PLW) to identify realistic options for overcoming barriers to change.
- Options are suggested by household members (Caregiver/WRA) not by Nutrition Volunteer.
- Nutrition Volunteer provides COMPLETE information on the lesson(s) presented
- Nutrition Volunteer provide ACCURATE information on the lesson(s) presented
- Nutrition Volunteer speaks loudly and clearly

Request a verbal commitment in front of others

- Nutrition Volunteer encourages WRA/Caregiver of CU2 to invite another family member to join the discussion.
- Nutrition Volunteer supports household members (Caregiver/WRA) in describing to family member the behavior changes that caregiver wants to make (ex: Nutrition Volunteer helps caregiver to explain benefits of the new behavior)
- Nutrition Volunteer asks the household members (Caregiver/WRA) to repeat the agreed-upon new behavior that the household members (Caregiver/WRA) commit to trying.

Examine Previous behavior commitment/s

- Nutrition Volunteer asks household members (Caregiver/WRA) to describe their experiences in practicing the last behavior change to which they committed.
- Nutrition Volunteer encourages household members (Caregiver/WRA) to describe barriers encountered and solutions used. Motivators to doing a committed behaviour.

Handout 9A: Nutrition Field Supervisor's (NFS)/Health Facility Focal Point Person (HFFPP) Checklist for Supervising a Health/Sanitation Promoter

- All activities listed here should be completed on a quarterly basis for each Health/Sanitation Promoter.
- Each Health/Sanitation Promoter should be visited at least two times each month; one scheduled visit and one surprise visit.
- Check off what you do in each visit, starting with a new form every quarter.

District/: _____ Ward Camp: _____

_____ Health Facility: _____
 Health/Sanitation Promoter being supervised: _____

Nutrition Field Supervisor/Health Facility Focal Point person completing the form: _____

Number of Care Group under Health/Sanitation Promoter: _____.

Year: _____

Quarter: 1 (JAN-MAR) 2 (APRIL-JUNE) 3 (JULY-SEPT) 4 (OCT-DEC)

Place an "X" if results are poor, a "/" if results are adequate, and a "√" if results are excellent.

Check on poor or adequate results until performance is excellent.

Visits per Quarter					
1	2	3	4	5	6

Date of visit

EVERY VISIT: Take time to find out how the Health/Sanitation Promoter is doing, how you can help him/her, and what challenges or success he/she has encountered since your last visit.

Observe Health/Sanitation Promoter Teaching Nutrition Volunteers

a. Fill out Group Teaching QIVC checklist.						
b. Review QIVC with the Health/Sanitation Promoter in private after teaching is done.						
c. Talk to some of the households to assess their participation level, interest in program, quality, and consistency of the Health/Sanitation Promoters work.						
d. Ask to visit some of the households that the Nutrition Volunteer reported teaching to verify they received the lessons as the Nutrition Volunteer reported.						

Review the Health/Sanitation Promoter's Registers of Nutrition Volunteers and HouseHolds (One time per quarter)**

a. Ensure the Nutrition Volunteer and Household Registers are being kept in a safe, dry place.						
b. Ensure attendance has been marked for the Nutrition Volunteers over the last three months.						
c. Ensure attendance has been marked for the Households over the last three months.						

Review the Health/Sanitation Promoter Monthly Reports

a. Ensure Health/Sanitation promoter understands how to fill them in correctly.						
b. Make sure he/she has kept copies for him/herself in his/her folder by reviewing previous reports.						

Observe the Health Promoter's Equipment

a. The Health/sanitation Promoter has a functioning bicycle.						
b. Ask if s/he is storing reports and materials in a safe and dry place.						
c. Other materials (flip charts, lesson plans, blank reporting forms, etc.) are stored properly.						

Visit Nutrition Volunteers						
a. Using the Health/Sanitation Promoters register, randomly select a few Nutrition Volunteers to visit, verify that they exist, that they attend the teaching lessons and understanding what they learn.						
b. Check Households understanding of what they have learned.						

Visit Households						
a. Using the Health/sanitation Promoters register, randomly select a few Households to visit. Verify that they exist, that they are attending the teaching lessons and understanding what they learn.						
b. Verify that their children are being weighed regularly.						

Visit Community Leaders or participate in a Community Leadership Meeting						
a. Verify the community leaders are aware of the Health/sanitation Promoter activities in the community.						
b. Verify the Health/Sanitation Promoter has been coordinating with Community Leaders.						
c. Verify that community leaders are actively resolving problems that arise related to the program.						
d. Evaluate the ownership level of the community related to the program. Do they consider it their program or something Government is doing?						

Visit the ZNCC/NHC in which the Health/Sanitation Promoter belongs						
a. Verify if the Health/Sanitation Promoter has been coordinating with other sectors and discuss ways to improve coordination.						
b. Verify that the Health/Sanitation Promoter has been referring patients to the health center for care as needed.						

Visit the Health/Sanitation Promoter's house						
a. Verify that s/he has a latrine, with a lid and a roof.						
b. Verify that s/he has a hand washing station with water, soap, and/or ash.						
c. Verify that s/he is drinking purified water.						
d. Verify that s/he has a dish drying rack.						
e. Verify that s/he has a mosquito net for every bed or sleeping mat.						
f. Verify that his/her children are regularly vaccinated, dewormed, receive vitamin A, and have good nutrition.						
g. Verify that s/he is engaged in diverse food production. Does she have the following:						
i. homestead garden						
ii. small livestock						
iii. functional fishpond						
h. Verify that s/he belongs to the microfinance group e.g., village saving.						

Achievements/Benefits: _____

Challenges/Constraints: _____

Providing Feedback:

- Thank and encourage the Health/Sanitation Promoter for his or her good work; according to the performance you have observed using this checklist.
- Review areas for improvement based on observations.
- Signs of respect:
 - Be careful to correct the Health/Sanitation Promoter in private and not embarrass or humiliate him/her in front of the people he/she works with.
 - Respect the Health/Sanitation Promoter and what he/she already knows and does
 - Always ask before telling

Handout 9B: Supervision Actions Game

[Print one copy]

The other teams will try to guess the supervision category:

“Observe Health/Sanitation Promoter Teaching Nutrition Volunteers”

- a. Fill out Group Teaching QIVC checklist.
- b. Review QIVC with the Health/Sanitation Promoter in private after teaching is done.
- c. Talk to some of the Neighbor Households to assess their participation level, interest in program, quality, and consistency of the Health/Sanitation Promoter’s work.
- d. Ask to visit some of the Neighbor Household that the Nutrition Volunteer reported teaching to verify they received the lessons as the Nutrition Volunteer reported.

The other teams will try to guess the supervision category:

“Review the Health/Sanitation Promoter’s Registers of Nutrition Volunteers and Neighbor Households”

- d. Ensure the Nutrition Volunteers and Households Registers are being kept in a safe, dry place.
- e. Ensure attendance has been marked for the Nutrition Volunteers over the last three months.
- f. Ensure attendance has been marked for the neighbor Households over the last three months.

The other teams will try to guess the supervision category:

“Visit Nutrition Volunteers”

- a. Using the Health/Sanitation Promoter’s register, randomly select a few NV to visit, verify that they exist, that they are attending the teaching lessons and understanding what they learn.
- b. Check Neighbor Household’s understanding of what they have learned.

The other teams will try to guess the supervision category:

“Visit the ZNCC/NHC or NHC”

- a. Verify the Health/Sanitation Promoter has been coordinating with other sectors in the ZNCC/NHC and discuss ways to improve coordination.
- b. Verify that the health/sanitation Promoter has been referring patients to the health center for care as needed or other sector interventions.

The other teams will try to guess the supervision category:

“Visit Community Leaders or participate in a Community Leadership Meeting”

- a. Verify the community leaders are aware of the Health/sanitation Promoter's activities in the community.
- b. Verify the Health/Sanitation Promoter has been coordinating with Community Leaders.
- c. Verify that community leaders are actively resolving problems that arise related to the program.
- d. Evaluate the ownership level of the community related to the program. Do they consider it their program or something CRS is doing?

The other teams will try to guess the supervision category:

“Visit the Health/Sanitation Promoter's house”

- a. Verify that s/he has a latrine, with a lid and a roof.
- b. Verify that s/he has a hand washing station with water, soap/ash.
- c. Verify that s/he is drinking purified water.
- d. Verify that s/he has a dish drying rack.
- e. Verify that s/he has a mosquito net for every bed or sleeping mat.
- f. Verify that his/her children are regularly vaccinated, dewormed, receive vitamin A, and have good nutrition.

Handout 10A: Supervision Table (1 of 2)

Do not cut this page

Supervision	One Supervising	Person Receiving the Observation	Location/Meetings	Frequency	Supervision Tools

Handout 10A: Supervision Answers (Page 2 of 2)

Cut the squares out, mix them up and place in a pile at the start of each team's line (under a rock or in a small tin).

<p>Nutrition Officer/District Nutritionist</p>	<p>Each Nutrition Field Supervisor/Health Facility Focal Point Person</p>	<p>Office, Monthly Meeting; Field Visits</p>	<p>Once each month (every third visit is a surprise visit)</p>	<p>Supervision Checklist</p>
<p>Nutrition Field Supervisor/Health Facility Focal Person Person</p>	<p>Each Health/Sanitation Promoter</p>	<p>Health/sanitation Promoter's home, CG Meeting Field visits with Nutrition Volunteers</p>	<p>Twice each month; one scheduled visit and one surprise visit</p>	<p>Supervision Checklist</p>

Health/Sanitation Promoter	Each Nutrition Volunteer	Home visits and/or group activities	Once every three months	NA
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Handout 10B: Supervision Table ANSWER KEY

Supervision	One Supervising	Person Receiving the Observation	Location/Meetings	Frequency	Supervision Tools
	Nutrition Officer/District Nutritionist	Each Nutrition Field Supervisor/ Health Facility Focal Point Person	Office, Monthly Meeting; Field Visits	Once each month (every third visit is a surprise visit)	Supervision Checklist
	Nutrition Field Supervisor/ Health Facility Focal Point Person	Each Health/Sanitation Promoter	Health/Sanitation Promoter's home, CG Meeting Field visits with Nutrition Volunteer	Twice each month; one scheduled visit and one surprise visit	Supervision Checklist
	Health/Sanitation Promoter	Each Nutrition Volunteer	Home visits and/or group activities	Once every three months	NA

Handout 10C: Workplan-Blank

Workplan for _____

Month _____

Add tasks such as supervision, training, teaching, days for reporting, etc. Include length of time for each activity and starting time. This is just a sample – but you should use this as you sketch out the details of your month.

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1					
Week 2					
Week 3					
Week 4					

Handout 10 D: Samples of Monthly Workplans

1. Sample Monthly Workplan for Nutrition Volunteer

Monday	Tuesday	Wednesday	Thursday	Friday
Attend Care Group meeting		Visit Neighbor Household #1	Visit Neighbor Household #2	
	Support Community Health Event/ GMP session			
Visit Household #3	Visit Neighbor Household #4	Visit Neighbor Household #5	Visit Neighbor Household #6	Visit Neighbor Household #7
Visit Neighbor Household #8 & #9	Visit Neighbor Household #10		Hold kitchen garden demonstration with Neighbor Households	

2. Sample Monthly Workplan for Health/Sanitation Promoter

Monday	Tuesday	Wednesday	Thursday	Friday
Meet with CG#1	Meet with CG #2	Meet with CG #3	Meet with CG #4	
Meet with CG#5	Meet with CG #6		Prepare Reports for Monthly Meeting	Monthly Meeting with Nutrition Field Supervisor/Health Facility Focal point person
Supervise two Nutrition Volunteers		Host Community Health Event / support practicals	Supervise two Nutrition Volunteers	Community Meeting

	Supervise two Nutrition Volunteers		Host Community Health Event / Support practical's	
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2. Sample Monthly Workplan for Nutrition Field Supervisor

Monday	Tuesday	Wednesday	Thursday	Friday
Supervise Health/sanitation Promoter #1	Supervise Health/sanitation Promoter #2	Supervise Health/sanitation Promoter #3	Supervise Health/sanitation Promoter #4	Coordination meeting with Community Group Supervisors
Supervise Health/sanitation Promoter #5	Support Community Health Events	Supervise Health/sanitation Promoter #1	Prepare for Monthly Training	Monthly Meeting & Reporting with Health/sanitation Promoter
Supervise Health/sanitation Promoter #2	Supervise Health/sanitation Promoter #3	Supervise Health/sanitation Promoter #4	Supervise Health/sanitation Promoter #5	Coordination meeting with Community Group Supervisors Report Writing
Report Writing	Monthly Meeting with Nutrition Officer/District Nutritionist, Nutrition Field Supervisors/Health facility Focal point person	Monthly Meeting with Nutrition Officer/District Nutritionist, Nutrition Field Supervisors/Health facility Focal point person	Monthly Meeting with Nutrition Officer/District Nutritionist, Nutrition Field Supervisors/Health facility Focal point person	Monthly Meeting with Nutrition Officer/District Nutritionist, Nutrition Field Supervisors/Health facility Focal point person

Handout 11A: QIVC for Education Sessions

Name of facilitator: _____ Date: _____
Evaluator: _____
Ward: _____ Camp: _____ Health Facility: _____

METHODS

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Did the facilitator seat people so that all could see each other's' faces? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did the facilitator sit at the same level as the other participants? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did the facilitator introduce the topic well (who s/he is, topic, time)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did the facilitator speak loud enough so that everyone could hear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did the facilitator use proper eye contact with everyone? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did the facilitator use changes in voice intonation (not monotone)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did the facilitator speak slowly and clearly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did the facilitator ask about the current practices of the participants? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did the facilitator read each caption aloud to the participants? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Did the facilitator explain the meaning of each picture? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Did the facilitator demonstrate any skills that s/he was promoting? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Did the facilitator verify that people understood main points using open-ended questions? | <input type="checkbox"/> | <input type="checkbox"/> |

DISCUSSION

13. Did the facilitator ask the participants lots of (non-rhetorical) questions?
- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

14. Did the facilitator give participants adequate time to answer questions?

15. Did the facilitator ask participants if there were barriers that might prevent them from trying the new practices?

16. Did the facilitator encourage discussion amongst participants to solve the barriers mentioned?

17. Did the facilitator encourage comments by paraphrasing what people said (repeating statements in his or her own words)?

18. Did the facilitator ask participants if they agree with other participants' responses?

19. Did the facilitator encourage comments by nodding, smiling, or other actions to show s/he was listening?

20. Did the facilitator always reply to participants in a courteous and diplomatic way?

21. Did the participants make lots of comments?

1 2 3 4 5 6 7 8 9 10
Poor Excellent

22. Did the facilitator prevent domination of the discussion by 1 or 2 people?

23. Did the facilitator encourage timid participants to speak/participate?

24. Did the facilitator summarize the *discussion*?

25. Did the facilitator reinforce statements by sharing relevant personal experience, or asking others to share personal experience?

26. Did the facilitator ask each person to make a commitment?

27. Did the facilitator ask each person about previous commitments?

CONTENTS

28. Was the content of the educational messages CORRECT?
1 2 3 4 5 6 7 8 9 10
Poor Excellent

29. Was the content of the educational messages RELEVANT?
1 2 3 4 5 6 7 8 9 10
Poor Excellent

30. Was the content of the educational messages COMPLETE?
1 2 3 4 5 6 7 8 9 10
Poor Excellent

31. OVERALL EVALUATION of the Facilitator’s performance:
1 2 3 4 5 6 7 8 9 10
Poor Excellent

Comments: _____

Handout 11B: For the Skit Volunteer

Prepare an educational talk that will last about 3-5 minutes. Speak on any topic (health related topic is best) – but only for five minutes. We want you to be both a good and bad example, so I am asking you to make some mistakes in your presentation.

Please do the following during your presentation:

- Speak loudly so that everyone can hear.
- Introduce the topic well.
- Demonstrate the skill that you are teaching (if possible).
- Encourage discussion amongst the participants.
- Listen to questions and responses from the other participants, nodding and smiling (showing them respect).

You must also demonstrate POOR Practices!

- Speak quickly
- Choose one or two people to avoid during the presentation – do not look at them; do not answer or acknowledge their questions or comments (do not show them respect).
- Ask questions, but do not leave time for the participants to answer the questions.

Skit PART I

1. Facilitator greets you. He explains the purpose of the QIVC.
Facilitator will tell you, "Don't worry. Not a test, purpose is to help you improve."
2. You respond, "Yes I remember discussing the QIVC. However, I am very nervous. I didn't know you were evaluating me with the QIVC."
3. You ask, "Will you be able to help me during the presentation – I have a lot of questions."
4. Facilitator responds, "No, I am I am there to observe. I can answer questions at the end of the lesson if someone has a question. However, you need to teach as if you were alone."
5. You agree. You say, "It is time, we should leave for the session."

Skit PART II

6. *Do the educational session in front of a small group of participants.*

After this, the trainer will review your performance on the QIVC form and come to a consensus.

Skit PART III

7. Facilitator goes back to your house to discuss the QIVC.
8. Be responsive to the supervisor – do not argue with him or her.
9. Admit one or two of the things that you did wrong, but not all of them.

Handout 12A: Steps for Giving Positive Feedback

1. Give feedback in private
2. Ask the person to take notes
3. Discuss each positive point
4. Encourage the worker with respect to the things they have done well.
5. Use positive body language.
6. Do not use mixed comments.
7. Respond to the person evaluated in a courteous and diplomatic manner.
8. Mention the areas where the person evaluated is doing better than others.
9. Discuss each negative point on the form.
10. Ask the person being evaluated to discuss his or her performance before giving your opinion.
11. Offer several examples to explain the correct manner of performing the areas where they received a NO on the form.
12. Maintain control of the evaluation.
13. Help the person evaluated find solutions to the problems when possible.
14. Keep the attention of the person evaluated.

*Note: As an evaluator, you need to focus on what is **correct, appropriate, complete, and specific.***

? What happens at the end of the Evaluation?

15. Ask the person to give a summary of the things that they will improve.
16. If they have forgotten areas, add those.
17. Ask them to make a commitment to improve these issues.
18. Ask the person to give a summary of the things they did well.
19. Add to this list if they have forgotten some positive areas

Handout 12B: QIVC to Evaluate Positive Feedback

Use this form when supervising someone giving feedback to a worker with the QIVC.

Name of the Person Using this List: _____
Name of the Person Evaluated: _____
Ward: _____ Camp: _____ Health Facility: _____ Zone: _____ Date: _____
Number of YES: __ Number of lines: __ Present Grade: __% Previous Grade: __%

Did the Evaluator

YES NO

1. Explain **the purpose** of the QIVC (to improve and measure the quality of his/her work)?
2. Tell the person evaluated **not to fear**, that this is **not a test**, but rather something to help **him/her improve**?
3. Advise the person being evaluated **not to say anything** to the evaluator during the health lesson?

During the Observation

4. Did the Evaluator **avoid making comments** to the person evaluated during the health lesson?
5. Did the Evaluator **mark all the questions (yes or no)** during or right after the observation?
6. Mark all the questions on the list correctly?

1	2	3	4	5	6	7	8	9	10
All Incorrectly					All Correctly				

Feedback

7. Did the Evaluator **give the feedback in a private place**?
8. Did the Evaluator ask the person evaluated **to take notes** on his/her comments?.....
9. Did the Evaluator discuss **each positive point** on the form?
10. Did the Evaluator **encourage the person evaluated** with respect to the things he/she did correctly?
11. Did the Evaluator **use positive "body language"** when providing positive feedback to the person?

12. Did the Evaluator **use many encouraging words** (e.g., excellent, very good) when providing positive feedback to the person?

13. Did the Evaluator **avoid the use of too many mixed comments** (e.g., "This was excellent, but you have to ...") when providing feedback?

YES NO

14. Did the Evaluator always **respond** to the comments from the person evaluated in a **courteous and diplomatic manner** all the time?

15. Did the Evaluator mention the area(s) where the performance of the person evaluated was **better than most** other people?

16. Did the Evaluator discuss **each negative point** on the form?

17. Did the Evaluator often **ask the person** evaluated to discuss the negative points in his/her performance self-evaluation **before providing an opinion**?

18. Did the Evaluator **use several examples** to explain the correct manner of performing the parts of the process that were done incorrectly?

19. Did the Evaluator **maintain control of the evaluation process** in an appropriate manner?

20. Did the Evaluator assist the person evaluated **find solutions** to the problems s/he has (e.g., in the community) where possible?

21. Did the Evaluator **keep the attention** of the person evaluated?

22. Were the **suggestions of the Evaluator**, correct?

1	2	3	4	5	6	7	8	9	10
All Incorrect					All Correct				

23. Were the suggestions of the Evaluator **appropriate** for the context of the person evaluated?

1	2	3	4	5	6	7	8	9	10
Not appropriate					100% Appropriate				

24. Were the Evaluator's suggestions **complete**?

1	2	3	4	5	6	7	8	9	10
Not appropriate					100% Appropriate				

25. Were the Evaluator's suggestions **very specific**?

1	2	3	4	5	6	7	8	9	10
Not specific					Very specific				

At the End of the Evaluation

26. Did the Evaluator **ask the person** evaluated to **give a summary** of the things that should be improved?

27. Did the **Evaluator complete this list** if the person evaluated could not remember all the things that needed improvement?

28. Did the Evaluator ask the person evaluated to **indicate his/her commitment to improve** these things?

29. Did the Evaluator ask the person evaluated to **give a summary of the positive things** that s/he did?

30. Did the Evaluator **complete this list** if the person evaluated could not remember all the things, he/she did that were positive?

GENERAL EVALUATION OF THE EVALUATOR'S PERFORMANCE									
1	2	3	4	5	6	7	8	9	10
POOR					EXCELLENT				

Additional Comments:

Handout 16A: Talking Points for Community Meetings about GIZ-FANSER Projects

Adapt to the project context prior to, or during the discussion of session 16, Activity 1.

A. Program Goals and Methodology

1. The goal of the Health/Sanitation Promoter is to prevent malnutrition in under two children.
2. The program will focus on the following areas: *Essential Nutrition Actions, Infant and Young Child Feeding practices, and essential hygiene action.*
3. Half of child deaths can be prevented by families doing very simple things to care for their children related to hygiene, sanitation, child feeding, and caring for children when they are sick. If families do not make these changes, then after the project ends things will go back to how they were before the project started.
5. Right now, nearly half of all children in this community suffer from chronic malnutrition. To change this situation, families must change household practices.
6. To change these behaviors the Health/Sanitation Promoter will train community volunteers so they can train all the families in the community. To do this we need your help.
7. The Health/Sanitation Promoter will provide the training and educational material, but we need the community to provide volunteers who are committed to improving the health of the children in this community. These volunteers will not receive a salary or subsidy. They will receive free education and an opportunity to improve and save the lives of the children in this community.
8. These volunteers will not be the NGO's, Government volunteers; they will be your community's volunteers. If they attend the trainings, share what they learn with the families in this community and the families adopt the new behaviors, malnutrition will be reduced. If the volunteers are not willing to learn, if families will not listen to the volunteers or adopt the behaviors then malnutrition will not decrease during the life of the program.
9. The Health/Sanitation Promoter is a development project, not an emergency and relief project. Many projects are meant to provide short term relief to a problem like a famine or during times of civil unrest. Relief projects normally give away a lot of food or things (like soap, tools, etc...) and these things help for a short period of time. The goal of this Health/Sanitation Promoter is to change behavior and improve the community's ability to prevent their children from dying of malnutrition.

B. Skit: Crossing the River

Need: 4 actors – they should all be around the same age and gender. The strong young man should be strong in appearance and the thin young man should be thinner in appearance. The two friends can be anyone.

Two friends are heading to town to vote. They come up what is normally a slow-moving river and find that the water level has risen, and the water is moving faster. They discuss what they can do, since neither of them know how to swim. They really need to get to the voting station, but they are afraid to cross the river. As they are discussing their dilemma, a strong young man comes along. The two friends explain their problem and the strong young man offers to carry them across the river. The water is deep and fast, so it is not an easy task, but the young man manages and reassures the two friends as he carries them across that they do not have to worry he is taking care of them. After the two friends leave the young man, the young man congratulates himself saying, "I really did a good thing today. Those poor people would never have gotten to the voting station without my help. I thank God, he made me so strong and courageous that I could help those who can't help

themselves!”

Later that day the two friends are returning home from voting when they encounter the river again. They discuss how they cannot swim, that the current is so strong and that they are afraid to cross the river. They decide the only thing to do is to wait for another strong young man to carry them across. They sit down by the riverbank and start to complain that no one is coming, they are hungry, and they need to get home. Finally, a young man comes along, but he is thin and weak. The two friends tell the young man that they need him to carry them across the river. The young man is a bit nervous about doing this and asks the two friends if they are sure, they cannot cross the river themselves. The two friends assure the young man they cannot swim, and they cannot do it themselves. They say, “God made you young and fit. You should help us cross the river. Come on now, carry us across!” (The friends should be insistent, like it is the young man’s duty.) The weak young man tries to hoist one of the friends onto his back, but they are both wobbly and before they reach the river bank the young man falls over dumping the friend on the ground. The two friends are disgusted. They tell the young man, “What good are you, you can’t carry even carry us across the river!” The young man thinks about their accusations and says, “You are men just like me, made with the same intelligence and abilities, why is it my responsibility to carry you across the river? You can cross the river by yourselves, just like I can. This river is not moving too fast or high for a man to cross it. You must take courage and cross steadily, I will show you how.” The two friends need more encouragement but eventually are convinced to cross along with the thin young man. The young man shows them how to plan their foot firmly, hold onto each other’s hands and move steadily across. They get to the other side and the two friends are excited. They exclaim we did it, we crossed the river! They say, that was not easy, but it was not as hard as I thought it would be. They thank the young man for teaching them how to do it.

C. Questions for reflection:

- ? Which young man helped the two friends more: the strong young man or the thin young man?
- ? Did the strong young man think he was doing the two friends a favor? Was he really?
- ? Were the two friends right to expect the thin young man to carry them across the river?
- ? *If your project includes food distribution or the provision of some other good, as the following question, “Health/Sanitation Promoter will provide behavior change education about nutrition, health and sanitation and [food]. Which of these two types of assistance will do better?”*

D. Share Health/Sanitation Promoter Essential

E. Program Details (may want to refer to session 2: Program Overview)

- Program overviews (refer to presentation in session two)
- Background:
Intermediate results:
- Objectives:
- Activities(interventions):

Handout 17 A: Nutrition Field Supervisors Monthly report form

Name of Health Field Supervisor _____ Health Field Supervisor NRC: _____
 Reporting Month and Year: _____ Date of Meeting with HPs _____

Table 1: Summary of Health Promoters present and trained

Number of HPs present	
Training topic/s	

TABLE 1: SUMMARY TRAININGS AND REFERRALS									
SUMMARY OF TRAININGS									
TOPIC/S COVERED DURING HH VISITS					SUMMARY OF REFERRALS				
HEALTH PROMOTER DETAILS		#Care Group Meetings held	#NVs trained	# HH Visited by NVs	REFERRALS OF PLW/WRA		REFERRALS OF CHN 6 - 23		HP SIGNATURE
NAME	SURNAME				HEALTH FACILITY REFERRED	HEALTH FACILITY REFERRED	HEALTH FACILITY		
							M	F	
1									
2									
3									
4									
5									
TOTAL									

TABLE 2: SITE VISITS BY HEALTH FIELD SUPERVISOR TO HPs											
	Health Promoter 1		Health Promoter 2		Health Promoter 3		Health Promoter 4		Health Promoter 5		Total visits
	Name	Surname	Name	Surname	Name	Surname	Name	Surname	Name	Surname	
# Health Field Supervisor visits											

TABLE 3: NUTRITION SUPERVISOR DISCUSSION GUIDE WITH HEALTH PROMOTERS		
Section A: Conversation about health practice and caregiver commitments for last month		
	Question	Response
1	Did the care givers remember the lesson that was taught last month	

2	Was the lesson taught last month relevant to the households?	
	If YES give reasons	
	If NO give reasons	
3	Were the teaching materials used during last month's lesson appropriate to care givers? Yes/No	
	If NO list the materials that were not appropriate and why?	
4	Are there any recommendations that Caregivers have regarding lesson material	
5	How many households tried the new practice that you introduced last month?	
6	Did caregivers share what they learned with other members of their household?	
7	Did caregivers share what they learned with members outside their household?	
8	How did women respond?	
	How did men respond?	
9	What factors facilitate the adoption of the new practice in participating households?	
10	What challenges are the Caregivers facing in keeping their commitments to try the new health practice that you introduced last month?	

SECTION B: Conversations about health practice and caregiver commitments for this month

	Question	Response
1	How did caregivers respond to the practice they were taught last month?	
	How did women respond?	
	And, how did men respond?	
2	Did the caregivers ask questions you were not able to answer? YES/NO	
	If YES list the questions	

SECTION C: Conversation about follow -up with households that were referred to health facility

	Question	Response
1	If there are people who did not reach HF, what are the reasons (list)	
2a	If referred persons reached the HF what services did they receive e.g. type of treatment, counselling etc.	
2b	Was the caregiver satisfied with the service she received at the HF? YES/NO	
	If No provide reasons	
2c	From the caregivers' perspective, what can be done to improve the referral system to the Health Facility?	
3	Any questions or comments?	

Box 1: Summary of Behavioral Change Communication cards used for caregiver commitments this month

Box 2: Summary of most important points cited by Health Promoters during discussions (please make a special effort to capture information regarding caregiver behavior change)

Box 3: Challenges experienced by Health Field Supervisor (general and target related)

Technical

Logistical

Box 4: Solutions/ Successes experience by Health Field Supervisor (general and target related)

TABLE 4: BIRTHS OR NEW FAMILY MEMBERS UNDER 5 YEARS OF AGE CHANGES

CARE GROUP NAME						CAREGIVER CHANGES					
NV NAMES	CARE GROUP NAME	NV NRC	CHILD NAME	SEX	DOB	NV NAMES	CAREGIVER NAME	CAREGIVER NRC	CHILD NAME	SEX	DOB

Table 5: care and mother group changes

Care group changes							Mother group changes						
Nv names	Care group name	Village	Nv NRC	Left date	Reasons	New registered date	Nv names	Caregiver name	Village	Caregiver NRC	Left date	Reason/s	Date registered

BOX 5: SUMMARY OF WORK PLAN

Planned activities for reporting month	Accomplishments	Non-accomplished activities	Reasons for non – accomplished activities	Planned activities for next month

Hand out 17 B: Health Promoters Monthly Report

Name of Health Field Supervisor _____ Health Field Supervisor NRC: _____
 Reporting Month and Year: _____ Date of Meeting with HPs _____

Table 1: Summary of Health Promoters present and trained

Number of HPs present	
Training topic/s	

Table 1: summary trainings and referrals									
Summary of trainings									
Topic/s covered During HH visits				Summary of referrals					
Health promoter details		#Care Group Meetings held	#NVs Trained	# HH Visited by NVs	Referrals of WRA		Referrals of 6 - 23		Hp signature
NAME	SURNAME				Health Facility Referred	Health Facility Referred	Health facility		
							M	F	
1									
2									
3									
4									
5									
TOTAL									

TABLE 2: SITE VISITS BY HEALTH FIELD SUPERVISOR TO HPs											
	Health Promoter 1		Health Promoter 2		Health Promoter 3		Health Promoter 4		Health Promoter 5		Total visits
	Name	Surname	Name	Surname	Name	Surname	Name	Surname	Name	Surname	
# Health Field Supervisor visits											

Table 3: nutrition supervisor discussion guide with health promoters	
Section A: Conversation about health practice and caregiver commitments for last month	
Question	Response

1	Did the care givers remember the lesson that was taught last month	
2	Was the lesson taught last month relevant to the households?	
	If YES give reasons	
	If NO give reasons	
3	Were the teaching materials used during last month's lesson appropriate to care givers? Yes/No	
	If NO list the materials that were not appropriate and why?	
4	Are there any recommendations that Caregivers have regarding lesson material	
5	How many households tried the new practice that you introduced last month?	
6	Did caregivers share what they learned with other members of their household?	
7	Did caregivers share what they learned with members outside their household?	
8	How did women respond?	
	How did men respond?	
9	What factors facilitate the adoption of the new practice in participating households?	
10	What challenges are the Caregivers facing in keeping their commitments to try the new health practice that you introduced last month?	

SECTION B: Conversations about health practice and caregiver commitments for this month

	Question	Response
1	How did caregivers respond to the practice they were taught last month?	
	How did women respond?	
	And, how did men respond?	
2	Did the caregivers ask questions you were not able to answer? YES/NO	
	If YES list the questions	

SECTION C: Conversation about follow -up with households that were referred to health facility

	Question	Response
1	If there are people who did not reach HF, what are the reasons (list)	
2a	If referred persons reached the HF what services did they receive e.g. type of treatment, counselling etc.	
2b	Was the caregiver satisfied with the service she received at the HF? YES/NO	
	If No provide reasons	
2c	From the caregivers' perspective, what can be done to improve the referral system to the Health Facility?	
3	Any questions or comments?	

Box 1: Summary of Behavioral Change Communication cards used for caregiver commitments this month

Box 2: Summary of most important points cited by Health Promoters during discussions (please make a special effort to capture information regarding caregiver behavior change)

Box 3: Challenges experienced by Health Field Supervisor (general and target related)

Technical

Logistical

Box 4: Solutions/ Successes experience by Health Field Supervisor (general and target related)

Table 4: births or new family members under 5 years of age changes

Care group name						Caregiver changes					
Nv names	Care group name	Nv nrc	Child name	Sex	Dob	Nv names	Caregiver name	Caregiver nrc	Child name	Sex	Dob

Table 5: care and mother group changes

Care group changes							Mother group changes						
Nv names	Care group name	Village	Nv NRC	Left date	Reasons	New registered date	Nv names	Caregiver name	Village	Caregiver NRC	Left date	Reason/s	New - date registered

BOX 5: SUMMARY OF WORKPLAN

Planned activities for reporting month	Accomplishments	Non-accomplished activities	Reasons for non – accomplished activities	Planned activities for next month

Hand out 17C: Nutrition Volunteer Monthly Report

WARD _____
 CAMP _____
 Name of health Promoter: _____ Health Promoter NRC: _____
 Care Group Name: _____ Date of Care Group Meeting: _____
 Reporting Month and Year: _____

Data Entry (to be filled out by data entry clerk) Date of Entry _____	Name of Data Entry Clerk _____
--	--------------------------------

Name of Nutrition Volunteer: _____ Nutrition Volunteer NRC: _____

TABLE 1: HOME VISITS, TRAININGS & REFERRAL INFORMATION

Household id	Lesson	Date of lesson	Date of home visit	Agriculture input	Iec Materials	Sile membership	Referrals		Reason of Referral	
							Name of person referred	Services received		
								Visited Health facility		yes

Project Output Data Collect

Province

Ward

Camp

Date ____/____/2019

District

HP Name

NV Name:

NV NRC:

* Use CAPITAL Letters					Tick () if available							
No	FB NUMBER	Mother/Caregiver's Name	NRC	Village	Toilet	Rubbish Pit	Katala	Dimba	Keyhole Garden	Backyard Garden	OFSP Garden	Tip Tap
1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Official Use (To be filled by Data Entry Clerk)
 Date of Entry: ____/____/2019 Name of Data Entry _____

Annex 1: Learning Resource Needs Assessment – Care Groups



One month before your training begins, send the LRNA out to each participant and request their response by email within (more or less) 7 days. Use the responses to adapt and cater your training to meet the needs of the participants. If you find you have an “expert” at the training, be sure to contact them prior to the training to see if they can spend some time sharing their experience.

NB: Send by hard copy to HPs/SPs.

1. Please describe your previous experience working with Care Groups (a cascade behavior change module that reaches all households through community volunteers)?
2. Please describe training you have already received about Care Groups. (List the name of the training, and the organization who led the training).
3. Please describe your work experience supervising others. Also list tools you have used during supervision.
4. Please describe your work experience organizing community

volunteers / working with volunteers.

5. With your current training and experience, how comfortable do you feel training others about the set-up and management of Care Groups? (1 = not comfortable; 10 = extremely comfortable)
6. What are you hoping to receive from this training?

Handout 1A : Pre- and Posttest

Name _____ Date _____

Is this the pretest or post-test? Circle one.

1. Answer the four questions below:

How many households are in each Neighbor Group?	
How many Nutrition Volunteers are in each Care Group?	
Each Promoter oversees how many Care Groups?	
Each Nutrition Field Supervisor/Health Facility Focal Point person oversees how many Health/Sanitation Promoters?	

Care Groups Effectiveness

2. Which of the following statements is FALSE about Care Groups?
 - A. A Care Group is a group of 20-30 Nutrition Volunteers who regularly meet together with project staff for training and supervision.
 - B. Each Nutrition Volunteer is responsible for regularly visiting 10-15 neighbor households, sharing what she has learned and facilitating behavior change at the household level.
 - C. Care Groups create a multiplying effect to equitably reach every neighbor household with interpersonal behavior change communication.
 - D. Care Groups provide the structure for a community health information system that reports on new pregnancies, births and deaths detected during home visits
3. Why do Care Groups programs focus on pregnant and breastfeeding women and children under two?
 - A. They are the easiest target groups for NGOs to work with
 - B. Pregnant women are more likely to volunteer than other members of the community
 - C. The right nutrition during this period (pregnancy and the first two years of life) can have a profound impact on a child's ability to grow, learn, and rise out of poverty. It can also shape a society's long-term health, stability, and prosperity.

Care Groups Characteristics

4. In Care Groups programs, women of reproductive age should choose/elect their Nutrition Volunteer. Why is this important?
 - A. People will choose someone that they respect – someone that they are willing to “listen to.” If an outsider chooses someone – it is more likely that person will not be accepted by the community.
 - B. It would take a lot of time for project staff to choose Nutrition Volunteer, and therefore it is more efficient for the women of reproductive age to elect their own Nutrition Volunteer.
 - C. Trick question. Mothers should not elect their own Nutrition Volunteers – this is something that the Community Development Committee should do in partnership with the Ministry of Health.
5. In Care Groups programs, Neighbor Groups should have around 10-12 members, and no more than 15. Circle the answer that is NOT a reason why this is important.
 - A. Neighbor Groups are led by Nutrition Volunteers. If you ask too much of the volunteers' time, they will not stay in the program.

- B. If a group is larger than 15 members, other members of the community might become jealous of that group because it attracted so many members.
- C. Nutrition Volunteer should form strong bonds with their neighbor households. Large groups will make it difficult to form this bond.

Organizing the Community into Care Groups

- 6. Of the responses below, what is the most important factor when assigning neighbor households into groups (Neighbor Groups)?
 - A. The women in these neighbor households are friends and enjoy meeting together.
 - B. The neighbor households are close together.
 - C. The children are all the same age.
 - D. The neighbor households are similar; one is not wealthier than the other.

- 7. Write the approach you would use to organize the community into Neighbor Groups and Care Groups based on the descriptions below. Possible answers include Census, Community lists, or Community gatherings.
 - A. In Community A, the block leaders are well organized and already maintain a list of residents or can recall by memory where all the WRA and CU2 live. _____
 - B. In Community B, community participation and communication is high. If the community leaders called for all women who are pregnant or have children less than 24 months of age to a central meeting place on a particular day, they would all show up. _____
 - C. Community C is new to you. When you ask around, the leaders and members of the community do not know all the PLW and U2 children or where they live. _____

Job Descriptions

- 8. Write the CG Team Member who is responsible for the following responsibilities: The choices are Nutrition Volunteer, Health/Sanitation Promoter, Nutrition Field Supervisor, Health facility Focal point person or Nutrition Officer/District Nutritionist:
 - A. Models' leadership to all staff and _____

intentionally develops the leadership potential of the MCHN Supervisors.

- B. Visit 10 households and their families at least once a month to promote behavior change using an educational _____ flip-chart.
- C. Review Flipchart Lesson Plans with Health/Sanitation Promoter every two weeks and assure they understand the information well and _____ can teach back the information in a participatory manner.
- D. Facilitate organized, participatory learning sessions with each of their 10-12 Nutrition Volunteer (in Care Groups) groups every two weeks, following the lesson plans in the educational materials provided.

9. Write three essential traits or characteristics of a Nutrition Volunteer.

1.

2.

3.

Registers and Reports

- 10. What are the four main types of information that registers in Care Groups programs collect?
 - A. Immunization coverage, vital events, registration, and curriculum
 - B. Attendance, registration, vital events, and curriculum
 - C. Births, deaths, membership, household size
- 11. What information does a Promoter use to fill out her/his monthly report?
 - A. Care Groups Registers
 - B. Household Registers
 - C. A & B
 - D. None of the above

Curriculum Training Schedule

12. What three things happen during **the Bi-Monthly (Twice Monthly) Training Meeting**

between the Nutrition Field Supervisor/Health Facility Focal point person and the Health/Sanitation Promoters?

- A. 1) Training Health/Sanitation Promoter on the Flipchart Lesson, 2) Supervising Health/Sanitation Promoters in their home and 3) Supervising the Promoters as they teach Nutrition Volunteers.
- B. 1) Training Ministry of Health Staff on the new health materials, 2) Sharing work plans with the Community Leaders and 3) Collecting Registers from Health/Sanitation Promoters
- C. 1) Training Nutrition Volunteers on the flipchart Lesson, 2) Observing them teaching others and 3) Collecting the Care Groups and Household Registers
- D. 1) Planning Supervision Visits with each Promoter, 2) Collecting and Discussing the Health/Sanitation Promoter Reports and 3) Coaching the Health/Sanitation Promoters as they practice the new flipchart lesson

13. **Four of the five statements are TRUE.** Circle the Letter of the statement which is **FALSE**.

- A. The Nutrition Officer/District Nutritionist will lead a one-week training on each new flipchart module (group of lessons) with all supervisors, and promoters.
- B. The Nutrition Field Supervisor/ Health facility Focal point person will review the current flipchart lesson with all the HEALTH Promoter every two weeks.
- C. The Health/Sanitation Promoters will train the Nutrition Volunteers one flipchart lesson every four weeks.
- D. The Nutrition volunteers will train the Neighbor Women on flipchart lesson every two weeks in (either in a small group or during a household visit to each neighbor woman's house).
- E. Every time a new flipchart lesson is taught to a person responsible for training others (Supervisor, Promoter or Nutrition volunteer), he or she will practice the new flipchart lesson in pairs while the Training Facilitator observes and coaches them on their performance.

Supervision Responsibilities and Work plans

14. Which of the following statements is true about work plans? Choose only ONE answer.

- A. A work plan is used to report to your supervisor on tasks you accomplished in the

- past.
- B. Only the Health/Sanitation Promoters should keep work plans. It is not necessary for Supervisors to plan their activities each month.
 - C. Work plans help staff to organize their work responsibilities so that they can work efficiently and complete all their tasks during normal working hours.
 - D. Supervisors will use the Promoter work plans to compile the attendance and vital event information for the monthly reports.

Supervision Checklists

15. How does a MCHN Supervisor review a Health/sanitation Promoters monthly report?
- a. Look at a completed report and make sure every box is filled in.
 - b. Make sure the Health/Sanitation has a copy of every monthly report s/he has turned in.
 - c. Select 2 or 3 pieces of information on the report and ask the Health/Sanitation Promoters to show you how s/he determined the number using her NV and HH Registers.
 - d. Look at your copy of the Health/Sanitation Promoters monthly report and the copy s/he has and make sure all the numbers match.

Quality Improvement Verification Checklists (QIVCs)

16. The QIVC has 3 purposes. Which of the following is NOT one of the main goals of the QIVC?
- A. Encourage the worker
 - B. Evaluate the worker's knowledge or intelligence
 - C. Monitor the performance of the worker over a period
 - D. Improve the workers performance
17. When giving feedback using the QIVC for Educational Methods which of the following should NOT be done:
- A. Ask the person to discuss how *they think* they performed before you begin giving feedback.
 - B. Provide more positive feedback than negative feedback to encourage the worker.
 - C. Ask the worker how *they think* they could overcome some of the difficulties that they had during the training.
 - D. Ask the worker to commit to sharing their QIVC scores with the community leaders.
18. If the Promoter scored 70% on the QIVC for Educational Methods what should the Supervisor do?
- A. Use the QIVC less frequently because the worker scored above the target.
 - B. Stop visiting this worker because they have scored above the target.

- C. Continue using the QIV Checklist each time you visit until their score is 80% or above.
- D. Continue using the QIV Checklist each time you visit until their score reaches 100%.

19. Review the scores below. As the Nutrition Field Supervisor/ Health facility Focal point person, which of the following recommendations would you suggest? Choose only ONE answer.
- A. Review the questions on the QIVC that Promoter #1 and #4 have missed on the QIVC. Ask each promoter what they should be doing to overcome these problems.
 - B. Make sure that both Promoters #1 and #4 are committed to improve. Ask them what has prevented them from making larger improvements.
 - C. Talk with the Program Manager about the policy for putting a worker on probation. Plan ahead, giving your workers time to improve before starting a plan for probation if needed.
 - D. All the above.

Volunteer Motivation

20. When people are given extrinsic rewards (like cash or food) to do something good (like donating blood), which of the following are likely to happen. Put an X before the sentences which are the potential negative results. Choose all that apply.
- They are no longer motivated because their sense of altruism or doing something of a higher value has been removed.
 - Cheating, shortcuts, and unethical behavior can be encouraged.
 - People become competitive and try to outperform their colleagues
21. When people have autonomy over tasks this means that they can decide and___. (Circle the correct answer)
- A. What and where they will do a task.
 - B. Who they will do the task with and understand why they are doing the task?
 - C. When they will do it and who they will do it with
 - D. Where they will do it and how they will do it.
22. Which is NOT a principle for motivating volunteers? Circle your answer.
- A. Volunteers need to feel like they are making a difference—they need to feel effective.
 - B. Volunteers need to feel like they have something to offer the program—that their personal skills and life experiences are

valued.

- C. Volunteers need to feel like they are part of a group—they need to feel connected.
- D. Volunteers need to feel like they are doing something that will contribute to the well-being of their family.

Practice Presentations and Community Program Orientation:

23. When Nutrition Field Supervisors orient the community to the Health/Sanitation Promoter all the following topics will be covered, except one. Which of the following topics should not be included in the Community Orientation? (Circle the answer that is NOT correct.)
- A. Explain the length of time FH will be in the community running the program and who is the donor.
 - B. Discuss that we are partners in the program, and we must work together (not wait for a strong man to come) to solve our problems.
 - C. Explain the incentives that will be given to the Nutrition Volunteers such as vegetables, seeds, cement to build latrines, etc. to encourage their participation.
 - D. Discuss how the Project works to prevent malnutrition in children two years of age and younger.
24. If your Care Groups projected has budgeted to provide each Nutrition Volunteer and Neighbor Woman household a mosquito net, when should you tell the community the project will provide the mosquito nets? (Circle the correct answer.)
- A. At project start up, during the community orientation meetings.
 - B. During the census so that women will be interested to register as part of the program.
 - C. Before the rainy season starts so that families know they will be receiving a mosquito net and do not buy one of their own.
 - D. After you have received the mosquito nets into your offices warehouse and about a week before you have organized to transport the mosquito nets to the community for distribution.

Annex 2: CG Workshop Feedback Forms

Daily Feedback Form

Date: _____

Please circle the numbers which best describe your view of the today's workshop activities. Circle one number for each question.

1. To what degree did you understand today's sessions?

Understood very little		Understood some		Understood almost everything					
1	2	3	4	5	6	7	8	9	10

If you understood little of one or more sessions, what was the most difficult to understand and why?

1. How useful to you were today's workshop sessions?

Not very useful		Somewhat useful		Very useful					
1	2	3	4	5	6	7	8	9	10

2. How helpful are the materials including handouts that we used today?

Not very helpful		Somewhat helpful		Very helpful					
1	2	3	4	5	6	7	8	9	10

3. Overall, how satisfied are you with the workshop sessions presented today?

Very dissatisfied		Somewhat satisfied		Very satisfied					
1	2	3	4	5	6	7	8	9	10

4. To what extent do you feel that you will be able to apply the ideas and strategies that you have learned today to your work?

Not at all		Somewhat		Very much					
1	2	3	4	5	6	7	8	9	10

5. Please list any comments, criticisms, or recommendations on the back of this form.

End of Workshop Feedback Form

Please provide your comments and offer suggestions for anything related to the workshop content, format, or logistics.

1. What suggestions do you have for any future workshops?

2. How would you rate your satisfaction with the workshop content?

Very dissatisfied			Somewhat satisfied					Very satisfied	
1	2	3	4	5	6	7	8	9	10

3. How would you rate your satisfaction with the workshop trainers?

Very dissatisfied			Somewhat satisfied					Very satisfied	
1	2	3	4	5	6	7	8	9	10

4. What recommendations do you have to help the trainers improve their training methods?

Credit

The Material were adapted from the Catholic Relief Services (CRS) USAID-MAWA for GIZ-FANSER projects. The training materials which were primarily adapted from Care Groups: A Training Manual for Program Design and Implementation, by Food for the Hungry (accessed 23 May 2013 from <http://www.caregroupinfo.org/blog/narrated-presentations-on-care-groups-and-care-group-tools/planning-m-e-tools>). It was put together by:

Barbra Chisangano (CRS), Betty Thewo (CRS), Joseph Mumba (CRS), Khama Chilema (CRS), Peggy Phiri (CRS), Samson Muchumba (CRS), Sara Mwanza (CRS) and Ulembe Chinyemba (CRS).