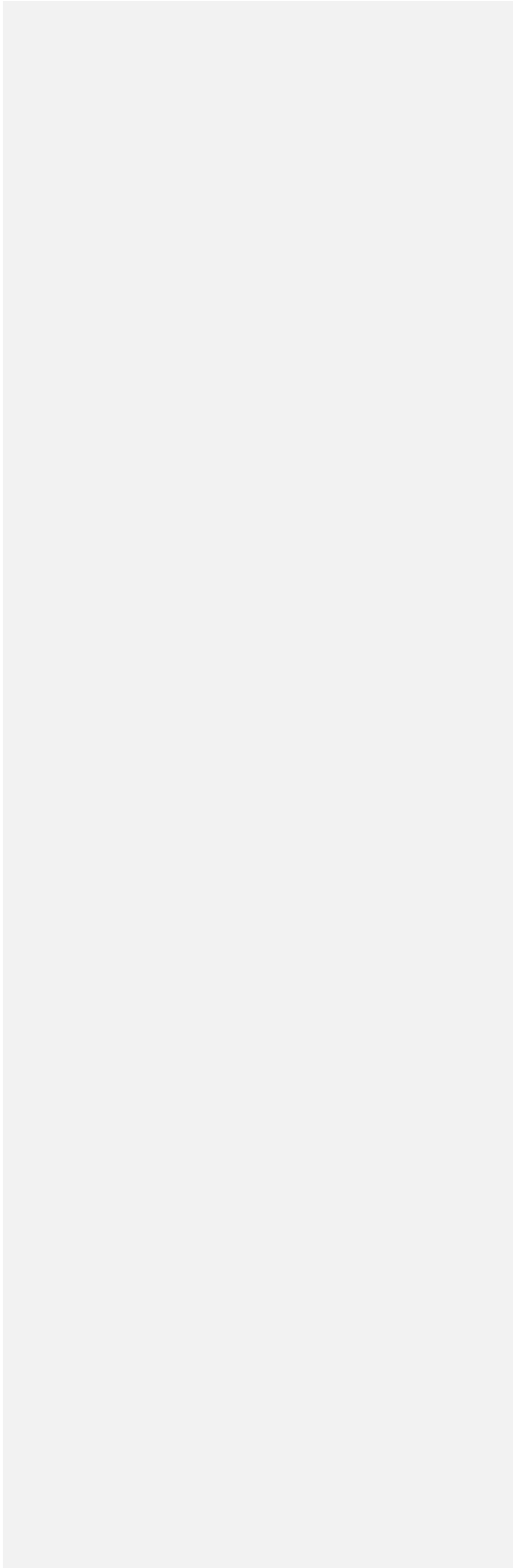


From CBD to CBD Peer Supervisor
A Five-Day Training Curriculum

REVISED



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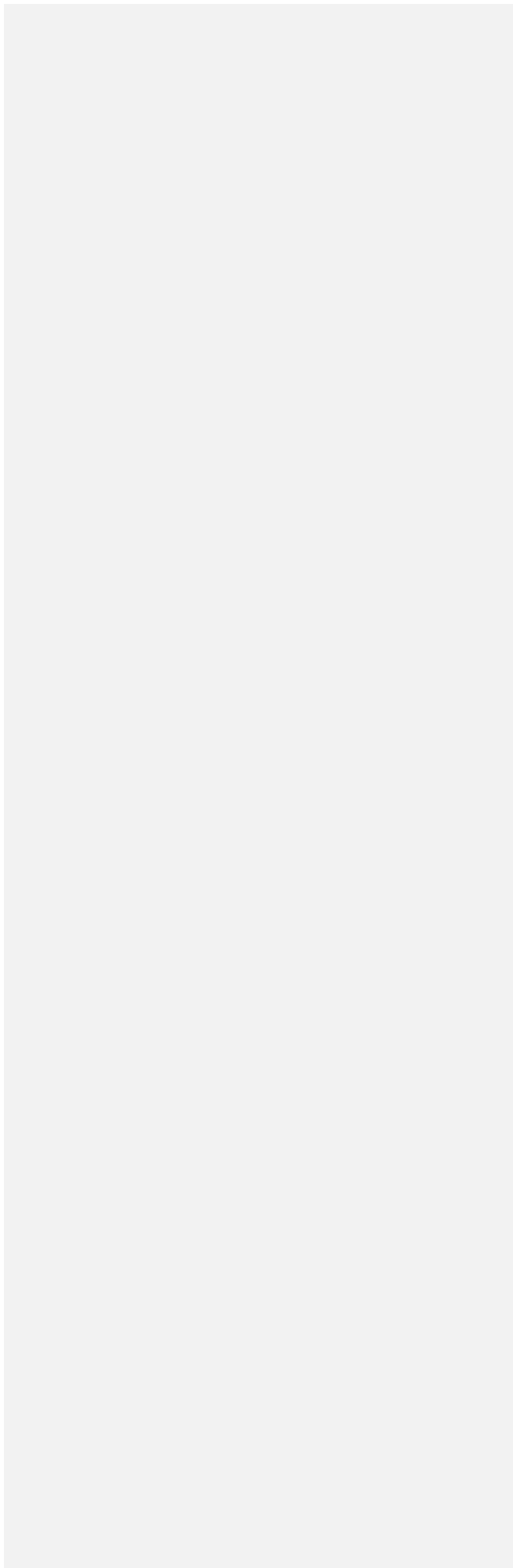
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The CBDs who participated in that curriculum pretest were the real test. Their reactions, questions, and translation of the material into practice were essential to the development process.

We are deeply grateful to all who contributed in any way to the development of this curriculum.

Source Materials

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Acronym List

CBD	Community-Based Distributor
CCM	Community case management
CIDA	Canadian International Development Agency
DHMT	District Health Management Team
IRC	International Rescue Committee
MOHS	Ministry of Health and Sanitation
NGO	Non-governmental organization
PHU	Peripheral health unit

The Community Case Management Program in Sierra Leone

Commented [a1]: Do you want this section to reflect the same content as the CBD Curriculum?

With an under-five child mortality rate of 270 per 1000 live births (“The State of World’s Children 2008”- UNICEF), an infant mortality rate of 162 deaths per 1,000 live births, and a maternal mortality rate of 2,000 deaths per 100,000 live births (United Nations Population Fund, 2009), Sierra Leone is third from the bottom of the United Nations Human Development Index country rankings. In this post-conflict development context where the health statistics are more reflective of emergency than development, community interventions are an essential component of health service provision, as recommended by UNICEF and the World Health Organization.

To help reduce child mortality, IRC began implementing a community case management (CCM) program in Sierra Leone’s Kono District in May 2006, with support from the Canadian International Development Agency (CIDA). CCM refers to the process of identifying and treating illness at the community level. The IRC program focuses on the three biggest killers of children under five: malaria, diarrhea, and pneumonia. In generally remote communities with limited access to established health facilities, the program trains community-selected volunteers to identify these illnesses in children under five years old and equips the volunteers with essential drugs to deliver appropriate treatment.

Comparison between a 2005 baseline and 2007 follow-on under-five mortality survey in Kono District showed a 48% reduction in under-five mortality. As of December 2009, health facilities in Kono provided just 3% of malaria, diarrhea, and pneumonia treatments in children under five. (This percentage is expected to increase as Sierra Leone implements its program of free health care for children under five, pregnant women, and lactating mothers.) In addition to the CCM-trained community volunteers, other sources of treatment included private providers, such as small pharmacies. Given the 16,068 treatments provided by CCM volunteers in Kono District from March 2009 to December 2009 (in a population of 33,621 children under five), it is clear that the CCM program is having an impact. (Might be good to include the total number of treatments and IRC’s percentage)

Commented [IT2]: I presume this is from March 2009.

The programmatic approach emphasizes enhanced community participation and collaboration with the Ministry of Health and Sanitation (MOHS), with particular attention to strengthening the referral network between communities and peripheral health unit (PHUs) for cases that require facility-level care. The program also trains the volunteers to counsel caregivers on disease prevention, such as use of insecticide-treated bed nets to prevent malaria. DFID’s (CIDA’s?) support enabled the IRC to expand the program in Kono District, Eastern Province, Sierra Leone, from 44 PHU catchment areas to 56 PHU catchment areas by the end of December 2009.

Commented [IT3]: It will be good to talk about CIDA having supported the expansion into the entire Kono district now 31 PHU catchment areas in neighboring Kenema district and 29 in koinadugu district

The success of the program in Kono in saving children’s lives led to the current expansion of the program to the districts of Kenema, Koinadugu, Cambia (managed by Care), and Pujehun (Save the Children) with the expectation that the Government of Sierra Leone will eventually incorporate the program into its nationwide community health worker program.

The Sierra Leone program is part of a larger IRC effort, *Medicine at our Doorstep: A Commodities Approach to Bringing Life-Saving Services to Children*. The program also operates in Ethiopia, Ivory Coast, Rwanda, South Sudan, and Uganda.

TRAINING CURRICULUM OVERVIEW

IRC began implementing peer supervision in 2009 as a way to improve the flow and quality of data collected from CBDs implementing CCM. Peer supervisors are selected based on their excellent performance as CBDs, demonstration of leadership skills, and ability to read and do basic math, and willingness to serve this extra function. The first peer supervisors were trained according to a basic curriculum outline, with heavy emphasis on compiling monthly reports. The current curriculum has been developed to help standardize peer supervisor training across the expanding CCM program and to introduce supportive supervision concepts and skills.

Who Should Be Trained as a Peer Supervisor?

Ideally, peer supervisors will have served as CBDs for at least three to six months so that they have an in-depth understanding of the day-to-day experience of CBDs. This will also give CCM Officers time to adequately assess CBDs' performance before determining which CBDs should be invited to become a peer supervisor. They should be highly competent as CBDs, trustworthy, respected, committed, time-conscious, patient, literate, able to add and subtract, and have good communication and leadership skills. It is helpful if they have a good relationship with the PHU, CCM staff, community, and other CBDs. Peer supervisors must also have enough time available to visit all the CBDs in his or her area every month, liaise with communities, organize and attend monthly meetings, and complete the fair amount of paperwork for which they are responsible.

Purpose

This curriculum is designed to guide Community Case Management (CCM) Officers and partner organization staff in training Community-Based Distributor (CBD) Peer Supervisors to correct CBD registers, complete the necessary supervision forms, and provide supervise CBDs in a supportive way. It incorporates and builds on IRC's experience in training and supporting CBD Peer Supervisors in Sierra Leone since 2009.

Objectives

This curriculum seeks to help CCM Officers prepare CBD Peer Supervisors to perform a specific set of tasks:

- Collect, review, and work with CBDs to correct Patient, Drug, and Death registers monthly.
- Conduct monthly supervision visits with up to 16 CBDs.
- Verify CBDs' ability to correctly use the ARI timer to identify pneumonia in children under five years old and teach correct use if necessary.
- Provide other one-on-one training as needed.

- Correctly complete the CBD Peer Supervisor Checklist.
- Correctly complete the Supervisor Compiled Monthly Report.
- Correctly complete the CCM sections of the Health Facility Monthly Report.
- Develop and implement monthly supervision plans and follow-up action plans.

Each session also has specific learning objectives.

Content

The curriculum contains eight modules composed of sessions.

Module 1: Introduction and Overview

Module 2: Role of the CBD Peer Supervisor

Module 3: Information Management

Module 4: Supportive Supervision

Module 5: Supervision Visits

Module 6: Supervision Forms

Module 7: Skills for CBD Peer Supervisors

Module 8: Next Steps and Closing

Use of the Curriculum

The curriculum has 8 modules that will guide the trainers in training CBDs to expand their role, becoming CBD Peer Supervisors who provide support and oversight to CBDs in their catchment areas. Each module has an overview page with an introduction to the topic, list of sessions, their expected duration, handouts and training aids needed, and any advance preparation required.

Sessions are included in the modules where they seemed to fit best. In designing the training workshop, however, facilitators may want to move sessions where they flow best according to the order in which Peer Supervisors will do things or should learn things—or to have a change of pace. For example, facilitators may want to avoid having participants work for 3-4 consecutive hours on how to complete the Supervisor Compiled Monthly Report and the CCM Health Facility Monthly Report, inserting between them a session with an activity that uses a different part of the brain.

Each ‘Session’ contains the exercises or activities that will guide the facilitators in training the participants to become effective CBD Peer Supervisors. Each ‘Session’ is composed of the following:

Learning Objectives: State what participants are expected to know or be able to do correctly by the end of the session. Trainers should write learning objectives on flipchart paper and review with participants at the beginning of each session.

Time: Indicates the recommended amount of time for the session, including summarizing and providing or getting feedback.

Preparation: Contains the initial activities the trainers need to do prior to the training or session.

Training Aids and Materials: Provides important information and tools required for the trainer to conduct the session. Flipcharts, markers, and tape should be available for all sessions.

Handouts: Materials that can strengthen and reinforce learning of the participants.

Steps: Provide the detailed, step-by-step instructions for the trainers to conduct the activity. Trainers should adapt the *Steps* according to the preferences and needs of the trainees and the amount of time available, as long as the main learning points and learning objectives are covered.

Trainer's Notes: *Provide additional information needed in doing the steps and possible responses to questions asked during the session. Some highlight key points to emphasize.*

Participants

Participants will have been selected by CCM staff to assist the program and their communities by supervising CBDs. Participants must be literate and able to add and subtract. Trainers should adapt the schedule to the needs, situations, and circumstances of the participants.

Facilitators/Trainers

The workshop trainers are CCM Officers of the NGOs working in CCM and the MOHS. They should initially have participated in the training workshop Effective Training Skills for the Sierra Leone CCM Program.

Methodology

The sessions include mini-lectures, demonstrations, role play, discussion, exercises, activities, and practices to enable participants to gain and share knowledge and skills, clarify concerns, and develop strategies to carry out at home what they learn in the workshop.

Language

The workshop can be conducted in English, Krio, or any local language. The Handouts are in English. The information on these may be translated to Krio or the local language by the trainers. The trainers should also consider or develop other materials they feel participants will find useful.

Venue

Choose a training venue comfortable enough to accommodate the number of participants and trainers. The room and site should be conducive to learning (i.e., well-lit, good ventilation, not noisy). Electricity is not required.

Evaluation

Pre- and post-workshop questionnaires are included to assess the impact of the training on the participants' knowledge of the content in this curriculum. Questions are based on the workshop objectives. The purpose of the questionnaire should be explained carefully to the participants. Daily evaluation is recommended, and a workshop evaluation is included to assess the effectiveness of the training curriculum and how it was delivered. Trainers and supervisors should further assess the training through supervision visits, review of Patient and Drug Registers, and monthly meetings with CBDs. Topics needing additional attention should be addressed through on-the-job and refresher training.

Schedule

The training is designed to take five days. A sample training schedule is shown below:

**Sierra Leone Community Case Management Program
From CBD to CBD Peer Supervisor: A Five-Day Workshop**

TIME	Day 1	TIME	Day 2	TIME	Day 3	TIME	Day 4	TIME	Day 5
9:00 - 10:45	Registration, Welcome, Introductions	9:00 - 9:15	Recap	9:00 - 9:15	Recap	8:30 - 11:30	Supervision Field Practice	9:00 - 9:15	Recap
		9:15 - 9:30	Icebreaker	9:15 - 9:30	Icebreaker			9:15 - 9:30	Icebreaker
		9:30 - 10:30	Checking Registers for Completeness, Correctness, and Consistency	9:30 - 10:15	Data Management			9:30 - 10:30	Communication Skills for Peer Supervisors
10:15 - 10:45	Introduction to Peer Supervisor Reporting Forms			10:30 - 11:15	One-on-One Teaching, part 1				
10:45 - 11:00	BREAK	10:30 - 10:45	BREAK	10:45 - 11:00	BREAK	11:30 - 11:45	BREAK	11:15 - 11:30	BREAK
11:00 - 11:20	CCM Program Overview	10:45 - 11:45	Checking Registers for Completeness, Correctness, and Consistency (continued)	11:00 - 11:45	Before and After Supervision Visit	11:45 - 1:45	Supervision De-Brief	11:30 - 12:45	One-on-One Teaching, part 2
11:20 - 12:40	Peer Supervisor role and responsibilities	11:45 - 12:15	Assessing your supervision style	11:45 - 1:00	Completing the Supervision Checklist for CBDs			12:45 - 1:05	ARI Timer Practice
		12:15 - 1:30	Supportive Supervision						
12:40 - 1:40	LUNCH	1:30 - 2:30	LUNCH	1:00 - 2:00	LUNCH	1:45 - 2:45	LUNCH	1:05 - 2:05	LUNCH
1:40 - 2:55	Providing High-Quality CCM Services	2:30 - 4:00	Introduction to Supervision Visits	2:00 - 2:45	Completing the Supervision Checklist for CBDs (continued)	2:45 - 4:30	Completing CCM Health Facility Monthly Report	2:05 - 3:05	Relationship Building
2:55 - 3:40	What happens to all of that information?			2:45 - 4:45	Completing Supervisor Compiled Monthly Report			3:05 - 3:55	Next Steps
3:40 - 3:55	BREAK	4:00 - 5:20	Review of ARI Timer Use	4:45 - 5:10	Preview of Supervision Field Practice	4:30 - 5:15	Record Keeping	3:55 - 4:30	Post-test
3:55 - 5:10	Review of CBD forms and their use (patient drug and death registers; referral)							4:30 - 5:00	Evaluation
5:10 - 5:25	Review, assignments, and daily evaluation	5:20 - 5:30	Review, assignments, and daily evaluation	5:10 - 5:25	Review, assignments, and daily evaluation	5:15 - 5:30	Review, assignments, and daily evaluation	5:00 - 5:45	Workshop Summary and Closure

TRAINING PREPARATION

The facilitators that will train the CBD Peer Supervisors should know that careful planning is important. This should start several weeks before the training workshop. Use the following list as your guide as you plan the workshop:

1. Initial Planning

- Define the purpose of the training. Why are you conducting this workshop?
- Define the needs of participants: Who are they? What skills and experience do they already have? What are their learning needs?
- Define training objectives: What do you want the participants to know and be able to do at the end of the workshop?
- Select the appropriate training approaches: Should training be conducted in groups, individually or through a combination of both approaches?
- Select and contact trainers and other support for particular sessions: Who are the most appropriate people to provide training on this content, with the audience, and using this approach? (Include PHU, DHMT, and NGO staff as appropriate). You need to know the facilitators' availability, approach, knowledge about the training topics, communication skills, and abilities in training a large group of participants.

2. Logistics:

- Select training site: Where is the most appropriate place to conduct this training workshop?
- Determine the length of the training workshop: How long should your workshop be?
- Develop a budget for the training. Determine the cost per participant with regard to food, lodging, transportation, and materials.
- Decide on the training date and venue. This should be agreeable with the participants and facilitators.
- Reserve the training venue and make it as conducive to learning (i.e. well-lit, good ventilation, not noisy) as possible.

3. Identification of Participants and Resource Persons:

- Ensure attendance of your participants either by direct contact or through letters of invitation.
- Ensure also that the participants are followed-up.
- If there is a need for resource persons, make a list of possible persons to invite. Narrow down the list depending on their availability, eagerness to provide technical assistance, their fee and the comfort level of the facilitators with the resource persons.

- Email or send letters also to the selected resource people. Be sure to inform them, both personally and through the letter of invitation, about the goals and objectives of the training, as well as the specifics of what will be expected of them.
4. Preparation and Review of the Curriculum:
- Select training media (video, projector, flipchart, etc.) and materials: What mix of training media and materials will best meet the needs of this group of learners?
5. Preparation of Materials and Equipment:
- Acquire, adapt as necessary, and photocopy any handouts, notebooks, video, or reference materials for training use or distribution.
 - Prepare flipchart, markers, pencils, pens, easel, board, board markers and any other materials and equipment you may need. Prepare materials that are applicable and most suited to the circumstance of your training venue.
 - Prepare plan for evaluation: How will you know if the training was effective?
 - Prepare plan for transfer of training: How will you help learners apply their new knowledge and skills when they leave the training?
 - Now that you are clear about all that needs to be done, develop the training workshop plan: Plan the agenda, prepare the materials and arrange the logistics.

Reminders and Pointers for the Facilitators:

The following are included to help trainers conduct this training more effectively.

- Facilitators should have undergone a ‘Training of Trainers on Community Case Management by Community-Based Distributors.’
- Read all parts of this training curriculum carefully before beginning.
- Check that all materials needed to complete an exercise are ready. Follow or adapt the ‘Steps’ described for each exercise.
- Give clear instructions to the participants, including how much time they have to complete a specific activity.
- Remember to close each session with a recap of key points.
- Preview key points at the beginning. First impressions and setting expectations are important. Explain to the participants the purpose of the exercises included in that session.
- Use practical exercises (as contained in this curriculum). Give participants plenty of hands-on experience.
- The content must be meaningful and worthwhile to the participant. Help them identify their need to be part of the sessions/activities.
- Use examples, exercises, discussions, etc. to reinforce what has been learned.

- Ask for feedback and verify understanding by asking questions. Provide praise and constructive criticism. Through feedback, the trainer comes to know if the participants are learning appropriately. Positive reinforcement increases probability of learning.
- Ask participants what they think of the workshop. Use this feedback to improve your training style as well as the workshop content and flow.
- Engage multiple senses to enhance learning. Minimize the use of lecture. Show as well as tell. Bring out what participants already know or can figure out. Encourage discussion and provide examples. Most importantly, allow participants to practice what they are learning.
- Use appropriate humor. Try to reduce the stress associated with learning. Providing participatory learning exercises that are fun and simple and yet full of learning can help.
- Training must be relevant to participants' needs and linked to information that is known or situations that are familiar.
- Design some interactions into the presentation, even if it is not a full discussion.
- The more often information is repeated, the more likely it will be remembered, especially if it is repeated in a variety of ways.

Grouping Techniques to Encourage Participation of Trainees:

1. Group according to assigned numbers: The facilitator can have the participants count from one (1) to the desired number of groups. For example count from one (1) to three (3), if you wish to have 3 groups. Remind participants to remember the number they called-out. Group together all the similar numbers (i.e. group together the one's, the two's, and the three's if you wish to have 3 groups).
2. Group according to personal items: The facilitator can tell participants that s/he will collect a one of their belongings from them. It could be a watch, bracelet, ring, pen or any other small item. This item should not be exactly the same as anyone else's. After collecting, the facilitator then groups the items randomly according to the desired number of groups and group members. The participants will then group themselves according to the grouping made with their respective personal items. (Volunteers for a particular exercise can also be chosen by randomly selecting objects from the collected items.) Remember to return participants' belongings to them by the end of the day.
3. Have them select an item (such as a matches, paper clips, different-colored pens, scrap paper with a letter/word/message, etc.) out of a box, basket or hat and then asking the people with similar objects to form a group.
4. Have them select a playing card and then asking all the people with the same card suit to form a group.
5. Put stickers on nametags in advance and then asking people with the same category of sticker (for example, animals, flowers, people) to form a group.

6. Write numbers or symbols on a slip of paper and attaching them to the underside of people's chairs in advance. Then when it is time to divide into groups, ask people to pull the slips of paper off and get together with people with the same number or symbol.

Tips on Using Audio Visual Materials:

Source: Population Reports, Series J, Number 48

Audiovisual materials help participants learn and remember. These materials include sample drugs, posters, pictures, video, flip charts, audio recordings, drawings, and diagrams such as those in this curriculum. Even simple, handmade audiovisual materials are better than none at all. Here are some tips on using audiovisual materials:

- Make sure participants can clearly see the materials (including the writing on flipcharts).
- Explain pictures or have participants explain them, and point to them as you talk.
- Look mostly at the participants, not at the flip chart or poster.
- Use samples when explaining how to use the drugs.
- Invite participants to touch and hold sample drugs, the ARI timer, etc.

If possible, give the training participants instruction sheets to take home. These print materials can remind participants what to do, and they can use them to explain to others. Be sure to go over the materials with participants. The information you have mentioned will be remembered when looking at the material later. Participants should review them regularly to increase learning and recall.

Module I: Introduction and Overview

This module sets the tone for the entire workshop. It seeks to engage participants, focus them on the tasks at hand, and help them get to know each other and become a team. It is important to begin with energy and give participants a sense of ownership of their training and of their roles as Peer Supervisors.

Module Overview

Session 1: Welcome and Introduction

Session 2: CCM Program Overview

Key Messages to Convey

- We are here to learn together
- We will all know more at the end than we knew at the beginning
- We should all try to maintain an environment that promotes learning
- Maximum learning requires full participation

Preparation (See session notes for details)

- Invite participants.
- Prepare a 5-minute skit showing a day in the life of a CBD Peer Supervisor.
- Prepare pairs of cards or slips of paper with matching shapes, words, or symbols for pairing participants for introductions.
- Prepare the sign-in sheet and registration table (with participant materials).
- Photocopy enough of all of the handouts that will be used during the workshop.
- Prepare the training aids and other materials that will be used during the workshop.
- Gather flip chart stands, more than enough flipchart paper, markers, and tape

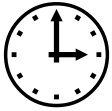
Training Aids and Materials

- Sign-in Sheet
- For each participant: pen, pencil, eraser, pencil sharpener, notebook, clipboard if possible
- Cards or slips of paper for the introductions
- Flipchart, markers, tape (for every session)
- Flipchart with questions to discuss in preparing for the introductions
- Flipchart with questions for brainstorming participants' expectations for the workshop
- Flipchart with workshop Goals and Objectives
- Answer key for Pre/Post-Workshop Questionnaire

Handouts

- Training Workshop Timetable
- Pre- and Post Workshop Questionnaire
- Confidentiality Pledge

*Session 1:
Welcome and Introduction*



Session Time:
1 hour and 45 minutes

Objectives

By the end of this session, participants will be able to:

- Say at least one new thing they learned about another participant.
- Cite at least three ways they can help make the workshop go smoothly.
- Cite the goals and objectives of the workshop
- Complete a pre-workshop questionnaire to help assess what they know and need to learn during the workshop.

Preparation

- Invite participants, asking them to arrive 15 minutes before the scheduled start time on the first day.
- Prepare a 5-minute skit showing a day in the life of a CBD Peer Supervisor. If there are only two facilitators, involve one or more early-arriving participants in the skit.
- Prepare pairs of cards or slips of paper with matching shapes, words, or symbols. These will be used to pair participants and trainers during the introductions. There should be enough for each participant and facilitator to get one.
- Have sign-in sheet and pen on registration table at least 30 minutes before the workshop will begin.
- Arrange materials for participants on the registration table so they can easily be given to participants as they sign in. This will save time.
- Photocopy enough of all of the handouts that will be used during the workshop.
- Prepare the training aids and other materials that will be used during the workshop.
- Gather flip chart stands, more than enough flipchart paper, markers, and tape

Training Aids and Materials

- Sign-in Sheet
- For each participant: pen, pencil, eraser, pencil sharpener, notebook, clipboard if possible
- Cards or slips of paper for the introductions
- Flipchart, markers, tape (for every session)
- Flipchart with questions to discuss in preparing for the introductions
- Flipchart with questions for brainstorming participants' expectations for the workshop
- Flipchart with workshop Goals and Objectives
- Answer key for Pre/Post-Workshop Questionnaire

Handouts

- Training Workshop Timetable
- Pre- and Post Workshop Questionnaire
- Confidentiality Pledge

Steps

Registration and distribution of materials (complete before workshop begins)

Ensure that all participants sign their name on the sign-in sheet as they arrive. Give each person their materials (pen, notebook, etc.) as they sign in.

Skit: A day in the life of a peer supervisor (5 minutes)

1. Begin the workshop with a short skit showing a day in the life of a CBD Peer Supervisor. It can be funny or somewhat serious, but definitely not too serious. Squeeze several activities into 5 minutes or less—scheduling a supervision visit, conducting a supervision visit, checking forms, and completing reports-whatever you think will start participants thinking (in a positive way) about what they will be doing after the training.
2. End the skit by saying something like, “That was a day in the life of a CBD Peer Supervisor. Are you ready?”

Welcome, opening remarks, and logistics (10 minutes)

1. Welcome the participants and thank them for joining the workshop. Introduce yourself, the other facilitators, and anyone else who is not a participant.
2. Have DHMT representative say a few words. They should focus on the common goals of the PHUs and CCM program and how the PHU and CBD/CCM program support each other.
3. Show and have participants read the session objectives.
4. Review the logistics of the workshop, such as start and end times, how breaks and lunch will be handled, where the toilets are, who to ask if they have administrative questions, any funds that will be provided, etc.

Introduction of participants and facilitators (30 minutes)

1. Tell participants that since they will be working as a team during and after the workshop, they should know something about each other and feel comfortable talking to each other. To do this, they will find and interview a partner and then present that partner to the group based on the short interview.
2. Show them the interview questions on the flipchart and tell them they will have 4 minutes total to do the interviews and then each person will have 1 minute to introduce his or her partner.

Trainer’s Notes

Interview questions for the introductions:

- ✓ What is your full name, and what would you like to be called during this workshop?

- ✓ What village are you from?
- ✓ Aside from being a CBD, what type of work do you do?
- ✓ How long have you been a CBD or Peer Supervisor?

3. Distribute the cards/papers with the matching shapes/words/symbols. Have participants and facilitators find their partner.
4. Have someone read the interview questions. After answering any questions they have about the questions, remind them that they have 4 minutes to interview each other (i.e., about 2 minutes per person). Then they will each have one minute to introduce their partner.
5. After 4 minutes, ask for someone to start. Continue until everyone has been introduced.

Ground rules (5 minutes)

1. Tell participants that, as in previous workshops, they will establish rules for working well together and ensuring the workshop goes smoothly.
2. Ask participants to suggest ground rules for the workshop. Write the rules on a flipchart to tape to the wall afterward.

Trainer's Notes

- ✓ Try to phrase rules positively, even if offered in the negative. For example, instead of “don’t all talk at once”, write “speak one at a time”.
- ✓ Add any important rules that are missing, such as being on time, turning cell phones down, and respecting others at all times.

Expectations, Goals, and Objectives (10 minutes)

1. Show the flipchart with brainstorming questions for identifying participants' expectations for the workshop. Tell participants these are meant to help them express what they expect from the workshop.

Trainer's Notes

Brainstorming Participants' Expectations

- ✓ What are your personal goals for this training workshop?
- ✓ What do you hope to learn that will be useful to you, the people you will supervise, and your community?
- ✓ What knowledge and skills can you contribute to the workshop?

2. Ask participants what are their expectations. Summarize their expectations on the flipchart, verifying that your summaries reflect well what the participants said.
3. Facilitators may add their expectations as well.

Trainer's Notes

Facilitators' expectations could include things such as:

- ✓ All participants will actively engage in the learning process, including sharing their knowledge and experience.
- ✓ Participants will ask questions when they do not understand or when they want clarification.

4. Now show the Workshop Goal and Objectives flipchart. Present the workshop goals and objectives, indicating how they correspond to participants' expectations. If any expressed expectations will not be met during the workshop, say why and whether or how they might be met in the future.

Workshop Goal and Objectives

Goal: This workshop seeks to prepare select CBDs to supervise other CBDs.

Objectives: By the end of this workshop, participants should be able to:

- Explain the role of the peer supervisor
- State the importance of supportive supervision
- Demonstrate key aspects of supportive supervision
- Correctly complete the supervision checklist (based on a role play)
- Correctly complete the CCM Supervisor Compiled Monthly Report
- Correctly complete the Health Facility Monthly Report
- Demonstrate good communication skills
- Develop a one-month action plan for implementing supportive supervision and submitting reports

5. Distribute and briefly review the Workshop Timetable. Ask if participants have any questions so far.
6. Summarize this session by asking participants how they can share in the responsibility of ensuring the ground rules are followed, expectations are met, and everything in the timetable is covered.
7. Ask for someone with a watch to be the time keeper. Change timekeepers daily.

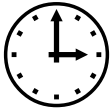
Pre-Workshop Questionnaire (30 minutes)

1. Tell participants they will now complete a pre-workshop questionnaire so that they and the facilitators can see what they already know about peer supervision and what they need to learn during the workshop.
2. Tell participants that everyone in the room has a different level of knowledge and experience and that their answers will help facilitators tailor the workshop to their needs. They should answer as best they can but not be concerned about what they do not know. Remind them that they came to the workshop primarily to learn.
3. Tell participants they will be asked to complete the same questionnaire at the end of the workshop so they will see how much they learned and what further help they need.
4. Distribute the questionnaire, asking them to wait until you tell them to start answering the questions. Explain how to complete the questionnaire, and tell participants that they have 25 minutes to do so. Tell them when to begin.
5. After 25 minutes, collect all the questionnaires.
6. Facilitators should review and mark the questionnaires by the end of Day 1 so that they all have a sense of what participants know and need.

Confidentiality Pledge (5 minutes)

1. Tell participants that they will be asked to share their experiences with the group, that they will be using client data in various exercises, and that they will do practice supervision visits. Explain that during these activities, personal and confidential information will be shared with them.
2. Further explain that in order to maintain confidentiality and an atmosphere of trust, participants and facilitators must sign a Confidentiality Pledge.
3. Distribute the Confidentiality Pledge and ask a participant to read it aloud. If necessary, have someone also read it in Krio.
4. Ask everyone to sign and return their form. Keep the signed forms in the CCM office with other trainee information.

*Session 2:
CCM Program Overview*



Session Time:
20 minutes

Objectives

By the end of this session:

- Participants will be able to state at least three key objectives of the CCM Program.
- Facilitators will be aware of what participants value about being a CBD.

Preparation

Prepare flipchart with CCM Goals, Objectives, Target Audience

Training Aids and Materials

- CCM Goals, Objectives, Target Audience on flipchart

Handouts

- CCM and Workshop Overview

Steps

Show the session objectives and ask a participant to read them. Ask if there are any questions about the objectives.

Program overview from participant perspective (10 minutes)

1. Ask participants what they can tell you about the CCM program. Ask specifically for the program's overall goal, objectives, illnesses and age groups targeted, and when the program started, and why it is being expanded.
2. Distributing the CCM Program Overview and/or showing the flipchart summarizing it, fill in any important gaps about the program. There is no need to repeat what participants have already said.

Role of the CCM CBD (10 minutes)

1. Ask participants what it means to be a CBD (role, motivation, results). Summarize on flipchart as they talk.
2. Ask participants what they feel is most important about being a CBD (or the role of the CBD). Highlight or summarize on flipchart.
3. Summarize this session by saying that it is important for CBD Peer Supervisors to have a good understanding of the CCM program because they will represent it in their communities. Add that it is equally important that they fully understand the role, responsibilities, and challenges of being a CBD so that they can help their peers. This is why they had to be CBDs before they could become CBD Peer Supervisors.

Module 2: Role of the Peer Supervisor

CBD Peer Supervisors play a crucial role in ensuring delivery of good-quality CCM services and ensuring accurate capture and reporting of CCM data. They also play a vital role in linking CBDs with community stakeholders, the DHMT, the PHU, and the implementing agency.

Module Overview:

Session 1: The Role of the CBD Peer Supervisor

Session 2: Providing High-Quality CCM Services

Key Messages to Convey

- Peer supervisors play a crucial role in the CCM program
- That role is to provide support and encouragement to fellow CBDs and ensure the consistent flow of correct information
- Effective peer supervision will allow the CCM to improve services and document the program

Preparation

- If no PHU staff is available to co-facilitate the workshop, consider inviting someone from the DHMT or PHU to speak briefly during this session to confirm the role and value of CBD Peer Supervisors.
- Prepare flipchart with organization chart showing relationships among CBD, peer supervisor, officer, clinic, and DHMT
- Summarize CBD Ethics on flipchart

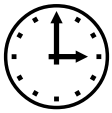
Training Aids and Materials

- Session objectives written on flipchart
- Flipchart with organization chart
- CBD Ethics on flipchart
- “Client/Caregivers’ Rights” on flipchart
- “CBD Needs” on flipchart

Handouts

- CBD Peer Supervisor Roles and Responsibilities
- Key Roles in Community Case Management
- CBD Ethics
- IRC-CBD Peer Supervisor Memorandum of Understanding
- Providing High-Quality CCM Services

*Session 1:
Peer Supervisor Role and Responsibilities*



Session Time:
1 hour and 20 minutes

Objectives

By the end of this session, participants will be able to:

- Describe their role as CBD Peer Supervisor.
- Mention at least three things CBD Peer Supervisors do to help CBDs and the program.
- Describe the role of the clinic's in-charge vis-à-vis the CBD, CBD peer supervisor, and IRC CCM Officers.

Preparation

- If no DHMT or PHU staff is available to co-facilitate the workshop, consider inviting someone from the DHMT to speak briefly during this session. Their brief remarks should focus on collaboration between the DHMT/PHU and CCM Program/CBD and confirm the role and value of CBD Peer Supervisors. Brief them on the goals and objectives of the workshop and how long their remarks should be.
- Prepare flipchart with roles and responsibilities in CCM
- Prepare flipchart with organization chart showing relationships among CBD, peer supervisor, officer, clinic, DHMT
- Summarize CBD Ethics on flipchart

Training Aids and Materials

- Roles and responsibilities in CCM
- Organization chart

Handouts

- CBD Peer Supervisor Roles and Responsibilities
- Key Roles in Community Case Management
- CBD Ethics
- IRC-CBD Peer Supervisor Memorandum of Understanding

Steps

Briefly review session objectives with participants.

CBD Peer Supervisor Role (20 minutes)

1. Remind participants of the skit performed at the beginning of the workshop. Ask them to describe some of the roles of the CBD Peer Supervisor, starting with what they saw in the skit.
2. Distribute the CBD Peer Supervisor Job Description. Have participants take turns reading the listed tasks aloud (one task per person). Get input on and briefly discuss each task that has not already been discussed. Be sure to have them talk about how to actually do the tasks that are not covered in more detail later in the workshop. For example, clarify their role in organizing monthly meetings—what will they do, and how will they do it?

Trainer's Note

Here are some ideas you might discuss for making the most of monthly meetings:

- ✓ Ask CBDs and supervisors how they'd like to use the monthly meetings.
- ✓ Hear from CBDs, then Peer Supervisors, then PHU staff, then CCM Officer.
- ✓ Praise and support more than criticize and demand.
- ✓ Ask what is working and what is not working. Reinforce the positive. Ask how others can do these things well also. For what is not working, get specific examples and have CBDs offer advice and solutions.
- ✓ Use peer education.
- ✓ Use demonstrations.
- ✓ To the extent possible, organize any drug distribution in advance by knowing who needs what and how much.

3. Tell them they will learn more about their peer supervision work as the training progresses.
4. Ask if they have any questions or concerns about the responsibilities listed.
5. Say that they have been selected to perform a very important role with a lot of responsibility. If each of them does their Peer Supervisor job well, children's health will improve, and the program will have good data to prove it.
6. Tell participants that completing these tasks well should help improve the performance of CBDs and of the program as a whole. Let them know this will be discussed in more detail in the session, Improving the Quality of CCM Services. Just now, though, you will move on to the IRC-Peer Supervisor MOU that establishes the new relationship between the Peer Supervisor and IRC.

Peer Supervisor Memorandum of Understanding (10 minutes)

1. Distribute the MOU, and review with participants. Ask participants why it is important to enter into such an agreement.
2. Give participants the opportunity to decide whether or not they are willing and able to live up to the agreement.
3. Tell participants they will be asked to sign the MOU on the last day of the workshop.
4. Summarize this session by reviewing the Learning Objectives. Ask participants to say what their responsibilities and those of the CCM Officer and PHU are. Ask why the ethics are so important.
5. Tell them that this primarily involves helping 10-15 CBDs be the best CBDs they can be, reporting on the CCM program in their area, and interacting with the CCM Officers, community, and clinic on behalf of the CBD.

CBD, Community, Support System (20 minutes)

1. Reassure participants that they will have support in doing their jobs well. IRC CCM Officers will visit and help them, and the clinic staff are their very close partners in saving children's lives.
2. Ask what other kinds of people they expect to interact with as CBD Peer Supervisors.
 - Possible answers include:
 - CBDs
 - Mothers and children
 - Community members
 - Community leaders
 - DHMT staff
3. Ask trainees what are the current roles of the clinic in their community.
 - Possible answers include:
 - Treat patients
 - Provide outreach services
 - Mobilize the community for improved health
 - Manage referred patients and give feedback on them
 - Work together in managing epidemics or emergencies
 - Distribute commodities such as ITNs/LLINs
 - Support communities during selection of CBDs
 - Participate in the training and supervision of CBDs
 - Replenish drug stocks for CBDs

- Manage sick children referred by the CBDs
 - Integrate records of Peer Supervisors into HMIS
 - Investigate and follow up problems reported by the community that may be related to the CBD's work
4. Distribute handout Key Roles in CCM. Discuss roles, asking if there are other things any of them should be doing. Ask if, for them, these relationships are working the way they should.
 5. Display District-Level CCM Organizational Chart. Ask participants to describe what they see and what it means. Clarify and correct as necessary.
 6. End by saying that CBD Peer Supervisors need to have a good understanding of how this system works and asking if they have any further questions. Also let them know there is a session on the last day to help them make the most of those relationships.

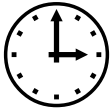
CBD Ethics (30 minutes)

1. Have two Peer Supervisors do a short role play where one is a CBD, and the other is a community member or caregiver trying to get the CBD to do something unethical (give drugs to an adult or to a child over 5, get into an argument with the caregiver, or give drugs for a child the caregiver has not brought with her to the CBD's home, for example). The CBD should handle the situation well and not do anything unethical.
2. Process the role play by asking questions such as:
 - What happened?
 - How did the CBD respond?
 - How could the CBD have responded?
 - Why do they think the CBD responded the way he or she did?
 - Was this an ethical challenge for the CBD? Why?
 - What else could he or she have done to remain true to the CBD code of ethics? What would they have done?
 - What advice would they give, as a Peer Supervisor, to a CBD who finds him or herself in a similar situation?
3. Ask participants what they remember or consider to be good ethics for a CBD to live by. This should have been covered in their CBD training.
4. Show CBD Ethics flipchart, using it to remind them of any they missed. Ask if they have faced any challenges in abiding by these ethics as CBDs.
5. Ask why they think it's important to act in accordance with these ethics.
6. Ask if they need to continue to maintain these same ethics as Peer Supervisors. Are there more things they should add to this list for them as Peer Supervisors?

Give them a minute to think about some additional ethical challenges they might face as Peer Supervisors. Examples might include:

- A CBD who wants them to lie about something they have done, such as provide ORS to adult friends after a night of drinking.
 - Knowing that a CBD is being mis-used by his or her community and not wanting to report it to IRC.
 - For three or four months in a row, a CBD's drug register does not match his or her drugs on hand. The Peer Supervisor is not sure if the CBD is dishonest or having trouble with correct dosage.
7. If Peer Supervisors do not maintain high ethical standards, what impact might it have on CBDs in their area? Could it affect the CCM program or their community? Ask the group for examples of what could happen (or what they have seen happen). If they cannot think of any, give an example from your experience.
 8. Distribute the CBD Ethics handout.
 9. As a homework assignment, ask participants to work in pairs to come up with a solution to an ethical challenge they might face as Peer Supervisors. If they choose a challenge discussed and resolved today, they must come up with a different solution than those presented today. Allow participants to discuss a few situations and solutions during the Day 2 morning recap.
 10. Link to the next session by pointing out that all of the things just discussed are part of improving the quality of care provided by the CCM program by its volunteers and staff.

*Session 2:
Providing High-Quality CCM Services*



Session Time:
1 hour and 15 minutes

Objectives

By the end of this session, participants will be able to:

- Define high-quality CCM.
- State at least four things the caregiver and child should expect.
- State at least three things CBDs need in order to provide high quality CCM.
- List at least three ways they can help improve the quality of CCM services.

Preparation

Prepare flipcharts

Training Aids and Materials

- “Client/Caregivers’ Rights” on flipchart paper
- “CBD Needs” on flipchart paper

Handouts

- Providing High-Quality CCM Services

Steps

Display session objectives. Have a participant read them aloud. Discuss briefly as necessary.

Defining quality CCM (45 minutes)

1. Tell participants that we will start by understanding what quality means to them.
2. Ask participants to imagine themselves as caregivers coming to the CBD for help. Ask what they would expect. What would they want to know? How would they like to be treated? What would they want to be available?
3. Write/summarize their answers on the flipchart.
4. Tell participants they will now look at CCM from the CBD's point of view. Ask them what CBDs need in order to be able to provide the high-quality services that they just described the children and caregivers' deserving.
5. Write/summarize their answers on another flipchart.
6. Show the flipchart with client/caregivers' rights/expectations. Work with participants to cross-check items in their first brainstorm with the client/caregiver rights. For example, if participants said caregivers need clear instructions, put a check mark next to "correct and clear information". If any do not fit the client/caregivers' rights, explain why or ask if more rights should be added.
7. Do the same matching and discussion on the CBD needs.
8. Tell participants that these ideas represent what the participants and CCM program consider quality.
9. Tell participants that different people have different ideas about what "quality" is or means. It is important for the CCM program that everyone involved have the same understanding of what is quality CCM.
10. Summarize by saying that quality means being able to provide clients (in this case caregivers and their young children) with good services that they need. Sometimes CBDs can do this without all their needs being met, but it is much easier and happens much more consistently if CBDs have what they need to do their jobs well.
11. Ask participants if they have any comments or questions. Distribute the handout "Providing High-Quality CCM Services"

Ensuring quality CCM (30 minutes)

1. Now that participants have given some thought to what quality CCM means to caregivers and CBDs, ask what they think of the concept of improving quality—in general and in the CCM program.
2. Explain that in most areas of work, if quality is not pro-actively being improved, it is probably getting worse—at least in the eyes of the client. Attention to quality

improvement also can help volunteers stay motivated because it can mean they are learning new things and being recognized for their achievements.

3. Ask participants if they see room for improvement in the CCM program in their area or in general. Summarize their statements on flipchart.
4. Ask if they can see any role for themselves in helping to make those improvements.
5. Explain that a key role of the Peer Supervisor is to identify what is working well and what needs to be improved. This includes but is not limited to the performance of the CBDs they supervise. This is the focus of the week's training.
6. Give participants a blank sheet of paper. Ask them to write across the top: "Helping Improve CCM Quality". Give participants 5-10 minutes to make their own list of things needing improvement and how they can help improve them. They can use things already mentioned and should add to them. Walk around and assist or provide constructive feedback as necessary. Ask participants to keep this list, referring to it and adding to it when they see opportunities for improving CCM quality or come across problems that they can help overcome.

Module 3: Information Management

Module Overview

- Session 1: What happens to all of that information?
- Session 2: Completing the patient, drug, and death registers
- Session 3: Checking for completeness, correctness, and consistency
- Session 4: Data Management Overview

Key Messages to Convey

- The information collected by CBDs and processed by Peer Supervisors is used to make important decisions about the CCM Program.
- Complete and accurate information is crucial to the success of CBDs, Peer Supervisors, and CCM.
- Peer Supervisors can make all the difference between having useful information and having incomplete, conflicting, and confusing information.
- Peer Supervisors can and should use the information they see to help CBDs provide better care to children in their communities.

Preparation

- Develop 5 short case studies in order for Peer Supervisors to complete the patient and drug registers. (See details under Steps.)
- Prepare flipcharts with complete and correct register entries for the five case studies

Training Aids and Materials

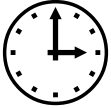
- CCM Information Flow on flipchart
- Flipchart with definition of “data”
- Correctly completed registers on flipchart paper
- On flipchart, registers that have a couple/few incomplete, incorrect, and inconsistent entries.
- Photocopies of filled-in patient, drug, and death registers (all of the small groups should get the same set of registers)
- Flipchart with definition of “indicator”
- Flipchart with definition of “findings”
- Flipchart with definition of “recommendations”
- CCM Data Flow Summary

Handouts

- CCM Information Flow
- CCM Data Flow Summary
- Patient, Drug, and Death Registers - one for each participant
- Referral tickets (or referral forms— whichever will be used following the training)
- The 3 Cs of Data Quality
- Data Management Terms

Session 1:

What Happens to All of that Information?



Session Time:
45 minutes

Objectives

By the end of this session, participants will be able to:

- List at least three reasons for collecting CCM data
- Describe the CCM information cycle

Preparation

Prepare cards with discussion questions for the small group discussion

Training Aids and Materials

- CCM Information Flow on flipchart
- Flipchart with definition of “data”

Handouts

- CCM Information Flow

Steps

Introduction (5 minutes)

1. Introduce the topic and have participants read the session objectives written on flipchart.
2. Tell participants we learned in the last session that a big part of the CBD Peer Supervisor's job is to collect and compile (combine, add up) the information from the CBDs' patient, drug, and death registers.
3. Tell participants that this session will focus on "data management"—that is, what happens to the information CBDs record in their registers. We will also learn how the information is used.
4. Ask or tell participants what is meant by "data".
 - Reveal flipchart with definition of data.
 - Data is information.
 - In CCM, we usually mean raw numbers when we talk about data.
 - Raw data is numbers that have not been processed or analyzed.

Small group discussion (20 minutes)

1. Tell participants they will spend a few minutes in small groups talking about information or data they use in their daily lives and then present some of those examples to the full group.
 - Participants will answer the questions:
 - What kind of data/information do you get and use in your daily life?
 - How do you use it?
 - What would you do if you did not have the information? What impact would it have on your ability to do things?
 - Each group should choose a facilitator, note taker (recorder), and reporter. The facilitator will make sure everyone has a chance to contribute to the discussion. The recorder will take notes on the key points. The reporter will report one or two examples from their small group to the full group.
 - They will have just 6 minutes, so they need to think, discuss, and write quickly. They will have 1-2 minutes to present their examples to the full group.
2. Give the group an example of how you use information or data in your own life.
 - One example might be:
 - In the morning, I look to see how much rice I have left. I only have one cup, which is not enough to feed my family today. I know I must buy more rice today. If I did now know I only had one cup left, I would have to rush out later or send someone to buy it, or my family would not be able to have as much as they should be able to have today.

Trainer's Note

- ✓ Alternative: For groups where most participants are experienced Peer Supervisors, the example can be CCM instead of personal.
3. Divide the group into small groups of 3 to 5 people, depending on the number of participants. Choose a number based on how much time will be needed to hear and discuss all of the presentations.
 4. Give each group a card with the discussion questions and remind them they have just 6 minutes. Tell them to start.
 5. Visit the groups to make sure they are on track. Let them know when only 2 minutes remain.
 6. After 6 minutes, bring the full group back together. Allow each group to present one or two examples from their discussion.
 7. Use their examples to begin a discussion about how data are used.
 - Data are used to make decisions. This is what the CCM program uses data for.
 - Data are used to have conversation with people or to make life interesting, for example, people who like football often like to talk about how many points a particular footballer scores each season. The CCM program does not collect data just to make conversation or make life interesting.
 - It is important that the data going in are accurate so that what comes out is useful.
 - Peer Supervisors play a crucial role in making sure the data are accurate and putting the data from different CBDs together so that it can be processed.

How the CCM Program uses the information collected by CBDs and Peer Supervisors (5 minutes)

1. Discuss the different ways the CCM program uses the information they collect. Examples include:
 - To know how much ACT, zinc, co-trimoxazole, and ORS to buy
 - To know how often PHUs need to be restocked with drugs in order to avoid CBDs having stockouts
 - To know if CBDs or peer supervisors need more training or other types of help.
 - To know how many staff, CBDs, and peer supervisors they need
 - To know if CCM is saving lives
 - To get more money from donors to continue or expand the program
2. Ask participants if they have other ideas about how the information they collect is used or should be used. Acknowledge their ideas and insights.

CCM Information Flow (10 minutes)

1. Ask participants if they know what happens to the information CBDs collect.
2. Distribute handout CCM Information Flow and reveal summarized version on flipchart.
3. Tell participants this handout is meant to give them an idea of what happens to the information collected by CBDs and compiled by Peer Supervisors.
4. Review the handout, pointing at the relevant box on the flipchart as you do, so that all participants will know which one is being discussed.
 - The CBD records information in his or her registers and gives the registers to the Peer Supervisor. He or she also shares problems and successes with the Peer Supervisor. Real-life stories about challenges and successes are useful in getting people (such as donors and policy makers) to care about a problem and perhaps do something to help solve it. The CCM program writes up some of the CBD stories to share with others. Stories about challenges and successes are also useful teaching tools, allowing many CBDs and their communities to benefit from what other CBDs have learned through their experience.
 - The Peer Supervisor reviews and puts together information from all the CBDs he or she supervises. The Peer Supervisor also completes a Supervision Checklist when he or she visits CBDs.
 - The Peer Supervisor gives the reports with this information to the CCM Officer. The CCM Officer reviews the information and gives it to the CCM Coordinator or CCM Manager.
 - The CCM Manager or Coordinator reviews the information and submits it to the Data Management team. The Data Management team puts the data into a computer program that processes the data.
 - The data management team provides IRC with an analysis of the data (i.e., what the data tell us about various aspects of the program).
 - IRC gives this information to the DHMT so that it knows what the program is doing and how many children are being helped.
 - IRC also feeds the information back to the Peer Supervisors (through the CCM Officers) so that the Peer Supervisors can use it to help CBDs who need help.
 - The Peer Supervisor also lets the CBDs know things such as, how the CBDs in that catchment area are doing compared to the CBDs in other catchment areas.
 - This cycle should lead to the continuous improvement of the CCM program to save the lives of even more young children.

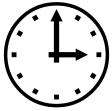
Summary (5 minutes)

1. Summarize the session by saying that:

- CBDs collect information so that the CCM program can know if it is meeting its objectives, what needs to be done better, and what more or different should be done.
 - Peer Supervisors play a critical role by compiling the information CBDs collect so that the information can be processed and used. They also make sure the information is accurate, so that it actually is useful.
 - Peer Supervisors also use the information. They let CBDs know how they are doing, and they make plans based on the data—what needs to be done, with whom, and how soon.
2. Phrase the objectives as questions, and ask for volunteers to answer them.
 3. Link to the next session by saying that:

Now that we understand some of what happens to the CBD data and how it is used, we will review how to use the CBD registers to collect the information.

*Session 2:
Completing patient, drug, and death registers*



Session Time:
1 hour and 15 minutes

Objectives

By the end of this session, participants will have demonstrated the ability to correctly complete patient, drug, and death registers.

Preparation

- Develop 5 short case studies in order for Peer Supervisors to complete the patient and drug registers. (See details under Steps.)
- Prepare flipcharts with complete and correct register entries for the five case studies

Training Aids and Materials

- Correctly completed registers on flipchart paper

Handouts

- Patient, Drug, and Death Registers - one for each participant
- Referral tickets (or referral forms— whichever will be used following the training)

Steps

Patient and Drug Registers (35 minutes)

1. Develop 5 short case studies in order for Peer Supervisors to complete the patient and drug registers. The cases should be of children under five—some with at least one of the target illnesses (fever, diarrhea, pneumonia)—and they should contain all of the information needed for Peer Supervisors to identify the illness(es) and complete the registers. At least one case study should be a referral for severe disease.
2. Distribute the registers. Read the first case study. Allow time for the participants to complete the registers. Read the second case study and allow time for participants to complete the registers. Repeat until all five case studies have been read and the information recorded.
3. Ask each participant to give his or her completed registers to the person sitting to their left. The last person on the left should give his or her registers to the first person in the row.
4. Ask participants to review and correct the registers they have been given. After 5 minutes or so, reveal the correct register entries on a flipchart. Engage participants in a discussion of why these are the correct entries and what caused any errors made on the part of the register owner or corrector.

Death Registers (25 minutes)

1. Divide participants into three or four small groups. Each group will have 10 minutes to discuss and make notes on the following:
 - How they find out when a child under five dies
 - What problems they have in getting this information
 - Ways they can be sure they get notified that a child under five has died
 - Ways to get the information needed to record the death in the death register
2. Post three flipchart pages, each with one of these labels: Typical Notification of Under-Five Death, Challenges in Getting Under-Five Death Information, Ideas for Getting Under-Five Death Information.
3. Have each group present its findings and recommendations. As each presents, write on the appropriate flipchart any new information presented on the three labeled topics.
4. Ask participants to vote for the best solution. Give the winning group a small prize.
5. Have participants spend 5-10 minutes (or more, if necessary) practicing completing the death register.

Trainer's Note

- ✓ If collecting under-five death information has been difficult in the areas where trainees live, have them take turns role playing realistic scenarios where they find out about deaths. The person playing the CBD and the participants who are observing should complete the death register according to the facts of the role play. Facilitators write the correct entries on a flipchart version of the register and have participants exchange forms with their neighbor and make corrections (or give stars!).

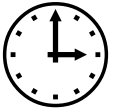
Referral Tickets (15 minutes)

1. Ask participants what for what reasons or conditions CBDs are supposed to refer. Note correct answers on a flipchart.
2. Ask if they have had any problems with referrals—recording them, getting the referral form back from the PHU, etc.
3. Introduce the referral tickets being adopted by the program. Tell participants that this is one way the program seeks to improve services. Explain the process:
 - Referral tickets have the image of a health problem CBDs are supposed to refer, plus the CBD number and village name.
 - One ticket does not have the image of a problem. CBDs and peer supervisors will use that ticket when referring for a condition they are unsure of or that is not represented by another ticket.
 - Each CBD and CBD Peer Supervisor will get their own sets of referral tickets.
 - When a caregiver brings in a child who needs to be referred, the CBD/Peer Supervisor gives the caregiver the appropriate ticket and asks the caregiver to take the child to the clinic for help (immediately if the condition is urgent, such as convulsions, unconsciousness, chest in-drawing, etc.) and to give the nurse the ticket.
 - The nurse will know to help the child (or refer to the district hospital) and to keep the ticket with other CBD materials until the next monthly CBD meeting.
 - Meanwhile, the CBD/Peer Supervisor will record information about the visit and referral in the Patient Register. If the referral is urgent, this might only be the date, child's name, sex, and the fact that he or she was referred.
 - Peer Supervisors should also check the number and type of referral tickets CBDs have remaining each month (either during a supervision visit or at the monthly meeting) so they know how many referral tickets they can expect to see at the clinic.
 - At or before the monthly CBD meeting, tickets are used to track referrals and then returned to the CBD/Peer Supervisor to whom they belong.
 - Specifically:
 - At monthly meeting, Peer Supervisor collects tickets from PHU.

- Peer Supervisor sorts tickets by CBD number and cause.
 - Peer Supervisor compares number of referral tickets per CBD to CBD's patient register.
 - Peer Supervisor notes if number of tickets matches number of children referred according to the register.
 - Peer Supervisor notes if referral reasons match symptoms noted in register.
 - Supervisor notes number of referrals for whom there is no referral ticket.
 - Peer Supervisor returns tickets to CBD.
 - Peer Supervisor asks CBD about discrepancies, works with CBD to find out why referred persons didn't go to clinic, and works with CBD to increase referral adherence.
4. Have participants do a role play in which the child needs to be referred. The Peer Supervisor should be clearly seen giving the referral ticket and recording in the patient register whatever information he or she has.
 5. Process the role play and summarize this session by asking participants what happened and why, as well as if they have any questions about the use of the referral tickets.

Session 3:

Checking Registers for Completeness, Correctness, and Consistency



Session Time:
2 hours

Objectives

By the end of this session, participants will be able to:

- Say what are the 3 Cs of data quality
- Say why the 3 Cs of data quality are important
- Identify and correct errors in patient, drug, and death registers

Preparation

Prepare flipchart version of registers

Training Aids and Materials

- On flipchart, registers that have a couple/few incomplete, incorrect, and inconsistent entries.
- Photocopies of filled-in patient, drug, and death registers (all of the small groups should get the same set of registers)

Handouts

- The 3 Cs of Data Quality

Steps

Share session objectives with participants.

The 3 C's of Data Quality (20 minutes)

1. Remind participants that, as Peer Supervisors, they will have to check the CBDs' registers for completeness, correctness, and consistency.
2. Ask what is meant by completeness. (Completeness means that all of the called-for information about the under-five visit or death report has been entered into the appropriate registers.)
3. Ask participants why it is important to ensure all entries are complete. (Entries must be complete in order for the information collected and processed by the CCM program to be valid/useful).
4. Show participants examples of a register with incomplete information (on flipchart).
5. Ask what is meant by correct. (Correct means that the information in the registers reflects the actual visit with the child and caregiver. It provides the true information about the child, the child's condition, and what the CBD did for the child.)
6. Ask why it is important to ensure that all the information in the registers is correct. (Without true information about the CBD-patient visit, the program cannot know whether it is doing the right things or making life better for the community.)
7. On the register flipcharts, point out examples of incorrect information.
8. Ask what it means to be consistent. (Consistent means that the information in the register makes sense. There is nothing strange about the information—it fits with reality.)
9. Tell participants that consistency is also important in giving a true picture of what is happening with children at the community level. If the information in the registers is inconsistent with what we think is the reality, there might be a big problem that needs to be addressed.
10. On the register flipcharts, point out examples of inconsistency.

Checking registers for completeness, correctness, and consistency (1 hour and 20 minutes)

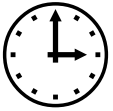
1. Tell participants we will now do an exercise to help them check registers for Completeness, Correctness, and Consistency. They will do this work in small groups (3-4 participants per group).
2. Give the following instructions before dividing into groups:
 - Every member of the group should look at all of the registers, and they should take turns writing what needs to be corrected or followed up. They should

select one group member to facilitate the review of the registers, and one group member to report on the group's findings.

- Each group will get several registers to check.
 - Groups will first check to see if all of the register entries are complete.
 - If any information is missing, they will circle the box where the missing information should be.
 - They will have 10-15 minutes to do this first step. Facilitators will go to the groups to see how they are doing and help as needed.
 - Facilitators will let them know when they have only 2 minutes left and when to return to the full group.
3. Divide participants into groups of 3 or 4. Give each group several patient, drug, and death registers to check. Ask if they have any questions about the assignment. Send them to different areas of the room to check the registers for **completeness**.
 4. After 8 minutes, tell each group they have 2 minutes left. After 10 minutes, see if they need more time. If not, call everyone back together. If so, give them 5 more minutes.
 5. Have one group present their findings. Ask if the other groups agree. Discuss and correct as needed.
 6. Repeat this process for **correctness**. Tell participants that in looking for correctness, they will be asking the question, "Is this information possible?"
 7. Repeat the process for checking **consistency**. Tell participants that in looking for consistency, they will be asking the questions, "Is this likely? Is there anything strange about this entry?"
 8. With the full group, review the importance of having complete, correct, and consistent information. Ask what questions they have about their role in ensuring this in the registers submitted by CBDs they supervise.
 9. Engage participants in a discussion of how to get missing or correct information from the CBDs once the CBDs have submitted their registers. Examples might include:
 - Reviewing the registers with the CBDs when they submit them.
 - Going to visit the CBDs to ask about the visits in question.
 - Visiting the caregiver to verify what the CBD did, provided, or recommended.
 10. Send participants back into their groups to check more registers. This time they will check for **completeness, correctness, and consistency** at the same time. Give them 15-20 minutes, depending on how well they have understood and how many registers they are given to check.
 11. Have groups present their findings, and compare them with the corrections made in advance by the facilitator.

12. Summarize this session by asking participants what are the 3 Cs of data quality. Also ask why the 3 Cs of data quality are important. Distribute the handout 3 Cs of Data Quality.

*Session 4:
Data Management*



Session Time:
45 minutes

Objectives

By the end of this session participants will be able to:

- Say what are indicators and list at least four CCM indicators
- To do findings in various CCM reporting tools
- To give meaningful recommendations

Preparation

Prepare flipcharts

Training Aids and Materials

- Flipchart with definition of “indicator”
- Flipchart with definition of “findings”
- Flipchart with definition of “recommendations”
- CCM Data Flow Summary

Handouts

- Data Management Terms
- CCM Data Flow Summary

Steps

Brainstorm and mini-lecture on indicators, findings, and recommendations (25 minutes)

1. Tell participants that as CBDs they have collected a lot of important and useful information. Ask what kinds of information CBDs collect.
 - List should include things on the patient, drug, and death registers, such as ages of children seen, illness identified, treatment given, etc.
2. Explain that this information is put together to answer questions such as “how many?”, and “what percentage (part/proportion) of?” Answers to these questions tell the program how well it is doing and what problems need to be addressed.
3. Reveal the flipchart with the definition of “Indicators”.
 - Indicators measure changes over time
 - For example, how many treatments were provided to children under five.
 - Indicators also make it possible to compare things
 - For example, how well services are being used in different catchment areas.
4. Tell participants the information they collect and submit tells the CCM program a lot of useful things such as:
 - Treatments given
 - Correct treatments
 - Drug stock-outs
 - Bed net use on previous night
 - Vitamin A status
 - Number of and reasons for referrals
 - Number of children seen
 - Number of correct and incorrect treatments given
 - Percentage of CBDs who submitted monthly report
 - Number of supervision visits
 - Clinic use
 - ARI timer use
5. Say that these are important CCM program indicators
 - They tell the program “how many”, or “ what percentage of”
6. Explain that the CCM program analyzes these indicators and uses them to develop “finding”.
 - Display the flipchart with the definition of “findings”.

- Findings are what analyzing or processing the indicators tell us.
 - For example, one finding has been that more children were treated in Koinadugu than in Kenema in 2009.
7. Based on findings, the program makes recommendations.
- Display the flipchart with the definition of “recommendations”.
 - Recommendations are actions that should be taken based on the findings.
 - For example,
 - The program found that Kenema CBDs treated fewer children than planned.
 - Therefore, the program recommended having more CCM officers and CBDs in Kenema.
8. As for or provide one or two more examples showing how indicators lead to findings that lead to recommendations.

Exercise (20 minutes)

1. Walk participants through the process of getting from the raw data in CBD registers to recommendations that improve the CCM program. Use an overhead projector if possible, and refer to the Data Flow Summary.
2. Then ask a participant to give an example of his or her own, including a recommendation he or she would like to make. Encourage and help as needed. Repeat with a second volunteer if there is time.

Module 4: Supportive Supervision

Module Overview

Session 1: Assessing Your Supervision Style

Session 2: Supportive Supervision

Key Messages to Convey

- Supportive supervision is using constructive feedback, joint problem-solving, and real-time coaching to improve the quality of services provided by CBDs
- Supportive supervision requires active listening, attentive observation, effective communication, and consistency.

Preparation

- Write the group assignments on paper to give to the groups so they can refer to the questions during their discussion.
- Develop a somewhat realistic role play scenario where the supervisor does and says several things that are supportive but also says and does a few things that make the CBD feel badly about him or herself or the CCM program.

Background for Trainers

- Guiding Principles for Quality Improvement
- Nigeria: A Supportive Approach to Improving Immunization

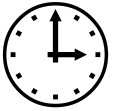
Training Aids and Materials

- Definition of supportive supervision on a flip chart
- Role play scenario or guidelines written on a card for two volunteers to perform a role play

Handouts

- Supervision Self-Assessment Checklist
- Supportive Supervision

*Session 1:
Assessing Your Supervision Style*



Session Time:
30 minutes

(Note: this session may not be applicable for peer supervisors with little or no experience.)

Objectives

By the end of this session, participants will be able to:

- Identify what they feel are their strengths as a supervisor.
- Identify things they might want to change about their supervisory style.

Preparation

None

Training Aids and Materials

- None

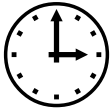
Handouts

- Supervision and Self-Assessment Checklist

Steps

1. Tell participants the objective of this session is to have them assess their style of supervision.
2. Distribute the Supervision Self-Assessment Checklist.
3. Ask a participant to read the introduction aloud. Tell participants it is important that they be completely honest in completing the checklist. No one else will see their responses. Its purpose is to help them see where they are and consider what they might need.
4. Give participants 15 minutes to complete the checklist. Tell them to tick Yes or No for each statement, according to how they feel the
5. After 15 minutes, ask if anyone would like to comment or share their thoughts on the content of the self-assessment. What did they find interesting about it? Did they learn anything about themselves (whether or not they want to share anything they learned)?
6. Ask if any of the statement surprised them and, if so, why.
7. Explain that the statements in the checklist represent a variety of behaviors, attitudes, and tasks involved in supervising staff. Engage participants in a discussion about how some of the behaviors could affect CBDs' performance.
8. Ask participants to define supervision. Summarize their ideas on a flipchart.
9. Explain that supervision is the process of directing and supporting people so that they can do their work effectively.
10. Tell participants that how supervision takes place directly impacts how and how well people do their work.
11. Summarize by asking if participants have any questions and saying that you hope they will take advantage of this workshop to learn and practice as much as they can so that they can be the best supervisors they can be.

Session 2: Supportive Supervision



Session Time:
1 hour and 15 minutes

Objectives

By the end of this session, participants will be able to:

- Define supportive supervision.
- Explain the benefits of supportive supervision.

Preparation

- Write the group assignments on paper to give to the groups so they can refer to the questions during their discussion.
- Develop a somewhat realistic role play scenario where the supervisor does and says several things that are supportive but also says and does a few things that make the CBD feel badly about him or herself or the CCM program.

Background for Trainers

- Guiding Principles for Quality Improvement
- Nigeria: A Supportive Approach to Improving Immunization

Training Aids and Materials

- Definition of supportive supervision on a flip chart
- Role play scenario or guidelines written on a card for two volunteers to perform a role play

Handouts

- Supportive Supervision

Steps

Role Play (20 minutes)

1. Tell participants you would like two volunteers to do a role play dealing with supportive supervision.
 - You will give them guidelines for the role play.
 - They will have a few minutes to prepare.
 - They will spend up to 5 minutes acting out the role play in front of the group.
 - Then the group will be asked to say what examples of supportive supervision occurred in the role play.
2. Ask for 2 volunteers. Give them the role play guidelines/scenario and tell them you would like them to do some things that are good for a supervisor to do and some things that are not good for a supervisor to do. This is to help participants make the difference between supportive supervision and directive supervision.
3. While they take a few minutes to prepare the role play, have the rest of the group stand up and stretch or do a quick energizer.
4. Let the volunteers perform their role play for 5 minutes. End it gently if they have not quite finished—thanking them for doing such a good job in such a short period of time (or something else relevant to how they performed).
5. After the role play, ask the group to say everything that the supervisor did that was supportive. Summarize their answers on a flipchart, then discuss some of them. Take the time now to discuss why anything on the list should not be on the list.
6. Thank the volunteers and participants and tell them you hope they will hold onto and try to practice the kinds of good supervision that they saw.

Brainstorm and discussion (7 minutes)

1. Ask a participant to read the session objectives. Respond to any questions participants have about the objectives.
2. Ask participants: “When you hear the term “supportive supervision”, what do you think of?” Summarize their answers on a flip chart. Spend just a few minutes on this.
3. Congratulate them and link their responses to this definition of supportive supervision:

In the Sierra Leone CCM program, supportive supervision is helping CBDs provide high-quality community case management services by giving them the information, training, supplies, constructive feedback, and positive reinforcement they need and appreciate.

Group work (25 minutes)

1. Tell participants that now that they have a basic idea of what supportive supervision is, they will work in smaller groups to further distinguish between supportive supervision and other types of supervision. Tell them the groups will have 10 minutes to discuss amongst themselves, agree on who will report to the full group, and agree on what will be reported to the full group.
2. Divide participants into two groups. Give each group an assignment, written on paper or a card.
 - Group 1 will discuss and report on how they like or would want to be supervised. What are the characteristics of a good supervisor? How does a good supervisor interact with those he or she supervises? What does a “good” supervisor do to help those he or she supervises?
 - Group 2 will discuss and report on negative ways to supervise. What do some supervisors do that make things worse instead of better? Thinking of supervisors they may have had in the past, what are some characteristics of supervisors who are not supportive?
3. Remind participants they have 10 minutes to discuss and prepare.
4. After ten minutes, bring the full group back together. Draw a line down the middle of a flip chart. Leave space at the top to add titles to each column later.
5. Allow one group to present their findings. Have a co-facilitator summarize their findings on one side of the flip chart as the group representative speaks. Once Group 1 has finished, ask if the other group has any questions or anything to add.
6. Ask Group 2 to present its findings. Follow the same process as above. Give each column an appropriate title. These might be “Supportive Supervision” and “Directive Supervision,” for example.
7. Ask participants if anything on either list should be on the other list. Discuss and make adjustments as appropriate.
8. Now ask participants what kind of supervisor they would like to be.

Group Work, part 2 (18 minutes)

1. Ask participants to go back into their two groups and spend up to ten minutes discussing how they can benefit from adopting the supportive supervision approach.
2. After five minutes, see if the groups need more time. When they have finished, or after 10 minutes total, bring the full group back together and ask participants to share what they found. List the benefits on a flip chart.

Trainer’s Notes

Benefits of being a supportive supervisor might include:

- ✓ CBDs will be happy to see you when you arrive for a supervision visit.

- ✓ You will enjoy watching CBDs grow and learn.
- ✓ You will feel proud knowing that your helping CBDs is helping your community and saving children's lives.
- ✓ Your job will be easier as CBDs grow into the responsibilities they have accepted, make fewer mistakes, and show more initiative.

Summary (5 minutes)

1. Summarize this session by reviewing the definition of supportive supervision.
2. Add that Supportive supervision involves visiting CBDs regularly to find out what they need, observing and listening attentively, helping them identify and resolve problems, and praising them for what they do well. Supportive supervision focuses on the needs of volunteers and clients as a way to improve quality. Tell participants they will learn more and practice using supportive supervision skills in the next sessions. The very next session, for example, focuses specifically on supervision visits.

Module 5: Supervision Visits

Module Overview

- Session 1: Introduction to Supervision Visits
- Session 2: Review of ARI Timer Use
- Session 3: Before and After the Supervision Visit
- Session 4: Completing the Supervision Visit Checklist for CBDs
- Session 5: Supervision Field Work
- Session 6: Supervision Field Work Debrief

Key Points to Convey

- Supervision visits make CBDs feel that someone is paying attention and cares about what they do and how they do it.
- Supervision visits allow Peer Supervisors to see how CBDs are doing and provide on-the-spot constructive feedback and training.
- Supervision visits allow for the collection of data not otherwise collected by the CCM program, such as bed net use and vitamin A status.
- Follow-up action plans will help ensure CBDs get the support they need and make the improvements they need to make.
- CBDs should use the ARI timer to check for pneumonia in all the children brought to them for care. CBDs must know how to do this properly to help those who are sick and to avoid unnecessary use of co-trimoxazole.

Preparation (See session notes for details)

- Prepare to demonstrate a full but short supervision visit. This requires facilitators or others to play the roles of Peer Supervisor, CBD, child under five (for breath count), and caregiver.
- Invite several mothers to bring their children 2-59 months to the training site at a specified time so that participants can practice counting breaths with the ARI timer.
- Prepare flipchart pages with room for a group name at the top, a line down the middle creating two columns, one column titled Before the Visit and the other titled After the Visit.
- Cut out the pre- and post-visit task cards, making one complete set for each group.

- Cut out the shape or fruit cards for dividing into small groups. If you have 25 participants, you can use 25 cards with 5 different shapes or fruits, for example.
- Transfer Supervision Checklist to Flipchart. Use enough pages that each item can be clearly seen by participants
- Prepare case scenario based on demonstration of supervision visit
- Contact and confirm availability of CBDs to be supervised during the field work. Secure transportation to get all participants and facilitators into the field in a reasonable amount of time. Assemble all materials needed (checklists, protocols, drugs, supplies, pencil/paper, etc.).

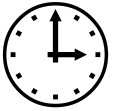
Training Aids and Materials

- Supervision Checklist headings on flipchart
- ARI timer
- Pneumonia case studies
- Graphic showing normal vs. high breath count by age
- WHO/UNICEF Management of Childhood Illness video (optional)
- Flipchart pages with room for a group name at the top, a line down the middle creating two columns, and one column titled Before the Visit and the other titled After the Visit
- Set of cards for dividing participants into groups
- Sets of cards with the pre- and post-visit tasks - enough for each small group. Be sure to mix up each set so they are not grouped in pre- and post-visit.
- Case scenario based on supervision demonstration
- Flipchart with Supervision checklist
- Supervision Checklist Practice Scenario
- Additional scenarios as needed
- List of CBDs to be visited and their locations
- ACTs, Co-trimoxazole, zinc, ORS
- One ARI timer for each supervision team
- Treatment protocols, algorithms, registers, and other replacement materials potentially needed

Handouts

- Pneumonia Flowchart
- Pre-and Post-Visit Checklist
- Supervision Checklist for Community-Based Distributors
- Supervision Checklist Instructions
- Participants should refer to their notes from the supervision demonstration
- Participants should bring their treatment protocols and their notebooks, pens, etc.
- Blank Patient, Drug, and Death Registers
- Referral Tickets or blank Referral Forms

*Session 1:
Introduction to Supervision Visits*



Session Time:
1 hour and 30 minutes

Objectives

By the end of this session, participants will be able to:

- State the purpose of supervision visits to CBDs.
- List five things Peer Supervisors must do on supervision visits

Preparation

- Facilitators should prepare to demonstrate a full but short supervision visit. This requires facilitators or others to play the roles of Peer Supervisor, CBD, child under five (for breath count), and caregiver.

Training Aids and Materials

- Supervision Checklist headings on flipchart

Handouts

- None

Steps

1. Have participants read the learning objectives. Ask if there are any questions.
2. Tell participants one of the most important things they will do is supervision visits to CBDs.
3. Tell participants that you will demonstrate a supervision visit. Their job is to take notes on what the “Peer Supervisor” does during the visit. Explain that this includes how they behave as well as the steps they take. Tell them you will divide the demonstration and discussion into parts so that you don’t go too long without hearing from them. Also tell them they will use their notes again in a later session.

Trainer’s Notes

- ✓ Try not to go more than ten or so minutes without having a discussion to hear what participants observe. Indicate by your comments and questions to the “CBD” generally what you are checking in the registers. Here are two possible ways of dividing the demonstration. There are, of course, others. Use your best judgment given the participants with whom you are working.

Option 1:

Greeting

General Information (verify CBD # for example)

Record Keeping

Use of CCM Services

Drug Management

Availability and Storage of Supplies

Breathing Count

Patient Visit

Discussion of findings and follow-up, ending visit

Option 2:

Greeting

General Information (verify CBD number)

Record Keeping

Use of CCM Services

Drug Management

Availability and Storage of Supplies

Breathing Count

Patient Visit

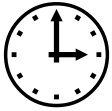
Discussion of findings and follow-up, ending visit

4. With a co-facilitator as CBD, you as Peer Supervisor, and using participants as the child and caregiver if necessary, role-play a shortened version of a typical supervision visit. Shorten it by minimizing the number of problems needing to be addressed, not by eliminating any steps.
5. After each demonstration segment, have participants tell you what the steps were, according to their notes. Discuss the steps and reasons for them—encouraging participants to offer reasons they think the action was taken.

- Also get participants to discuss the attitude and behavior of the Peer Supervisor and how it seemed to impact the CBD. Add and correct information as necessary.
 - Briefly discuss the use of the CCM Supervision Checklist to record the findings from the visit.
 - Remind participants that they will refer to their notes in a later session, so they should keep them available.
6. Discuss the purpose of supervision visits if that has not come out clearly enough in the discussion of the demonstration.
- Supervision visits are meant to help CBDs do their CBD work better. This means improving the quality of services CBDs provide, and it means improving the quality of information CBDs feed back to the program.
 - Supervision visits should help CBDs do their CBD work better even if they are already doing it very well.
 - Supervision visits should encourage the CBDs. Visits show that someone cares about and is paying attention to CBDs and what they do.
 - Supervision visits allow the Peer Supervisor to interact with community stakeholders, even if it is only the one caregiver the Peer Supervisor visits during a particular supervision.
 - Most importantly, supervision visits help the supervisor learn about any needs the CBD has in relation to the CBD work.
7. Tell participants there are important things to consider when planning and conducting supervision visits. Much of this should have come out in the demonstration, but not all. Discuss each as necessary.
- To best support the CBDs, Peer Supervisors should:
 - Plan to conduct regular supervision visits.
 - Arrange visits when you can observe the CBD at work.
 - Avoid adding extra burden to the CBD.
 - Have clear objectives for the supervision visit—what do you want to achieve with the CBD?
 - Follow up on action items and recommendations from the previous supervision visit.
 - Bring any necessary materials and supplies (drugs, registers, referral tickets, etc.).
 - End the visit by going over any new action items.
 - End the supervision visit on time.
 - Follow-up as needed and agreed.

8. Link to the next session by telling participants you want to give them time to practice using the ARI timer since that is an important part of CBD work and supervision visits.

*Session 2:
Review of ARI Timer Use*



Session Time:
1 hour and 20 minutes

Objectives

By the end of this session, participants will be able to:

- Correctly use the ARI timer to count breaths per minute.
- Determine whether a child needs to be treated for pneumonia.

Preparation

- Invite several mothers to bring their children 2-59 months to the training site at a specified time so that participants can practice counting breaths with the ARI timer.

Training Aids and Materials

- ARI timer
- Pneumonia case studies
- Graphic showing normal vs. high breath count by age
- WHO/UNICEF Management of Childhood Illness video (optional)

Handouts

- Pneumonia Flowchart

Steps

The ARI Timer (20 minutes)

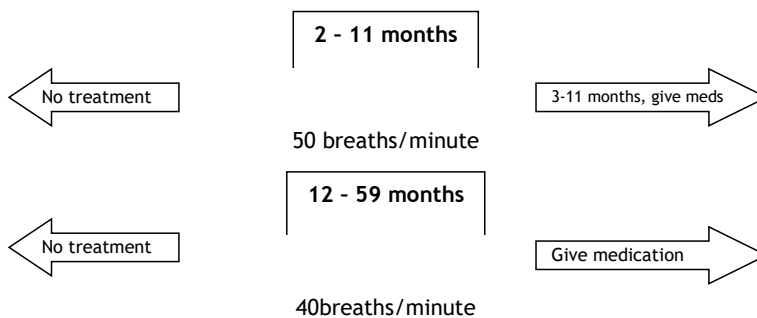
1. Tell participants they will review how to use the ARI timer to distinguish pneumonia from ordinary cough and other illnesses.
2. Perform a role play demonstrating the identification of pneumonia in a child 2 months to 59 months. Use the ARI timer in the role play. Perform a full assessment, i.e., ask and check the child's condition and danger signs (general, and specific as appropriate), and fill in the patient and drug registers. Spend no more than 10 minutes on this demonstration.
3. Ask participants to tell you how to use the ARI timer. If necessary, remind participants that the timer counts down one minute so the CBD can know the number of breaths per minute. This is important because if the number of breaths per minute is high for the child's age, the child probably has pneumonia. Tell them that will be explained in more detail a little later.
4. Also if necessary, remind participants that the timer ticks off seconds, beeps briefly at 30 seconds, and beeps longer at one minute. Ask a participant to show how to start and stop the timer. Then have two participants demonstrate the use of the timer, emphasizing that they should start the timer as the person breathes in. Ask all participants to count along silently.
5. Ask the demonstrating participant to say how many breaths he or she counted. Then ask a few other volunteers how many breaths they counted. Remind them that as long as they are within three of the actual count, their count is okay.
6. Form groups of three. Give each group one timer and allow them to demonstrate using it with each other. Taking turns, one person allows their breaths per minute to be counted, one counts and starts and stops the timer, and the other simply counts. At each turn, the two counting compare their numbers. Facilitators should visit each group and assist/correct/encourage as necessary. Encourage the "breathers" to occasionally do something to interrupt the counting, such as cough, sneeze, cry, or shake violently so that participants get practice stopping, allowing the patient to calm down, and starting over. Repeat the exercise as many times as necessary to get most participants counting correctly.
7. Reconvene the group and process the experience, asking how they felt doing it, what they found difficult or confusing, and how they overcame it. Write helpful suggestions from the group on flipchart paper and tape the paper to a wall where most participants can see it.

Definitions of fast breathing in children 2-59 months (10 minutes)

1. Ask participants how many breaths per minute are normal in children 2 - 11 months. If the answer is incorrect, ask another participant to correct it. Then ask how many breaths per minute mean that the 2-11 month old child has pneumonia. Again, have another participant correct him or her if necessary.
2. Repeat for children 12 - 59 months.

3. Use either of the diagrams below on a flipchart to reinforce that for children 2 months to 11 months, fast breathing is 50 breaths or more per minute and means the child has pneumonia. For children 12 months to 59 months, 40 or more breaths per minute means the child has fast breathing and should be treated for pneumonia.

If the child is:	The child has fast breathing if you count:
2 months up to 11 months	50 breaths or more per minute
12 months up to 59 months	40 breaths or more per minute



4. Quiz participants on age and breaths per minute pairs to ensure that they know it well. Start with easy pairs (for example, 11 months and 53 breaths per minute), then make it harder.
- More examples:
 - “11 months, 53 breaths per minute” (pneumonia)
 - “13 months, 37 breaths per minute” (no pneumonia)
 - “8 months, 42 breaths per minute” (no pneumonia)
 - “27 months, 46 breaths per minute” (pneumonia)
5. Quiz as many participants as possible in 2 minutes or less. Encourage the group to correct any wrong answers.
6. Remind participants that the number of breaths per minute is the only way they and CBDs can identify pneumonia. Absence or presence of cough does not allow the CBD or peer supervisor to know whether or not the child has pneumonia.

Trainer’s Note

- ✓ *Distinguishing between ordinary cough and pneumonia* needs to be reinforced in order to avoid over-prescription of co-trimoxazole. Help participants find the

name for pneumonia in their local language. Make sure it is distinct from the word for “cough”. You can also use video or pictures to illustrate the difference. Of course, live children with cough that is not also pneumonia are the best demonstration and test. Also emphasize that co-trimoxazole will not cure a regular cough. It only works for bacterial infections. A regular cough is not caused by bacteria.

Recording Fast Breathing in the Patient Register (10 minutes)

1. Ask participants how often CBDs should check their patients for fast-breathing. Then ask how and where the child’s breath count is recorded on the Patient Register.
2. Have a participant read the example case study (Abu) aloud. Have another participant fill in the Patient Register on a flipchart as the participant reads.
3. Repeat this exercise with a few more participants and different cases (translated into Krio or the local language as necessary). Ask participants to tell you what information to put in the patient register. Praise and correct as appropriate.

Optional: Video and Video Exercise (20 minutes)

1. Tell participants you will now show a video where they will see children with pneumonia signs and symptoms and then do an exercise to see how well they can identify pneumonia in young children.
2. Show minutes 12:02 - 17:40 of the IMCI video. Afterward, ask participants what they observed and if they have any questions.
3. Show minutes 24:35 - 29:00 of the video. Have participants write the answers on paper according to the video instructions.
4. Process by asking what participants found easy or difficult about identifying pneumonia and how any difficulties can be overcome.
5. Tell participants they will now practice identifying children under five who have pneumonia.

Identifying Fast Breathing: Practice (30 minutes)

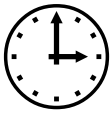
1. Now that participants have reviewed how to use the ARI timer to count breaths per minute and how to complete the patient register, bring in real children (2 to 59 months) so they can practice.
2. One of the facilitators should demonstrate with a child first. Point out (and if necessary, demonstrate) the need to calm a child who is crying, moving away from you, or doing any other thing that would keep you from getting a correct count.
3. Form small groups according to the number of facilitators available (one group per facilitator). In the small groups, allow each participant to practice using the timer with a real child at least once. The caregiver should hold any children too small to

sit in a chair alone. Each participant should interview the caregiver as normally, filling in the patient register.

Trainer's Note

- ✓ If any of the children have pneumonia, treat them and counsel the caregiver.

Session 3:
Before and After the Supervision Visit



Session Time:
45 - 60 minutes

Objectives

By the end of this session, participants will be able to:

- List three things Peer Supervisors should do before conducting a supervision visit
- List three things Peer Supervisors should do following every supervision visit

Preparation

- Prepare flipchart pages with room for a group name at the top, a line down the middle creating two columns, and one column titled Before (or Before the Visit) while the other is titled After (or After the Visit). There should be one flipchart for each small group you have. Try not to have more than 5 participants in any group.
- Cut out the pre- and post-visit task cards, making one complete set for each group.
- Cut out the shape or fruit cards for dividing into small groups. If you have 25 participants, you can use 25 cards with 5 different shapes or fruits, for example.

Training Aids and Materials

- Flipchart pages with room for a group name at the top, a line down the middle creating two columns, and one column titled Before (or Before the Visit) while the other is titled After (or After the Visit)
- Set of cards for dividing participants into groups
- Sets of cards with the pre- and post-visit tasks - enough for each small group. Be sure to mix up each set so they are not grouped in pre- and post-visit.

Handouts

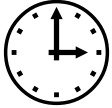
- Pre-and Post-Visit Checklist

Steps

1. Ask participants to think about how you might have planned for the field visit facilitators demonstrated. What kinds of things should have been done in advance? Don't take answers yet.
2. Add that even as they plan and conduct supervision visits, they also should have in mind what needs to happen after the visit.
3. Tell participants they will have a contest to see which group can put the pre- and post-visit tasks in the right column the fastest.
4. Explain the rules of the contest.
 - Each group will get a set of cards, a flipchart page with a line down the center, a marker, and some tape.
 - Each group should write its group name at the top of the flipchart page and choose a reporter to explain their choices to the full group if they win.
 - Each card contains one thing Peer Supervisors should do before or after a supervision visit.
 - Each team should look at all of the cards as a group, and then decide as a group which cards go in which column.
 - Once they have decided, they should tape their cards in the appropriate columns and bring their flipchart to the front of the room.
 - A facilitator will check the flipchart to see if the group is correct.
 - The first group to get it right wins a prize, and the contest is finished.
5. Use the cards with different shapes or fruits to divide participants into small groups. Let each participants choose a card without looking at it. Everyone with the same shape or fruit will be in one group.
6. Give each group the flipchart, markers, and task cards. Have them all start at the same time.
7. Once a group has gotten the lists right, call everyone back to their seats.
8. Tape the winning flipchart up so everyone can see it, and give group members their prizes.
9. Have the facilitator from the winning group review the two lists and say briefly why they put each task where they put it.
10. Give participants a copy of the Pre- and Post-Visit Checklist. Review its use briefly and answer any questions CBDs have. Be sure to point out that the visit should be scheduled at a time that is convenient for the CBD.
11. Summarize the session by saying the planning in advance and following up will help make for a good relationship between the CBD and Peer Supervisor. The CBD will feel respected when the Peer Supervisor follows the plan, and he or she will respect the Peer Supervisor for doing what he or she said they would do.

12. Link to the next session, where the much more detailed CCM Supervision Checklist will be reviewed and Peer Supervisors will practice completing it.

Session 4:
Completing the Supervisor Checklist for Community-Based Distributors



Session Time:
2 hours

Objectives

By the end of this session, participants will be able to:

- State the purpose for Community-Based Distributors. Correctly complete the Supervision Checklist for Community-Based Distributors.

Preparation

- Transfer Supervision Checklist to Flipchart. Use enough pages that each item can be clearly seen by participants
- Prepare case scenario based on demonstration of supervision visit.
- Prepare additional case scenarios to enable participants to practice completing the form.

Training Aids and Materials

- Case scenario based on supervision demonstration
- Flipchart with Supervision checklist
- Supervision Checklist Practice Case Scenario
- Additional scenarios as needed

Handouts

- Supervision Checklist for Community-Based Distributors
- Supervision Checklist Instructions
- Participants should refer to their notes from the supervision demonstration

Steps

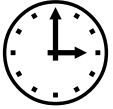
1. If possible, have participants seated at tables for this part of the training.
2. State the purpose of the session and review learning objectives with participants.
 - The purpose of this session is to enable participants to complete the Supervision Checklist, one of the key reporting tools they will use.
3. Distribute the Supervision Checklist and tell participants its two purposes:
 - One purpose is to guide the supervision visits, ensuring that Peer Supervisors look at everything they are supposed to look at in order to monitor and improve services and data collection.
 - The other purpose is to record the findings of the visit so they can be entered into the CCM reporting system. The reporting system tells the CCM program what it is doing well and what it needs to improve. This information is fed back to CBD Peer Supervisors, among others.
4. Review and complete the checklist and instructions with participants.
 - Remind participants of the supervision visit demonstration they observed, and ask them to take out their observation notes.
 - Have participants take turns reading the checklist sections with the corresponding instructions. Ask them to tell you what information goes in that section of the checklist, based on their notes from the demonstration. As needed, add to their information from your case scenario of the demonstration. Write the necessary information (or check the appropriate box) in the flipchart version of the checklist. Ask participants to do the same on their checklist. Participants should write their own name in the box Supervisor's Name.
 - Once the Supervision Checklist has been completed. Have participants exchange and correct each other's completed checklist, looking at the flipchart. The person correcting the checklist should write his or her name in the upper right corner of the checklist. Tell participants you will collect the checklists at the end of the session to review them. Then you will return them to participants with any needed corrections.
 - Once participants have had time to correct each other's checklists, collect the checklists for review during a break or in the evening.
5. Using the Supervision Checklist Practice Case Scenario and additional case scenarios as needed, repeat this exercise as many times as necessary for most participants to demonstrate they can complete the form correctly.
6. Thank participants for their hard work and attention to detail. Ask if they have any questions about the Supervision Checklist.

7. Ask participants what they learned from this session. Add any missing key points and transition to the next session.

Trainer's Note

- ✓ Plan to take a break during this session. This will allow participants to rest their eyes and process what they have done so far.

*Session 5:
Supervision Field Practice*



Session Time:
3-4 hours

Objectives

By the end of this session, participants will be able to:

- Demonstrate the ability to inspect a CBD's supplies (including medicines and protocols), registers, and forms.
- Demonstrate the ability to count and restock a CBD's supplies as needed.
- Demonstrate the ability to listen actively to a CBD and provide constructive and positive feedback.
- Demonstrate the ability to assess a CBD's skills, provide guidance and encouragement, and agree on actions for improvement as appropriate.
- Assess the performance of other Peer Supervisors as they conduct supervision visits.

Preparation

- Identify CBDs to be supervised during the field work. Arrange with them to be at home the day and time of the scheduled visit. Tell them the purpose of the visit and how long it is expected to take. Secure transportation to get all participants and facilitators into the field in a reasonable amount of time, or plan to visit CBDs within walking distance of the training site. Assemble all materials needed (checklists, protocols, drugs, supplies, pencil/paper, etc.).

Training Aids and Materials

- List of CBDs to be visited and their locations
- ACTs, Co-trimoxazole, zinc, ORS
- ARI timer
- Treatment protocols, algorithms, registers, and other replacement materials potentially needed

Handouts

- Supervision Checklist for Community-Based Distributors
- Participants should bring their treatment protocols and their notebooks, pens, etc.
- Blank Patient, Drug, and Death Registers
- Referral Tickets or Blank Referral Forms

Steps

Have participants take turns reading session objectives. Ask if anyone has questions about them.

Field work process and expectations (25 minutes)

1. Prepare in advance by contacting CBDs to be visited, arranging transportation, and following the other steps noted above in Preparation.
2. Ensure that each Peer Supervisor has a CBD to visit.
3. Assign Peer Supervisors to facilitators. Write the assignments on a flipchart so everyone can see.
4. Agree on the order in which the Peer Supervisors will do their practice supervisions.
5. Tell participants that they will do these practice supervision visits exactly as they will be done after the training workshop.
6. Explain that the facilitator and other Peer Supervisors will observe but not correct or comment during the supervision visit.
7. Explain that the facilitator and Peer Supervisors in each group will use a checklist to assess the Peer Supervisor doing the supervision, so they will all need to pay attention and learn from each other.
8. Tell participants what time each group needs to finish and head back to the training site (or what time the car will collect them).
9. Ask if participants have any questions or concerns about the field work.

Conduct of Supervision Visits (at least 3 hours, including travel)

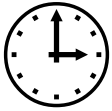
1. Assign groups and group leaders the day before the field visit.
2. Leave on time in assigned groups.
3. Once arrived at the first CBD's home, introduce yourself and remind the CBD of the purpose of the visit. Ask if this is still a good time for the supervision visit. If so, ask the participants to introduce themselves. Say who will be doing the supervision.
4. Observe the supervision visit, completing the checklist. Make sure the person doing the supervision has access to the drugs needed for resupply as well as extra registers and protocols in case the CBD needs any.
5. Ideally, visit a nearby caregiver whose child recently was brought to the CBD, completing the supervision.

Trainer's Note

- ✓ If any under-five child seen during the supervision visit needs urgent referral, help as possible.

6. After the supervision visit, thank the CBD and ask if he or she has any feedback or questions about the visit. Correct any misinformation given to the CBD without embarrassing the Peer Supervisor. Even better, let the Peer Supervisor do it.
7. As the group moves to the next CBD's home, it is fine to discuss the visit just completed, giving constructive and positive feedback. Tell group members they should feel free to ask questions about anything, especially anything they are unsure about.
8. Once everyone has done a supervision visit or the allotted time is up, return to the training site.

Session 6:
Debrief



Session Time:
2 hours

Objectives

By the end of this session, participants will be able to:

- State at least one thing they did well and one thing they need to improve in doing supervision visits.
- Correctly complete the Supervision Checklist for Community-Based Distributors.
- Work with CBD to develop an action plan to address findings

Preparation

Prepare the CBD Supervision Follow-Up Action Plan Template flipchart

CBD Name: _____ Date of Supervision Visit: _____ Peer Supervisor Name: _____

Issue/Problem	Action Needed	Resources Needed	Timeframe	Follow Up/Notes

Training Aids and Materials

- Key areas of assessment checklist on flipchart
- Flipchart with CBD Supervision Follow-Up Action Plan template

Handouts

- CBD Supervision Follow-Up Action Plan Template

Steps

Small group discussion of supervision field visit (1 hour)

1. Have a participant read the session objectives. Ask if there are any questions.
2. Ask participants to give one highlight of the field work or one thing they learned. Note on a flipchart.
3. Tell participants they will now go back into the same groups that went into the field together. Each group should choose one person to facilitate the discussion, one person to take notes, and one person to present to the full group. They will have 15 minutes to discuss give feedback on themselves and others. Then they will have 15 minutes to review and correct each others' Supervision Checklists.
4. Ask each group to spend the first 15 minutes telling each other what they feel they did well and what they feel they need to improve. One person in each group should summarize what was done well and what needs improvement on flip chart paper, without identifying who did what.
5. Next, participants, in the same groups, will spend 15 minutes reviewing and correcting one another's Supervision Checklists.
6. At the end of the first 15 minute discussion, go to each of the groups and tell them to start the review and correction of checklists.
7. At the end of the second 15 minutes, bring the full group back together. Have one person from each group present their findings about what was done well and what needs improvement.
8. Engage participants in a discussion about how to improve areas needing work. Be sure to let participants give their own suggestions. Facilitators can add helpful suggestions.
9. Next, ask what kinds of problems they identified in how to complete the Supervision Checklist. Engage participants in a discussion about how to avoid any of those problems that did not come up in the previous discussion. Again, let participants give their suggestions, with facilitators adding and gently correcting as necessary.
10. Collect the Supervision Checklists so that facilitators can review them later and discuss additional corrections with the participants whose forms need them.

Action Plans (1 hour)

1. Remind participants that after each supervision visit, they need to develop a follow-up action plan.
2. The plan should address the issues that were identified during the visit as needing follow-up.
 - What has the Peer Supervisor asked the CBD to do?
 - What does the Peer Supervisor need do to help the CBD?
 - What should the result of these actions be?

- By when should the actions be taken? Is anyone else's help needed?
3. Post the flipchart with the follow-up action plan template. Tell participants they will use this format for their action plans, and distribute the action plan handout.
 4. Have participants use the findings from their field visit to develop action plans. They will work in teams of three so that they can help one another. Help can include things such as brainstorming solutions to problems, identifying who should be available to help if needed (the In-Charge? An IRC officer?), and determining realistic timelines, for example.
 5. Tell participants that they will have 30 minutes for this work. They should choose one group member to facilitate the work as needed. Each person should create an action plan for themselves and the CBD they visited.
 6. After the groups have completed their work, ask one person from each group to present one action plan. Ask them to start by describing the problems that need to be solved and then follow with the actions to be taken, when, and by whom. Tell each group that it will have 5 minutes to present.
 7. Summarize the visit and debriefing by asking participants to list the steps and actions that should take place before and after the supervision visit. Emphasize the importance of supporting the CBD. Remind participants about their role of liaison with the community, health system, and IRC.
 8. End this session by highlighting the key points:
 - Supervision is a crucial part of the CCM program so must be done correctly and consistently. Each Peer Supervisor is expected to visit each of the CBDs in her/his catchment every month.
 - Peer Supervisors must pay a lot of attention to their “people skills” and administrative skills.
 - Peer Supervisors should consider themselves a team within the overall team and help each other be effective.
 - CCM Officers are available to support and help Peer Supervisors just as the Peer Supervisors help and support the CBDs.
 - Peer Supervisors play a key role in ensuring that CBDs can be very effective.

Module 6: Supervision Forms

Module Overview

Session 1: Introduction to Supervision Forms

Session 2: Review of Supervision Checklist

Session 3: Supervisor Compiled Monthly Report

Session 4: Health Facility Compiled Monthly Report

Session 5: Record-Keeping

Key Points to Convey

- The Supervisor Compiled Monthly Report is critical for getting information about the CBDs work into the CCM database
- The Health Facility Monthly Report allows the program to compare CBDs contribution to children's health to the contribution made by the health system.
- Good record-keeping makes the Peer Supervisor's work easier.

Preparation

- Prepare case studies or role play scenarios
- Transfer sections of the Supervisor Compiled Monthly Report to flipchart paper. Use enough pages that each item can be clearly seen by participants
- If possible, get copies of PHU register pages from a PHU. If not, create register pages with the same type of information but made-up names and case information.
- Transfer CCM Health Facility Report to flipchart paper. Use enough pages that each item can be clearly seen by participants.
- Prepare one or two case studies or role play scenarios

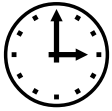
Training Aids and Materials

- Reporting forms outlined on flipchart paper
- CCM Data Flow Summary on flipchart
- Case studies or role play scenarios
- Flipchart with Supervisor Completed Monthly Report
- Completed Supervisor Compiled Monthly Report for Community-Based Distributors
- Flipchart with CCM Health Facility Report
- Photocopies of Completed PHU under-5 outpatient and treatment registers, if possible
- Flipchart with a correctly completed CCM Health Facility Report
- File folders—one set per participant
- Boxes for keeping files - one peer participant

Handouts

- Supervision Checklist for CBDs (at least two copies for each participant)
- Supervisor Compiled Monthly Report for Community-Based Distributors
- Supervisor Compiled Monthly Report Instructions
- Photocopies of completed Patient Registers, Drug Registers, Death Registers, and Referral Forms from 2 or 3 CBDs—one set for each participant
- CCM Health Facility Report, 2 copies for each participant
- CCM Health Facility Report Instructions
- Tips for Managing Peer Supervisor Paperwork
- Record-Keeping for CBD Peer Supervisors

Session 1:
Introduction to Peer Supervisor Reporting Forms



Session Time:
30 minutes

Objectives

By the end of this session, participants will be able to:

- Be familiar with the Supervision Checklist for CBDs, Supervisor Compiled Monthly Report, and CCM Health Facility Monthly Report

Preparation

Outline reporting forms on flipchart paper

Training Aids and Materials

- Reporting forms outlined on flipchart paper
- CCM Data Flow Summary on flipchart

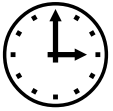
Handouts

- Supervision Checklist for CBDs
- Supervisor Compiled Monthly Report
- CCM Health Facility Monthly Report

Steps

1. Explain to participants that, because some sessions will begin referring to reporting forms they do not yet know, we will take a short time to review those forms so that participants have an idea about them.
2. Remind participants of the sessions on what happens to the information submitted and the three Cs of data quality.
3. Show the CCM Data Flow Summary flipchart.
4. Explain that one extremely important job of the Peer Supervisor is to transfer information from the CBDs' Patient, Drug, and Death Registers to a form called a Supervisor Compiled Monthly Report. It has this name because the Peer Supervisor also adds up the information from the CBD registers. This way, program managers know how many treatments are given in a catchment area in a month, for example. Ask what "compiled" means. If no one answers, tell participants it means added together. Distribute the Compiled Monthly Report form but do not review it in detail. That will happen later.
5. Explain that the Peer Supervisor also adds the data from all of the Supervision Checklists completed for the month. The Supervision Checklist is something Peer Supervisors use during visits to supervise CBDs. Distribute the Supervision Checklist.
6. The Supervision Checklist is where the Supervisor records what he or she finds during the visit—things such as whether the CBD has all of the supplies he or she should have, how many drug treatments he or she has remaining, and if the patient and drug registers are being completed correctly. Participants will practice using that form very soon.
7. Distribute the CCM Health Facility Monthly Report. Ask what they see on this form. Tell participants that, once the Supervisor Compiled Monthly Report is complete, the Peer Supervisor transfers totals from the data from the Compiled Monthly Reports to the CCM Health Facility Monthly Report. Also added to this report is data from the PHU about under-fives—treatments given, referrals, etc.
8. Explain that this information is entered into a computer program so that the CCM program can use the information to find out how the program is doing in all of the districts, just one district, or even in one catchment area. It also allows the program to compare what is happening in Sierra Leone with what is happening with CCM programs in other countries.
9. Tell participants they will learn more about what kinds of information is collected and the process it goes through to be made meaningful to the program. They will also learn to complete all three forms and practice doing so.
10. Ask if participants have any questions. Then transition to the next session.

*Session 2:
Review of Supervision Checklist*



Session Time:
1 hour

Objectives

By the end of this session, participants will be able to:

- Practice completing and correcting the Supervision Checklist

Preparation

Prepare one or two case studies or role play scenarios

Training Aids and Materials

- Case studies or role play scenarios

Handouts

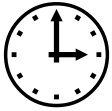
- Supervision Checklist

Steps

This is an optional session for giving participants more opportunity to practice completing the supervision checklist after having done the supervision field work and debrief.

1. Have three participants role play a supervision visit. One will be the Peer Supervisor, another will be the CBD, and the third will be a caregiver who recently got help from the CBD.
2. The Peer Supervisor should complete the checklist during the role play, as he or she would do on a real visit. Remind the Peer Supervisor to listen attentively and then tick the appropriate box or write.
3. The remaining participants will observe and complete a Supervision Checklist based on what they see and hear.
4. Try to limit the role play to 20-30 minutes so there is time for participants to exchange and correct the checklists after the role play. Keep the focus on the checklist, not on how well or poorly the role players played their roles.
5. Checklists can be exchanged, corrected, and discussed in pairs or small groups of four participants. Role players should participate in the correction and discussion even though only one of them has completed a checklist.
6. While the role play is good practice for the role players and the observers, facilitators may prefer to read a case scenario of a visit, which participants then record on the checklist.

Session 3:
Completing Supervisor Compiled Monthly Report



Session Time:
2 hours

Objectives

By the end of this session, participants will be able to:

- State the purpose of the Supervisor Compiled Monthly Report.
- Correctly complete the Supervisor Compiled Monthly Report

Preparation

Transfer sections of the Supervisor Compiled Monthly Report to flipchart paper. Use enough pages that each item can be clearly seen by participants

Training Aids and Materials

- Flipchart with Supervisor Completed Monthly Report
- Flipchart with Data Flow Summary

Handouts

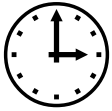
- Supervisor Compiled Monthly Report for Community-Based Distributors
- Supervisor Compiled Monthly Report Instructions
- Photocopies of completed Patient Registers, Drug Registers, Death Registers, and Referral Forms from 2 or 3 CBDs—one set for each participant

Steps

1. For this session, work in two groups after explaining the purpose and distributing the forms and registers. A facilitator will work with each group. If there are more than two facilitators, work in smaller groups. If possible, have participants seated at tables for this part of the training.
2. State the purpose of the session and review learning objectives with participants.
 - The purpose of this session is to enable participants to complete the Supervisor Compiled Monthly Report, one of the key reporting tools they will use.
3. Distribute the Supervisor Compiled Monthly Report and tell participants its purpose:
 - The Supervisor Compiled Monthly Report brings together the most important information about the CBDs' and Peer Supervisors' work for the month. It is a critical tool in monitoring CCM services. It tells program managers and the DHMT/MOHS how many children the program is helping, how many drugs are needed, how much supervision is taking place, and what areas the program needs to improve in order to save more lives.
4. Show participants where the Supervisor Compiled Monthly Report is on the Data Flow Summary.
5. Explain that Peer Supervisors will put information from the registers and Supervision Checklists into the Compiled Monthly Report.
6. Review and complete the report and instructions with participants (in small groups).
 - Have participants read what is on the form just to get familiar with it. As necessary, discuss what items mean.
 - Next have participants read the report sections with the corresponding instructions. Ask them to look at the Death Registers for CBD1 and tell you what information goes in that section of the report. Write the necessary information in the flipchart version of the report. Ask participants to do the same on their form. Participants should write their own name in the box Supervisor's Name.
 - Repeat with the other registers and Supervision Checklists until the report has been complete.
 - Once the report has been completed. Have participants exchange and correct each other's completed reports, looking at the flipchart. The person correcting the report should write his or her name in the upper right corner of the form. Tell participants you will collect the forms at the end of the session to review them. Then you will return them to participants with any needed corrections.
 - Once participants have had time to correct each other's reports, collect the reports for review during a break or in the evening.
7. Bring participants back together. Ask them how they felt about this exercise.

8. Thank participants for their hard work and attention to detail. Ask if they have any questions about the Supervisor Compiled Monthly Report.
9. Ask them why the report is important. Add any missing key points and transition to the next session.

Session 4:
Completing CCM Health Facility Report



Session Time:
1-2 hours

Objectives

By the end of this session, participants will be able to:

- State the purpose of the CCM Health Facility Report.
- Correctly complete the CCM Health Facility Report.

Preparation

- If possible, get copies of PHU register pages from a PHU. If not, create register pages with the same type of information but made-up names and case information.
- Transfer CCM Health Facility Report to flipchart paper. Use enough pages that each item can be clearly seen by participants.

Training Aids and Materials

- Flipchart with CCM Health Facility Report
- Flipchart with a correctly completed CCM Health Facility Report
- Photocopies of Completed PHU under-5 outpatient and treatment registers, if possible
- Completed Supervisor Compiled Monthly Report for Community-Based Distributors
- Flipchart with Data Flow Summary diagram

Handouts

- CCM Health Facility Report, 2 copies for each participant
- CCM Health Facility Report Instructions

Steps

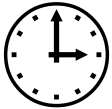
1. This session can be done in one group since the form is relatively simple. If facilitators prefer, it can be done in two or more groups so that each participant gets maximum attention.
2. Explain the purpose of the session, review learning objectives, and distribute the forms and registers that will be used. If possible, have participants seated at tables for this part of the training.
 - The purpose of this session is to enable participants to complete the CCM Health Facility Report, one of the reporting tools they will use.
3. Distribute the CCM Health Facility Report and tell participants its purpose:
 - The CCM Health Facility Report joins the clinic data with the CCM data. It is an important tool in monitoring the links and relationships between the clinic and the CBDs/CCM Program. It helps program managers and the DHMT compare the level of services provided by the clinics and the CCM program.
4. Show participants where the CCM Health Facility Report is in the Data Flow Summary.
5. Explain that Peer Supervisors will put information from PHU registers and the Compiled Monthly Report into the CCM Health Facility Report.

Trainer's Note

- ✓ Find out which Peer Supervisors will have access to PHU records and which will not. If most will have access, spend enough time on the transfer of information from PHU registers to the monthly facility report form (including what it will take to gain access). If most will not, briefly review this part, but spend more time with the full group on what they will actually be doing—transferring information from IRC forms to the monthly facility report form. Another option is to work in two groups—one with access and needing to spend time on the PHU registers, and the other with no access and therefore no need to spend time on what they will not be able to use anytime soon.
6. Review and complete the report and instructions with participants (in the full group or smaller groups).
 - Have participants read what is on the form just to get familiar with it. As necessary, discuss what items mean.
 - Next have participants read the report sections with the corresponding instructions. Ask them to look at the appropriate register or form and tell you what information goes in that section of the report. Write the necessary information in the flipchart version of the report. Ask participants to do the same on their form.

- (Optional) Once the report has been completed. Have participants exchange and correct each other's completed reports, looking at the flipchart. The person correcting the report should write his or her name in the upper right corner of the form. Tell participants you will collect the forms at the end of the session to review them. Then you will return them to participants with any needed corrections.
 - Once participants have had time to correct each other's reports, collect the reports for review during a break or in the evening.
 - Give participants a new set of PHU registers and Compiled Monthly Reports and a new CCM Facility Report form. Ask them to complete the Facility Report on their own.
 - After they finish, they should exchange with a different person from the first time (if they exchanged the first time).
7. Bring participants back together. Ask them if they have any questions about the CCM Health Facility Report. Respond as appropriate.
 8. To summarize, ask participants what is the purpose of the CCM Facility Report.
 9. Thank participants for their hard work and attention. Transition to the next topic.

*Session 5:
Record-Keeping*



Session Time:
45 minutes

Objectives

By the end of this session, participants will be able to:

- Maintain a system they can use for keeping their forms and reports until they submit them to the CCM Officer.

Preparation

- Bring a sample filing system for participants to examine and handle

Training Aids and Materials

- File folders—one set per participant
- Box for keeping files—one per participant

Handouts

- Record-Keeping for CBD Peer Supervisors

Steps

1. Ask participants to name the different papers and reports they will have to get, check, or submit every month. Note on flipchart. The list should include:
 - Blank Supervision Checklist, Supervisor Compiled Monthly Report, and CCM Health Facility Monthly Report forms
 - Supervision Checklists completed for each CBD supervised that month
 - Completed Compiled Monthly Reports and Health Facility Monthly Report
 - Patient, Drug, and Death Registers from CBDs in catchment area
 - Extra materials for CBDs, such as registers and treatment protocols
2. Add that they will be asked to keep waybills and monthly CBD meeting minutes and that they will need a way to keep track of referrals, monthly work plans, follow-up action plans, what they give to CBDs, and CBD names and numbers.
3. Use the list generated to indicate which items are kept at Peer Supervisors' homes and which are kept at least temporarily at the PHU (by writing a "PHU" or "Home" next to them, for example).
4. Ask why it is important to keep their CBD and Peer Supervisor information organized and easy to find. The main goal of filing should be to be able to find the information you need when you need it. Some other reasons include:
 - So they have everything they need to complete their reports
 - So they know what is missing
 - So if they need to check something they can
 - So the CCM Officer can check it if he or she needs to
 - To be more productive (you're not wasting time looking for things)
 - To reduce your stress (you're not getting aggravated looking for things)
 - To make life easier
5. Ask participants how they currently organize their registers and other CBD papers (and Peer Supervisor forms/reports if they are already doing that work). Allow/encourage participants to make constructive suggestions as needed.
6. Tell participants that record-keeping is one of the things CCM officers will check when they supervise the Peer Supervisors.
7. Give each participant a box for files and a set of folders. Tell them they will use them to organize the records and reports they have collected or completed thus far in the training workshop.
8. Have participants come to the front table in small groups to examine the sample filing system. They should then return to their seats to set up their own system. Encourage them to help one another and to adapt the system in a way that works best for them.

9. Coordinate with the other facilitators to visit each participant to see how they are doing and if they need help.
10. Summarize the session by asking participants what key points they will remember or use.
11. Transition to the next session by saying that they will next learn some other skills useful for Peer Supervisors, starting with effective communication skills.

Module 7: Skills for CBD Peer Supervisors

Module Overview

Session 1: Building Communication Skills

Session 2: Training CBDs One-on-One

Session 3: Relationship Management

Key Points to Convey

- To supervise in a supportive way, Peer Supervisors must use communication skills such as active listening, body language, verbal and nonverbal encouragement, open-ended questions, and clarification techniques.
- More information is communicated by body language than by words and tone of voice combined.
- To be effective teachers or trainers, Peer Supervisors must listen, demonstrate, describe clearly, observe, provide constructive feedback, and be patient.
- Peer Supervisors, because of the key role they play must develop and maintain relationships based on mutual respect, shared objectives, clarity about own needs and limits, willingness to listen and compromise, and desire for the success of all partners.

Preparation (see session for details)

- Set aside blank sheets of paper, two per participant.
- Prepare flipcharts on: Communication Techniques; Active Listening; Do's and Don'ts of Active Listening; Three Parts of Human Interaction; Body Language; Clarification
- Develop one realistic role play scenario of a positive/productive interaction with the PHU, DHMT, community member/leader, or other partner
- Develop one or two realistic role play scenarios of challenging interactions with the PHU, DHMT, community member/leader, or other partner

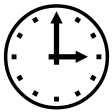
Training Aids and Materials

- Flipcharts on Communication Techniques, Active Listening, Three Parts of Human Interaction, Body Language
- Tables (or chairs, or floor space) where participants can assemble paper puzzles.
- Copies of two different puzzles, one set for each pair, in envelopes or folders numbered 1 and 2.
- One copy of what each of the puzzles will look like once completed.
- Prizes for the people who finish the puzzle first, but wait until the end of the exercise to announce that those who finished first will get a prize.
- ARI timers (enough for each pair to have 1 to use for teaching. If there are 20 participants, you need 10 timers)
- List of discussion questions for second role play, written on a card, one for each small group

Handouts

- Blank sheets of paper
- Building Communication Skills
- Patient and Drug Registers
- Training CBDs One-on-One
- Tips for Building Relationships and Resolving Conflict

*Session 1:
Building Communication Skills*



Session Time:

1 hour and 10 minutes

Objectives

By the end of this session, participants will be able to:

- Explain the importance of communication skills when being a supportive supervisor
- Demonstrate active listening techniques
- Demonstrate verbal and nonverbal encouragement
- Ask open-ended questions

Preparation

- Set aside blank sheets of paper, two per participant.
- Prepare the following flipcharts:

Flipchart: Communication Techniques

- Active listening
- Body language
- Verbal and nonverbal encouragement
- Appropriate questioning technique (using open-ended questions)

Flipchart: Active Listening

Active listening is listening to another person in a way that communicates **understanding, empathy, and interest**.

- It is different from hearing.
- It requires energy, skills, and commitment.

- It makes the speaker feel important, acknowledged, and empowered.
It includes re-stating what the person said—in different words—to be sure you understood and show that you are listening

Flipchart: Do’s and Don’ts of Active Listening

Do	Don’t
Concentrate on what the speaker is saying.	Do not do other things (for example, look through papers) when the speaker is talking. Do not daydream or get distracted by surrounding events.
Allow the speaker to express himself or herself.	Do not interrupt. Do not finish the speaker’s sentences.
Allow the speaker to control the conversation.	Do not ask questions that change the subject.
Accept the speaker’s opinion as valid.	Do not contradict, criticize, or judge.
Pay attention not only to the words, but also to gestures and behavior.	Do not anticipate what the speaker is going to say next. Do not ignore the emotional context.
Prevent emotions from getting in the way of active listening no matter what the speaker is saying.	Do not become angry, defensive, or upset.

Flipchart: Three Parts of Human Interaction

When you communicate, three important things impact the other person:

- Body language - most
- Tone of voice - some
- Actual words - very little

Body language
Tone of voice
Words

More than half of the information people get from you is from your body language!

Flipchart: Body Language

Body Language	Positive	Negative
Looking the speaker in the eye		
Looking down or away from the speaker		
Leaning toward the speaker		
Sitting next to the speaker		
Sitting far from the speaker		
Crossing one's legs		
Matching the speaker's facial expressions (smiling when they smile, frowning when they frown, etc.)		
Showing no changes in facial expression		

Flipchart: Clarification

1. I wish I could visit the CBDs more often. Getting to and from their houses is too difficult, especially in the rainy season.
2. CBDs do not provide CCM to children above five or adults because malaria, diarrhea, and pneumonia kill many fewer children over five and adults.

Training Aids and Materials	Handouts
<ul style="list-style-type: none">• Flipcharts on Communication Techniques, Active Listening, Three Parts of Human Interaction, Body Language	<ul style="list-style-type: none">• Blank sheets of paper• Building Communication Skills

Steps

Importance of Communication Skills: Exercise (15 minutes)

1. Present the objectives and tell the participants that during the following activities, they will develop or improve the skills that supportive supervisors need.
2. Give each participant two sheets of paper. Change your style of communication with the participants—become stiff and formal. Tell the group in a **very formal way** to take a piece of paper and to follow your directions. Say that no questions are allowed.
3. With your back turned to the participants and a piece of paper in your hands, tell them to tear the paper according to your directions (see Instructions for the Trainer, below).

Instructions for the Trainer

- Do whatever you tell the group to do (that is, tear or fold when you tell them to tear or fold).
- Do not answer any questions that the participants ask, and do not make any comments.
- You can tear and fold the paper wherever and however you like.
- Give six or seven directions for folding and tearing the paper, saying where on the paper to make a tear and what shape it should be (for example, “Tear the left corner”). Use vague words like “small” or “large.”

Trainer’s Note

- ✓ Fold the paper in half.
- ✓ Fold it in half again diagonally (or corner-to-corner).
- ✓ Fold it in half again vertically.
- ✓ Fold the top right corner.
- ✓ Fold it in half again or as close to two halves as possible.
- ✓ Tear a small piece off of the bottom corner.

4. When you have finished, turn to the participants, unfold and show them your paper, and ask them to unfold and show theirs. Most likely, none of their papers will match yours.
5. This time, face the group and ask them to take another piece of paper and follow your instructions again. Tell them they can ask questions this time. Also this time, you can show them what you are doing and answer any questions. Make sure that everyone understands your instructions and follows them correctly. You can interact with the group however you like. **Smile and be friendly. Answer all questions.**

- Recheck whether everybody understands. Make sure they can see what you are doing as you are giving your instructions. Give six or seven tearing and folding instructions.
6. When you have finished, **hold up** your paper and **ask** the participants to hold up theirs.
 - Their sheets should look much like yours.
 7. Ask the group:
 - What was the difference between the two experiences?
 - Why do they think that the second outcome was so much better than the first?

Trainer's Note

- ✓ The participants should point out that the second time, they were able to watch you and ask questions and that you were friendlier and you helped them. This allows you to make the point of the value of two-way communication and in general about communication style.

8. Facilitate a discussion by asking:
 - How do you think a supportive supervisor communicates? What communication styles does he or she use?
 - Why is it important for someone using supportive supervision to communicate effectively?
9. Summarize the results of the discussion. Explain that the participants will learn about some specific communication techniques and will be able to practice during this session. These skills are similar to the ones used in counseling clients. Supportive supervision and counseling have some common goals: creating trust and establishing a spirit of cooperation.
10. Show the flipchart listing communication techniques. Tell the participants that they will learn about each of those techniques and will develop the skills needed to use those techniques. Say that you will start with "Active Listening".

Active Listening: Group Exercise (20 minutes)

The purpose of this activity is to help participants see and feel the importance of showing that they are actually listening to the CBD.

1. Show the flipchart on Active Listening and ask for a volunteer to read it.
2. Conduct the exercise "Bananas and Mangos" to start discussing an active listening technique.

Active Listening: “Bananas and Mangos”

- a. Ask participants to count off by twos, saying either “banana” or “mango” instead of 1-2-1-2. Have them arrange chairs in two rows, so that they can sit in pairs facing each other.
 - b. Ask all of the “bananas” to leave the room with one trainer. That trainer tells them that the next exercise is about listening. He or she explains that each “banana” will be paired with a “mango” who will talk to them about a particular subject.
 - c. The job of the “bananas” is **not to speak** at all and to **act like they are not listening**.
(**Brainstorm** quickly some ways in which they can show that they are not listening, such as by making no eye contact, playing with a pen, looking at a watch, etc.)
 - d. Then tell the “bananas” that, after two minutes, the trainer will clap his or her hands **once** and at that point the “bananas” **can start listening actively**. **Before going back into the room, ask how they have to change their behavior to show that they are listening**. Tell the “bananas” that the exercise will continue until a trainer claps twice, signaling that three minutes are up.
 - e. While the “bananas” are out of the room, the other trainer tells the “mangos” that each will be paired up with a “banana” and that they are to tell their partner about the most wonderful day or experience of their lives (their wedding day, a naming ceremony, etc.).
 - f. They will have three minutes to tell their “banana” partner about this experience. Their partner will not talk or ask questions, but will just listen to them. The “mangos” are to talk until the trainer claps **twice**, signaling that the three minutes are up.
 - g. Bring the “bananas” back into the room. Have each “banana” pair up with a “mango.” The “mangos” **talk** for two minutes, to a partner who is **not listening!**
 - h. After 2 minutes, **clap once** (the signal to the “bananas” to start listening). For another minute the “mangos” should continue talking while the “bananas” now actively **listen**.
 - i. After that 1 minute, **clap twice**, so that the “mangos” will stop talking.
 - j. Discuss with the participants:
 - How did the “mangos” feel when their partners were ignoring them?
 - What were the signs that they were not listening?
 - How did it feel for the “bananas” to act like they were not listening?
3. How does this relate to your work as a Peer Supervisor? Explain that active listening is not a natural process. Instead, it requires energy, skills, and commitment. Show the flipchart Dos and Don'ts of Active Listening. Ask for volunteers to read and comment on the statements found there.

Trainer's Note

- ✓ If you can spend more time on this session, do not show the “do’s and don’ts” flipchart. Instead, divide the participants into two groups and ask them to develop a list of dos (Group 1) and a list of don’ts (Group 2) of active listening. Then have each group report the results.
4. Add that re-stating-- saying the same thing in different words to confirm that you have understood correctly-- is one way to listen actively. It allows you and the speaker to know that you have heard correctly and that you care enough to listen both to the words and to the feelings beneath the words. Make a comment (such as, “If CBDs feel that you are listening to them, they will feel comfortable telling you even more things”), and then ask a participant to re-state it in his or her own words.
 5. Transition to “Body Language and Verbal and Non-verbal Encouragement”.

Positive Body Language and Verbal and Nonverbal Encouragement (15 minutes)

1. All of a sudden, tell the participants not to move and to stay “frozen” as they are seated at the moment. Tell them to look around the room without moving and comment on what they see in other people’s positions. Are they leaning forward? Do they look interested? How can you tell? Do they look comfortable?
2. Explain that the way we use our bodies, often without thinking, says a great deal about how we are feeling and what we are thinking. In fact, it says more than our words.
3. Ask the participants how they understand the term “**body language.**”

Trainer's Note

- ✓ Possible answers include facial expression, posture of the body, the position of different parts of the body (arms, legs, eyes), gestures, spacing, and seating.
 - ✓ However, body language means different things in different cultures. In many Western cultures, looking people in the eye and leaning toward them with an open posture (arms and legs uncrossed) indicates attention to what they are saying, but in other cultures such actions are considered impolite.
 - ✓ Also, body language may have a different meaning depending on whether one is in a group or communicating one-on-one and whether one is communicating with an elder.
4. Tell participants that researchers have shown that what we call “body language” says more than our words or our tone of voice as a communication mechanism.

More than half of what people “hear” from us has nothing to do with our words!

5. Show the flipchart on human interaction and ask for a volunteer to read the flipchart.
6. Discuss with the participants three parts of interaction - words, tone of voice, and body language.
7. Show the Body Language flipchart. Ask participants to will tell you whether the body language listed is considered positive or negative in their culture. (If any are considered neither positive nor negative, they are neutral. Acknowledge that if it comes up.)
8. After you have gone through the entire list, ask which of the behaviors favors active listening.
9. Summarize the discussion by reminding participants of the ideas presented on the “Three parts of interaction” flipchart and by emphasizing the importance of positive body language in communication between a supervisor and CBD.
10. Tell the group that supportive supervisors want CBDs to feel free to discuss any issue or problem, so they can work together to find solutions. One way to encourage people to continue speaking is through verbal and nonverbal encouragement.
11. Discuss with the group the meaning of the words “verbal” and “nonverbal”. Then discuss and verbal and nonverbal encouragement.

Trainer’s Note

- ✓ Verbal means “spoken”. “Nonverbal” means without using words.
- ✓ Verbal encouragement is, for example, telling someone they did very well. An example of nonverbal encouragement could be smiling and nodding.
- ✓ Verbal and nonverbal encouragement is using words, phrases, and gestures that show you are paying attention and want the person to keep speaking.

12. Ask participants to give examples of how they can encourage CBDs verbally. Write their responses on flipchart.
13. Ask participants to give examples of how they can encourage CBDs nonverbally.
14. Write their answers on flipchart.

Open-Ended Questions (10 minutes)

1. Tell participants that how we ask questions determines the response we get. It also determines the type of relationship we have with the other person. Say that

the following activity shows the difference between open-ended questions and closed-ended questions.

2. Say that supervisors must know how to ask questions in a way that CBDs are encouraged to provide maximum information.
3. Ask what open-ended questions are.
4. Ask what closed-ended questions are.
5. Ask participants to give 2 or 3 examples of open-ended questions.
6. Now ask participants to give 2 or 3 examples of closed-ended questions.
7. Tell participants you will read several questions. Their job is to change the closed-ended questions into open-ended questions.

Trainer's Note

- ✓ If it will be helpful, you can put the questions on a flipchart so that they can read along. Possible questions include:
 - Do you have any questions?
 - Are there any problems with the drug distribution system?
 - Is CBD morale low because their communities are not helping them?
 - Do you think there should be more supervision visits?
 - Do you have any ideas on how to work better with the PHU?
 - Are you getting enough support?

8. Read the first question. Give them time to think and respond.
9. Provide constructive feedback on their responses.
10. Repeat with more questions until participants seem to understand ways to change closed-ended questions into open-ended questions.
11. Reinforce the message by saying that because the open-ended questions cannot be answered with one word, CBDs are encouraged to explain the situation in more detail. In this way, peer supervisors will have a better understanding and be able to assist more effectively.

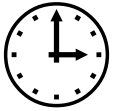
Clarification: Full-Group Discussion (10 minutes)

1. Tell the participants that a supportive supervisor makes every effort to understand what other peer supervisors or CBDs are trying to communicate. Sometimes, the message is vague or contradictory, and the peer supervisor must try to understand it better. One way to improve understanding is clarification.
2. Give a definition of **clarification**.

Trainer's Note

- ✓ **Clarification** is asking questions to better understand what the speaker said. Clarification is similar to re-stating, but its purpose is to ensure understanding rather than to motivate the speaker to continue speaking
3. Show the first sentence on the Clarification flipchart.
 4. Ask participants to ask a clarifying question to better understand the statement.
 5. Repeat with the second statement.
 6. Tell the participants that use of clarification questions shows that you are genuinely interested in what you are being told.
 7. Summarizing, tell the participants that as a supportive supervisor, you will always want to show your colleagues, especially CBDs, that what they are telling you is important to you. You also want to encourage them to give you all of the information you need so that you may be better equipped to help them solve their problems. Clarification helps you do this.
 8. To summarize the entire session and verify learning, ask the objectives as questions. Distribute the handout Building Communication Skills and ask them to read it later.
 9. Thank participants, and transition to the next topic.

*Session 2:
Training CBDs One-on-One*



Session Time:
2 hours

Objectives

By the end of this session, participants will be able to:

- Teach CBDs how to use the ARI Timer correctly
- Teach CBDs how to correctly complete Patient, Drug, and Death Registers

Preparation

- Copy and cut picture puzzles
- Get prizes for the winning pairs

Training Aids and Materials

- Tables (or chairs, or floor space) where participants can assemble paper puzzles.
- Copies of two different puzzles, one set for each pair, in envelopes or folded paper numbered 1 and 2.
- One copy of what each of the puzzles will look like once completed.
- Prizes for the people who finish the puzzle first, but wait until the end of the exercise to announce that those who finished first will get a prize.
- ARI timers (enough for each pair to have 1 to use for teaching. If there are 20 participants, you need 10 timers)

Training Aids and Materials

- Patient and Drug Registers
- Training CBDs One-on-One

Steps

Introduction (10 minutes)

1. Introduce the session by saying its purpose and reviewing the objectives
 - The purpose of this session is to help Peer Supervisors become comfortable and good at teaching CBDs one-on-one.
2. Ask participants if they have ever taught anyone to do anything. Ask for examples.
3. Ask how they felt about teaching another person something.
 - Did they like it? What did they like about it?
 - If they disliked it, what did they dislike about it?
4. Tell them that since one of their roles is to provide on-the-job training to CBDs, in this session, they will have a chance to practice teaching another person.
5. Tell them that to teach CBDs how to improve their skills or use new or updated forms, they need to:
 - Be balanced - have 2-way communication with the CBD, instead of one doing all the talking and the other doing all the listening
 - Be respectful - show that you value and fully accept the CBD
 - Be aware of what the CBD already knows and can do - people often do not like to be told or “taught” what they already know.
 - Help motivate the CBD to learn - get his/her true commitment to learning the new skill
 - Be practical - teach what they really need to know to do their CBD work well
 - Model the skill - demonstrate and explain the new skill; allow CBD to ask questions
 - Watch the CBD practice the skill - encourage the CBD to try it as many times as it takes to become good at it
 - Provide constructive feedback - comment on what you can actually observe, and in a way that is respectful and helpful
 - Be patient - people learn different things at different speeds; if you want the CBD to learn, you have to give him or her the time they need
6. Ask participants if they have anything to add to this list. Summarize and move on to the Puzzle exercise.

Puzzle Exercise (35 minutes)

1. Tell participants they will work in pairs in order to practice teaching one-on-one.
2. Explain that this exercise will help them see one-on-one teaching from the viewpoint of both the teacher and the learner.

3. Divide the participants into pairs. Let them decide who will be the teacher and who will be the learner.
4. Give each pair two different puzzles in two separate envelopes or folders.
5. Ask all of the “teachers” to come to the front table.
6. Let them look at picture #1 (the picture that is cut into a puzzle in envelope/folder #1) for a few minutes
7. Tell them that after they return to their partner, they will help him or her to put the same picture together from small pieces of it. The rules are that:
 - The teacher cannot touch the pieces of the puzzle.
 - The teacher cannot point directly to a specific piece of the puzzle.
 - Instead, the teacher must try to lead the learner by commenting on his or her actions, describing the drawing, and advising the learner about what to do.
 - The learner cannot see the picture of the complete puzzle until time is called.
8. Ask the learners to open envelope/folder #1 and to start putting the picture together.
9. Give them 5 minutes to put the picture together. If someone finishes sooner, stop the exercise.
10. After 5 minutes or someone finishes, show picture #1 to all participants.
11. Ask the partners to switch roles. The learner becomes the teacher, and the teacher becomes the learner.
12. Ask the new teachers to come to the table. Show them the picture from envelope/folder #2.
13. Have the teachers return to their partners and ask him or her to put together the picture from the pieces in envelope/folder #2.
14. After 5 minutes or someone finishes, distribute and explain the handout Thoughts on the Puzzle Exercise and give participants a chance to think about their teaching and learning experience and write about it in the appropriate boxes.
15. Ask the group to share something about their experiences in the two different roles of learner and teacher. Remind them about the list of what teachers should do to be successful. Ask what was missing from the teaching roles during the puzzle exercise? Did the fact that it was missing impact on the process or the results?
16. Ask participants how they think that transfers to their work as Peer Supervisors who need to train CBDs one-on-one to do certain things.
17. Summarize the main learnings from the exercise.
18. Tell participants they will now get to practice with something they will really need to teach CBDs to do correctly.

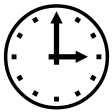
ARI Timer and CBD registers - one-on-one (1 hour and 15 minutes)

1. Tell participants that, this time, they will practice teaching something they will really use—how to use the ARI timer and how to fill the patient register correctly.
2. First, they will work in 4 groups.
 - Two groups will discuss what are good ways to help a CBD learn to use the ARI timer correctly.
 - The other two groups will discuss how to teach CBDs to use a register that recently has been revised.
 - During these discussions, participants should share advice, give examples, and come up with one or more practical ways to help CBDs. They can even try out different strategies if they have time.
3. Remind participants that they have just reviewed how to use the timer and how to complete the registers. They should feel free to use anything from those experiences, but they should not feel limited to those techniques. Maybe they have or can think of a better way.
4. Participants can ask facilitators for any materials they need to teach the skill (timers, registers, flipchart paper, etc.).
5. Tell participants that the 4 groups will have 10 minutes to share advice and suggestions. After the 10 minutes, they will pair with someone from a group who is teaching the other topic.
 - An ARI teacher must pair with a register teacher.
 - The ARI teacher will have 20 minutes to teach the learner how to use the ARI timer correctly.
 - The register teacher will have 15 minutes to teach the learner how to complete the register.
6. The learners should act like CBDs.
 - The CBD learner should act like a CBD who does not use the ARI timer correctly.
 - The register learner should act like a CBD who is seeing the revised register for the first time.
7. Divide participants into 4 groups. Assign Groups 1 and 2 to figure out how to teach about the ARI timer. Groups 3 and 4 will figure out how to teach use of the new register.
8. Start the groups, reminding them they have 10 minutes to share teaching strategies.
9. Alert participants when they have only 2 minutes left.
10. End the group work after 10 minutes.
11. Bring the groups back. To save time, have them work with the same person they worked with on the puzzle. (Alternatively, if you have enough time you can have

them form 2 lines, with Groups 1 and 2 on one side and Groups 3 and 4 on the other side. Each person will work with the person standing directly across from them.)

12. Send the pairs to teach and learn use of the ARI timer. After 20 minutes, ask them to switch so the other person (from Group 3 or 4) can teach the register.
13. After 15 minutes of register teaching, bring everyone back to the full group. Ask a few to describe their experience. Was it any different from the puzzle exercise? Was it similar to real-life teaching or learning experiences?
14. Highlight several of the important things learned, and remind participants of this and anything they had added to the list:
 - Be balanced - have 2-way communication with the CBD, instead of one doing all the talking and the other doing all the listening
 - Be respectful - show that you value and fully accept the CBD
 - Be aware of what the CBD already knows and can do - people often do not like to be told or “taught” what they already know.
 - Help motivate the CBD to learn - get his/her true commitment to learning the new skill
 - Be practical - teach what they really need to know to do their CBD work well
 - Model the skill - demonstrate and explain the new skill; allow CBD to ask questions
 - Watch the CBD practice the skill - encourage the CBD to try it as many times as it takes to become good at it
 - Provide constructive feedback - comment on what you can actually observe, and in a way that is respectful and helpful
 - Be patient - people learn different things at different speeds; if you want the CBD to learn, you have to give him or her the time they need
15. Ask participants what help they think they will need in becoming good one-on-one on-the-job trainers. Make a note of it for future work with the Peer Supervisors.
16. Distribute the handout, Training CBDs One-on-One. Ask participants to, on their own, add to the list anything else that they want to remember from this session.
17. Transition to the next session.

*Session 3:
Relationship Building*



Session Time:

1 hour and 25 minutes (or more, depending on number of small groups)

Objectives

By the end of this session, participants will be able to:

- Develop or improve problem identification skills
- Develop or improve skills for resolving conflicts and improving relationships

Preparation

- Develop one realistic role play scenario of a positive/productive interaction with the PHU, DHMT, community member/leader, or other partner
- Develop one or two realistic role play scenarios of challenging interactions with the PHU, DHMT, community member/leader, or other partner

Training Aids and Materials

- List of discussion questions for second role play, written on a card, one for each small group

Handouts

- Tips for Building Relationships and Resolving Conflict

Steps

Positive Interaction with a Partner (15 minutes)

1. With a participant or a co-facilitator, do a 5-minute role play where the interaction between the Peer Supervisor and partner goes smoothly. They solve a problem together. Ask participants to observe carefully.
2. Process the role play by asking participants:
 - What did you notice about the interaction between the Peer Supervisor and the other person?
 - Do they have a good relationship? How can you tell? (List their responses on flipchart.)
3. Ask if they have any good relationships with partners and whether they are willing to briefly describe them to the entire group.
4. Thank participants for their contributions. Tell them they have just summarized the elements of a positive working relationship. Add to their list as necessary from the following:
 - Mutual respect
 - Being fairly clear about own perspective, needs, goals
 - Having a common goal or objective
 - Acknowledging and at least trying to understand the other's point of view, even if they disagree
 - Wanting the other (or the other program) to succeed - thinking "win-win" instead of "win-lose"

Unsuccessful Interaction with a Partner (25 minutes)

1. Now do a role play where the interaction is tense and unsuccessful. The Peer Supervisor and partner are suspicious of one another, perhaps one disrespects the other, they talk over each other instead of listening and responding, etc. It should not be too exaggerated. Again ask participants to observe closely, and take only 5 minutes for the role play.
2. Process the role play by asking questions such as:
 - What happened this time?
 - How did they behave toward each other?
 - Why were they unsuccessful?
 - What was missing from their interaction?
3. Tell participants that, now that they have shared ideas about the behavior of both people, they will work in small groups. Their task will be to think of ways to make the relationship between the people in the second role play more like that of the people in the first role play.

4. Read the discussion questions:
 - Why might they have behaved this way toward each other? Give some reasons.
 - Whose responsibility was it to find a solution that both could live with?
 - What could the Peer Supervisor have done differently?
 - Who loses if the two do not reach agreement?
 - How can both of them win in this situation?
 - Is there anything else you would want to know about this situation in order to help resolve it?
5. Divide participants into groups of 4 or 5.
6. Ask each group to choose a facilitator to keep the discussion moving, a note taker to record the important points needing to be presented, and a reporter who will report to the full group on the outcomes of the small group's discussion.
7. Groups will have 15 minutes to discuss, take notes, and prepare their presentation.
8. Give groups a two-minute warning when their time is almost up.
9. Bring the full group together after 15 minutes of small group discussion.
10. Ask each group to spend up to 5 minutes presenting their group's answers to the questions.
11. Comment very briefly after each group's presentation, focusing on how the real problem was identified and addressed.
12. Review with participants the following skills for identifying and solving problems with colleagues and partners.
 - Know thyself: Know what you want and consider what you would be willing to give up.
 - Seek to understand: Try to truly understand what the other person wants and why he/she is behaving the way he or she is behaving.
 - Think "win-win". Are there ways both of you can win/benefit? There does not have to be a loser in every argument or disagreement.
13. Ask CBDs how they could use these skills to make their Peer Supervisor lives easier.
14. Ask CBDs what, if any, help they might need in developing these skills?

Role Plays (45 - 60 minutes, depending on the number of small groups)

1. Tell participants that since the best way to develop skills is by practicing them, they will now have a chance to do role plays based on their small groups' solutions and the full group discussion that followed.

2. Have participants return to their small groups, choose role players, and practice a role play where a Peer Supervisor works with the other person to resolve a conflict or difficulty they are having. Group members not acting a role should support the role-players with encouragement, constructive feedback, advice, and asking questions that will make the role play interaction better. Tell them they have 10 minutes (15 minutes?) to prepare and practice the role play. They will then have 5 minutes to do the role play in front of the full group.
3. Assign each group a different scenario. Here are some possible scenarios, but feel free to make your own that are more specific or relevant to your participants:
 - Peer Supervisor wants the PHU in-charge to give him/her access to under-five registers in order to complete the Health Facility Monthly Report
 - PHU refuses to treat the children CBDs in the area are referring
 - One CBD has failed to attend the past three monthly meetings
 - One CBD sees very few children because the community may have lost trust him or her
 - A caregiver refuses to take a very sick child to the PHU
4. Summarize the session by asking for examples of CCM relationships they would like to be better and at least two things they could do to make them better. Tie together their responses if possible. Distribute the handout, Tips for Building Relationships and Resolving Conflict, as a reminder of key points from this session.
5. Link and transition to the next session.

Module 8: Next Steps and Closing

Now that the workshop is ending, you want the CBD Peer Supervisors to return to their areas highly motivated and ready to make a difference. The closing should encourage and inspire them while at the same time reinforce in them a sense of the seriousness of the responsibility they have accepted.

Module Overview

- Session 1: Next Steps (50-60 minutes)
- Session 2: Post-Test (35 minutes)
- Session 3: Workshop Evaluation (30 minutes)
- Session 4: Workshop Summary and Closure (45 minutes)

Key Points to Convey

- Participants have learned a lot in a short time and must begin to use what they learned right away.
- Participants will continue to learn and succeed with help from CCM officers and clinic staff.
- Participants should provide and seek the support necessary to have an effective program that saves children's lives and can prove it.
- The CCM program values and appreciates all Peer Supervisors and the critical role they play in the program

Preparation

- Put a sample Monthly Supervision Calendar for CBD Peer Supervisors on flipchart
- Ensure the necessary forms are attached to the pre/post-workshop questionnaire
- Mark the post-tests and compare pre-test to post-test scores. Identify the most improved and the highest scores. See session overview for instructions.
- Prepare workshop certificates for the participants and have them signed by the appropriate person
- Summarize the workshop evaluations for presentation

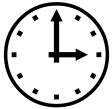
Training Aids and Materials

- A list of the CBDs each Peer Supervisor supervises
- Monthly Supervision Calendar for CBD Peer Supervisors
- Answers to the pre- and post-workshop questionnaire
- Pre- and Post- scores
- Summary of workshop evaluation
- Camera for taking group photograph(s)

Handouts

- From CBD to CBD Peer Supervisor
- Monthly Supervision Calendar for CBD Peer Supervisors
- What to Do When You Get Home
- Pre/Post-Workshop Questionnaire
- Return participants' marked questionnaires to them
- Workshop Evaluation Form
- Workshop certificates
- MOUs

*Session 1:
Next Steps*



Session Time:
50-60 minutes

Objectives

By the end of this session, participants will be able to:

- Create a plan for moving forward as CBDs in their communities.

Preparation

- Update the weekdays on the Monthly Supervision Calendar for CBD Peer Supervisors for the next two months
- Draw sample Monthly Supervision Calendar for CBD Peer Supervisors on flipchart

Training Aids and Materials

- A list of the CBDs each Peer Supervisor supervises

Handouts

- From CBD to CBD Peer Supervisor
- Monthly Supervision Calendar for CBD Peer Supervisors

Steps

From CBD to CBD Supervisor (25-30 minutes)

1. Congratulate participants on what they have learned this week. This should include their role in the CCM program, reporting and data management, supportive supervision, effective communication, one-on-one training skills, and leadership skills. Now they should think about how they will put it into practice.
2. Ask participants to work in 3 groups and discuss how they will implement what they learned during the week.
3. Each group should choose one person to keep the discussion moving, one person to take notes, and one person to use the notes to report on what the group discussed and decided. Groups should consider questions such as:
 - What will change for them?
 - Who needs to know about their new responsibilities?
 - What is the first step they will take? Then what?
 - What help will they need?
4. Let them spend about 10 minutes on this, then call the full group back together.
5. Give each group 3 minutes to present their ideas. As they speak, take notes on the flipchart.
6. After all groups have presented, ask each group what they can learn from the plans and ideas presented by the other two groups.
7. Distribute the handout “From CBD to CBD Peer Supervisor”, explaining that it is meant to add to their ideas but not replace them. Briefly discuss key things on the list that CBDs did not mention in their planning.

Alternatively, have participants work on a case study where a new Peer Supervisor returns home ill-prepared for the new tasks and responsibilities that await. The case study should be realistic, not overly exaggerated.

Case study questions could include:

- What went wrong?
- How could he/she have avoided the problem(s)?
- What can the CCM program do to help now?
- What should the Peer Supervisor do?

Key points to bring out could include:

- The need to plan ahead
- The wisdom (lack thereof) of taking on more responsibility than one can handle
- The pitfalls of creating false expectations among stakeholders
- The need to communicate effectively with CBDs and other stakeholders

- The need to follow through on and update one's work plan

Individual monthly work plans (25-30 minutes)

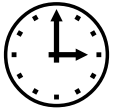
Trainer's Note

- ✓ As an alternative, this practical exercise can be done during before and After the Supervision session or the Supervision Debrief session.

Distribute the Monthly Supervision Calendar for CBD Peer Supervisors. Tell participants that CCM Officers are working with Peer Supervisors to implement monthly planning consistently. This will help the program and Peer Supervisors know what to expect and to set appropriate goals.

1. Using the summarized flipchart version, explain how to fill in the calendar.
2. Refer to the list of CBDs the Peer Supervisors supervise.
3. Ask participants what questions they have about the calendar or planning.
4. Give them 15-20 minutes to complete the calendar for next month. Help as necessary.
5. Once the 15-20 minutes are up, ask if this exercise helped them in any way. Also offer to help anyone who was not able to complete their work plan today (at a later time).
6. Tell participants that the CCM staff understand that the CBDs and clients are not the only ones with needs. Ask participants what kinds of support they need from CCM Officers, the PHU, and others in order to be outstanding Peer Supervisors.
7. Transition to the next session.

*Session 2:
Post-Test*



Session Time:
35 minutes

Objectives

By the end of this session, participants will have:

- An indication of how much they learned during the training and what areas they might need to work on.

Preparation

- Ensure the necessary forms are attached to the pre/post-workshop questionnaire

Training Aids and Materials

- Answer Key for Pre/Post Workshop Questionnaire

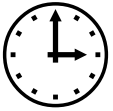
Handouts

- Pre/Post-Workshop Questionnaire

Steps

1. Point out to participants that they have learned a lot in a very short time. Ask them if they feel satisfied with what they learned. Tell them that, as promised, they will now have the opportunity to answer the same questions they answered at the beginning of the workshop. Encourage them to answer the questions as best they can, using what they have learned.
2. Distribute the test. Ask participants to write their names at the top of each page. Review the questions in Krio or the local language if necessary.
3. Tell participants they have exactly 30 minutes to complete the questionnaire. Tell them when that half-hour starts. Collect the questionnaires after 30 minutes.

Session 3: Workshop Evaluation



Session Time:
30 minutes

Objectives

By the end of this session:

- Participants will have expressed their views on the training workshop.

Preparation

- Mark the post-tests and compare pre-test to post-test scores. Identify the most improved and the highest scores. Here's how to calculate the percentage change:
- Step 1: Take the old value and subtract it from the new value, then divide by the old value.
- Step 2: Multiply by 100. That number represents the percent change.
- Here's an example:
 - The local school had 16 teachers in 2008. The next year, there were 12. What is the percent change from 2008 to 2009?
 - Take 16 and subtract 12. That's 4. Then divide 4 by 16. That's .25. Now multiply by 100 and you get 25. That's the percent change. The number of teachers at local school went down 25 percent from 2008 to 2009.

Adapted from: http://www.ehow.com/how_2165137_calculate-percent-change.html#ixzz0woA18gub

Training Aids and Materials

- Pre- and Post-test scores

Handouts

- Return participants' marked tests to them
- Workshop Evaluation Form

Steps

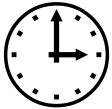
Pre- vs. Post- (10-15 minutes)

1. Congratulate participants and comment on the post-test as appropriate.
2. Explain that the scores are one indication of what participants learned and that how they perform their duties is another.
3. Comment on facilitators' perceptions of the progress made, what might need more attention, and how that attention will be given.
4. Return pre- and post-tests to participants so they can see how they did. Encourage and challenge them.
5. Since the same test will be used over and over, consider collecting them from participants after giving them the chance to look at them and ask questions.

Workshop Evaluation (15-20 minutes)

1. Ask participants to complete a workshop evaluation form. Tell them what they write will help improve the training in the future. Assist non-literate and semi-literate participants to complete theirs.
2. Collect the evaluation forms before moving to the next session. Review, in order to share some participant feedback during the closing session.

*Session 4:
Workshop Summary and Closure*



Session Time:
45 minutes

Objectives

By the end of this session, participants will be able to:

- Leave the workshop feeling a sense of accomplishment and a sense of community with the other participants and facilitators.

Preparation

- Invite the DHMT to send a representative to participate in the workshop closure.
- Summarize workshop evaluations for presentation.

Training Aids and Materials

- Summary of workshop evaluation
- Camera for taking group photograph(s)

Handouts

- Workshop certificates
- MOUs

Steps

Closing Exercise: One Thing I Will Do (20-25 minutes)

The purpose of this exercise is to help participants name a specific action they will take as a result of what they have learned during the training. This should be fairly easy since they will have just completed their work plans and spent time discussing next steps. This exercise helps bring closure to the training course, as well as helps participants think about how they will apply what they have learned during the training course.

1. Start out by asking participants to take a minute to reflect on the training.
2. Ask participants to form a circle.
3. Ask each participant to say **one** thing they will do as a result of the training.
4. The trainer should start. Begin with the statement, “One thing I will do...”
5. Continue around the circle until everyone has shared.
6. Thank participants.

MOU Signing (5 minutes)

Ask participants to sign and return their MOUs if they now agree to be CBD Peer Supervisors. Thank them for their commitment.

Closing Remarks and Giving of Certificates (20 minutes)

1. The workshop organizer should give a brief summary of what participants learned during the week and the evaluation feedback. Thank them for their active participation and congratulate them on their progress.
2. Express the hope and expectation that they will start to use what they learned immediately, as they mentioned in the “One Thing I’ll Do” closing exercise. Also thank the facilitators for their hard work and dedication.
3. Hand out certificates.
4. If possible, take a group photograph and, during visits by CCM Officers, give each participant a copy. This should help foster a team spirit.

Participants may want to give a vote of thanks.