



Adult Learning & Supervision Skills Basics Train-the-Trainer

**Participant Workbook
for ICCM Trainers**

**South Sudan
September 2013**

Table of Contents

About the Trainer	5
ADULT TRAINING AND FACILITATION BASICS	7
Something About You	8
TOT Learning Objectives.....	9
TOT Agenda.....	10
Adults Learn Best When.....	12
Training Needs Assessment.....	13
Teaching vs. Adult Learning Facilitator	14
Average Adult Attention Span?	15
90-20-8 Rule	15
My Bonnie	16
We Remember	17
Techniques to Enhance Learning with Literacy Limited Audience	18
SIX Concepts of Memory.....	19
Rule of Six.....	20
Participatory Instructional Methods.....	21
Facilitator Checklist & ICCM Trainer Competencies	23
The Trainer I Want to Be.....	24
ICCM Trainer Roles and Responsibilities.....	25
SUPERVISION SKILLS BASICS	27
Supervisor Self-Assessment	28
What is Support Supervision?.....	29
Supervision: Agree or Disagree	30
Goals of Support Supervision	31
Active Listening	32
Steps to Problem Solving.....	33
CDD Competency Checklist.....	34
Giving Feedback During Support Supervision Visits	39
Performance Feedback Sandwich.....	40
Case Scenario Role Plays	41
PLANNING ICCM TRAINING AND CDD SUPPORT SUPERVISION VISITS	45
Planning a Training.....	46
ICCM Training Report Template	47

CDD Supervisors.....	49
CDD Supervisor Responsibilities	50
Qualities of CDD Supervisors	50
CDD Supervisor Competency Checklist.....	51
Planning a Support Supervision Visit.....	53
Steps to Conducting a CDD Supervision Visit.....	54
Reviewing the CDD Register.....	55
Reporting CDD Supervision Visits	56
TOT Evaluation Form.....	57

About the Trainer

Maddy Marasciulo-Rice is a master trainer and certified HIV clinical nurse specialist with over 20 years experience designing, developing and facilitating health training curricula programs. She has provided training for international NGOs, pharmaceutical companies, clinical organizations, and academic institutions. As a Chief Learning Officer for several organizations, she was responsible for successfully establishing performance-based competencies and training managers to exceed organizational performance goals.

Maddy has developed multiple award-winning curricula in disease prevention and health promotion and has trained over 1000 health professionals in technical content and adult learning techniques. Maddy is also a certified instructor of Myers Briggs and the Highlands Program.

Maddy has a bachelor's degree in nursing from Georgetown University, an MA in Art from Japan, and four years graduate work in adult learning and health behaviour change from the University of North Carolina, Chapel Hill.

Maddy is currently the Case Management Specialist for Communicable Diseases in the Africa Regional Office at Malaria Consortium.

Part One: Adult Training and Facilitation Basics

Something About You

Write on the card:

1. The name your friends call you.
2. Your profession or title.
3. The animal that best describes your personality.
4. What you enjoy doing most on the weekend.
5. Something **unique** about you (a special talent or something unusual you have experienced).



TOT Learning Objectives

At the completion of the ICCM TOT, Project Officers and Field Officers in South Sudan will have:

- Demonstrated technical knowledge of the ICCM process, CDD Tools, ICCM medications and materials.
- Correctly demonstrated how to teach CDDs how to assess, classify, refer, and treat sick children under five.
- Practiced delivering ICCM training using the ICCM Facilitator Manual.
- Correctly used the ICCM and CCD materials during training.
- Recognized their role and responsibilities as ICCM Trainers.
- Recognized what is required to assess the learning needs and expectations of CDDs.
- Applied adult learning principles for low literacy adults when training ICCM.
- Practice variety of instructional methods.
- Applied a variety of pictorial and kinaesthetic review and practice methods to improve memory and retention.
- Applied three essential facilitation skills to increase audience participation and questioning when delivering trainings.
- Practiced the key principles of active listening to resolve problems
- Practiced the key principles of giving constructive feedback to improve performance.
- Know how to use the *CDD Competency Checklist* during a support supervision visit to observe CDDs performance.
- Understood what is required to plan, conduct and evaluate ICCM Training and Support Supervision visits.

TOT Agenda

Pre-TOT

- Read the entire ICCM Facilitator Manual
- Review all of the CDD Tools
- Read the additional technical content on ICCM and Adult Learning
- Complete the ICCM Test

DAY 1 (Monday)

Session 1—Introduction to TOT

- Welcome and introductions
- Icebreaker
- Expectations for TOT
- Review TOT Learning Objectives and Agenda
- Ground Rules

Session 2—Adult Learning and Facilitation Skills Basics

- Adult Learning and Facilitation skills
- Keeping CDDs Engaged
- Techniques for Improving Memory and Retention
- Participatory Instructional Methods

DAY 2 (Tuesday)

Session 3—Introduction to ICCM Training

- Review ICCM Process
- ICCM Trainer Roles and Responsibilities
- Review of ICCM Trainer Manual
- Review CDD Tools, ICCM Medications and Materials

Session 4—Preparation for Training Practice

- Preparation for Training Practice
- ICCM Trainer Competencies and Performance Appraisal

Session 5—Practice of Modules 1 and 2

- ICCM Trainer Demonstration Practice
- Trainer Competency Feedback

DAY 3 (Wednesday)

Session 6—Practice of Modules 3, 4 and 5

- ICCM Trainer Demonstration Practice
- Trainer Competency Feedback

DAY 4 (Thursday)

Session 7—Practice of Module 6

- ICCM Trainer Demonstration Practice
- Trainer Competency Feedback

Session 8—Supervision Skills Basics

- Supervisor Self-Assessment
- What is Support Supervision
- Active Listening and Problem Solving
- CDD Competency Checklist
- Giving Feedback

DAY 5 (Friday)

Session 9—Planning CDD Support Supervision Visits

- Planning a Training
- ICCM Training Report Template
- Facilitator Checklist
- CDD Supervisor Competencies and Responsibilities
- CDD Supervisor Competency Checklist
- Planning a Supervision Visit
- 20 Steps to Conducting a Support Supervision Visit
- Reviewing the CDD Register
- Reporting CDD Supervision Visits
- ToT Evaluation and Certificates

Post-TOT

- Co-train ICCM with experienced trainer
- Use ICCM Trainer Competencies to observe ICCM Trainer Performance while training CDDs
- Complete ICCM Training Report

Adults Learn Best When

Check the statements you think are TRUE.

Then discuss with others in your group, what you can do as trainers apply the ones you think are true.

- Adults learn best when they can **contribute what they know** and share their knowledge and experiences with others in the training room.
- Adults learn best when they know **how the training will help them** be better at a skill or their job.
- Adults learn best when the training material is **relevant** to something in their life or work.
- Adults learn best when they know **how the training will help them** be better at a skill or their job.
- Adults learn best when they can **see, hear and do**.
- Adults learn best when the new information they learn is **tied to something they already know**.
- Adults learn best when you **repeat** key learning messages.
- Adults prefer **learning to be active** rather than passively sitting and listening to the trainer.
- Adults learn best when the trainer is engaging and can keep their **interest and attention**.
- Adults learn best when they feel **valued and recognized** for their contributions.
- Adults learn best when they can **participate** in the training.
- Adults learn best when they **can apply what they learn** as soon as possible.

Teaching vs. Adult Learning Facilitator¹

	Teaching	Facilitating
All about the...	Presenter or Teacher Assumes the audience is ignorant about the topic	Participant Draws upon participants life experiences
Focuses on	Presenter centred Presenter is an expert Presenter does not like to be challenged, Fears making a mistake	Participant centred Trainer is a facilitator Trainer comfortable taking risks and going with the flow
Topic and agenda determined by	Presenter Important to presenter	Participant Relevant to goals, work, life of participant
Purpose	Provide information Fact based	Provide Information Learn new skills Change behaviour
Outcome	Information acquired Rote learning May be boring Attention span 8-10 minutes Retention <10 days	Information acquired and applied Skills learned Long term retention >30 days Behaviour change Fun and interactive Increased attention span
Methodologies	Tell Lecture Presentation Power Point Spoon fed answers Questions saved until the end	Ask and show Demonstrate and discuss Interactive Group Activities Workshops Problem solving Skills practice Role play Flipchart Questions addressed throughout Provide variety
Senses used	Hear and see Auditory and visual	Hear, see, and DO Hands-on Auditory and visual, kinaesthetic, smell, taste
Audience activity	Passive	Involved Participatory Active
Time required	Fixed by presenter	Proportional to the size of participant group Requires orchestration Energy spent up front with careful preparation

¹ Maddy Marasciulo. Bob Pike's Creative Training Techniques. Vol. 15, No. 4. April, 2002.

Average Adult Attention Span?²

Over 39 _____ minutes

Under 39 _____ minutes

Low literacy _____ minutes

90-20-8 Rule

Session not longer than _____ minutes

Change pace every _____ minutes

Get people involved every _____ minutes



² Creative Training Techniques

My Bonnie

♪ My **B**onnie Lies Over the Ocean ♪

My **B**onnie lies over the ocean . . .

My **B**onnie lies over the sea . . .

My **B**onnie lies over the ocean . . .

Please **b**ring **b**ack my **B**onnie to me!

Oh, **b**ring **b**ack, **b**ring back,

Bring **b**ack my **B**onnie to me, to me!

Oh, **b**ring **b**ack, **b**ring back,

Please **b**ring **b**ack my **B**onnie to me!



Techniques to Enhance Learning with Literacy Limited Audience

Making bread



<p>Reading Only</p>	<p>Hearing Only</p>
<p>Seeing Only</p>	<p>Doing only</p>

What training techniques can you use to help individuals with low literacy to learn key material?

SIX Concepts of Memory⁴



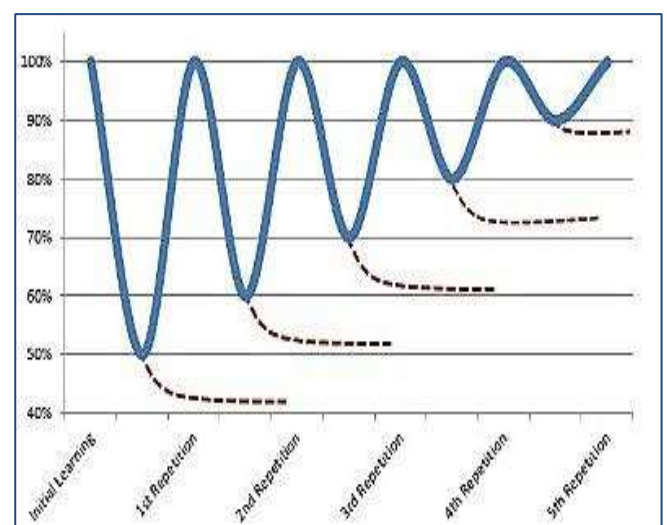
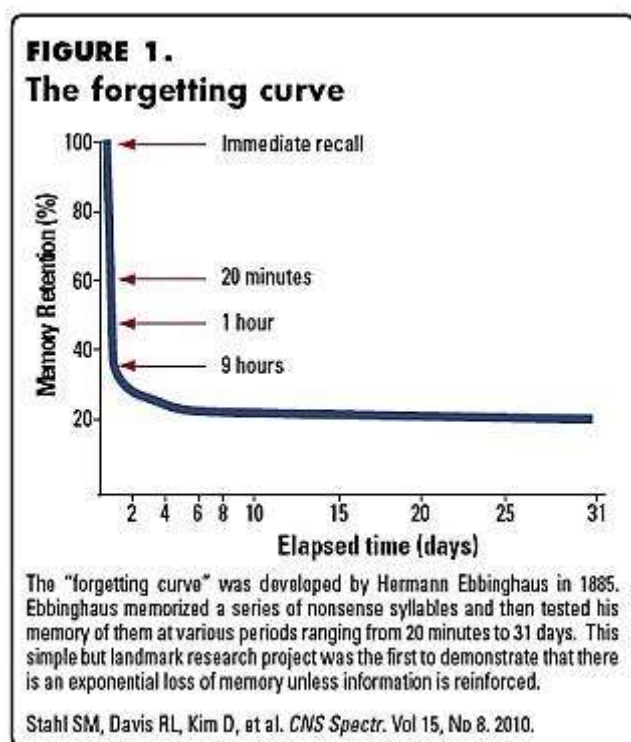
⁴ Bob Pike Creative Training Techniques

Rule of Six

People remember best after they have heard it _____ different times or in _____ similar ways.

Albert Mehrabian's research that showed when someone is exposed to an idea _____, at the end of _____ days they will retain _____% of it.

However, if exposed to the idea _____ times with interval reinforcement, at the end of _____ days will retain _____%.



Participatory Instructional Methods

Small Group Discussions

A small group discussion is an activity that allows participants to share their experiences and ideas to solve a problem. There are usually 2 to 8 people in a small group.

- **What are some advantages of using this instructional method?**
- **What are some disadvantages to this using this method?**
- **What are ways you can you break participants into small groups?**

Demonstration and Practice

A demonstration is a method for showing precisely how to do a skill, task or process. The trainer or a skilled participant shows other participants how to correctly do the skill and then allows participants to practice.

- **What are some advantages of using this instructional method?**
- **What do you need to prepare for a demonstration?**
- **Describe the process a trainer should follow when giving instructions and doing a demonstration.**

Role Plays

Role-playing allows learners to act out situations that they might encounter in real life. Participants can be spontaneous since they act freely rather than from a script.

- **What are some advantages of using this instructional method?**

- **What should you consider before using this method?**

- **What should you always do after a role play?**

Case Scenarios

A case study is a written description of a hypothetical situation that allows participants to solve a problem together. It is analyzed and discussed, and participants are often asked to arrive at the correct answer or plan of action to solve a problem.

- **What are some advantages of using this instructional method?**

- **What should you consider before using this method?**

- **Describe the process a trainer should follow when describing a case scenario and asking the audience to resolve it.**

Facilitator Checklist⁵ & ICCM Trainer Competencies

- Assessed training needs of participants.
- Made information relevant to participants.
- The trainer actively involved the participants.
- Participants were given an opportunity to discuss information.
- The trainer used questions to promote discussion.
- Participants were encouraged to ask questions.
- The trainer used paraphrasing and summarizing to get his/her point across.
- Adequate and clear directions were provided in each exercise.
- The trainer is enthusiastic and captivated your attention.
- The trainer used good eye contact.
- The trainer encouraged small group participation.
- The trainer used a variety of positive reinforcement.
- The trainer used movement and gestures.
- The trainer employed effective brain breaks.
- The trainer had appropriate selection of visual aids.
- The trainer accommodated for different types of learning styles.
- The trainer used a variety of instructional methods and media.
- The trainer sensed the group's mood and change methods or adjust the program as needed.
- The training materials allowed white space for writing.

⁵ © Copyright 2005, LINKS Consulting. You may duplicate if you include this line of copy.

- You learned something you can use and had fun doing it.

The Trainer I Want to Be

Name:

My major “Ah-Ha’s!!!” from this workshop were:

Questions I still have about the ICCM training:

I plan to apply the following when I train the ICCM Training:



ICCM Trainer Roles and Responsibilities

- Plan the ICCM training in the various identified communities.
- Deliver ICCM training using the *ICCM Facilitator Manual*.
- Apply a variety of effective participatory training techniques to enhance retention and application of the ICCM training content.
- Train CDD Supervisors to conduct Support Supervision visits.
- Use the *ICCM Competency Checklist* to determine whether CDDs can be certified to implement ICCM after completing training.
- Evaluate the impact and effectiveness of ICCM training.
- Give CDDs and CDD Supervisors constructive feedback to improve their performance.
- Provide regular support supervision and technical mentoring to CDD Supervisors and CDDs to ensure the quality of the ICCM Programme.
- Provide regular support supervision and technical mentoring to CDD Supervisors and CDDs to ensure the quality of the ICCM Programme.
- Plan, conduct and evaluate CDD support supervision visits.
- Use the *CDD Competency Checklist* during a support supervision visit to observe CDDs performance.
- Give CDD Supervisors and CDDs constructive feedback to improve their performance.
- Review and discuss the *CDD Recording Form* with the CDD and compare it to the inventory of drugs and supplies.
- Use active listening skills to help CDD resolve problems.
- Train CDD Supervisors how to plan, conduct and evaluate support supervision visits.

Part Two: Supervision Skills Basics

Supervisor Self-Assessment

Please read the 12 statements listed below. Put an “X” next to the statements you know how to do.

	1. I can explain the purpose and goals of support supervision.
	2. I can describe the knowledge, skills, and attitude needed to be an effective supervisor.
	3. I can explain the difference between supervision and supportive supervision
	4. I can list the steps in the support supervision process.
	5. I know what to observe for during a support supervision visit.
	6. I know how to give CDDs feedback on my observations.
	7. I know how to problem solve through dialogue.
	8. I know what the responsibilities of CDD Supervisor are.
	9. I know what to do to prepare for a support supervision visit.
	10. I am confident in my ability to use the <i>CDD Competency Checklist</i> during a support supervision visit.
	11. I know how to review the <i>CDD Recording Form</i> and how to compare it to the drug and supply stocks.
	12. I know what to include in a <i>Support Supervision Report</i> .

What is Support Supervision?

1. Share your **positive experiences** with supervision.
2. Share your **negative experiences** with supervision.
3. What does it mean to be **supportive**?
4. What should the **relationship** be between a supervisor and the person they supervise?
5. What is the **purpose** of a CDD support supervision visit?

Supervision: Agree or Disagree

Review each of the following statements and check whether you agree or disagree.

Agree	Disagree	
		1. Support supervision should ensure CDDs are active and functioning effectively in their role.
		2. Supervisors should reward CDD good practices and positive behaviours with praise and recognition.
		3. Supervisors should help solve bad practices and negative behaviours.
		4. Support supervision should assess CDD competencies and empower CDDs to continually improve.
		5. Supervisors should train and mentor CDDs on ICCM skills they need to improve.
		6. Support supervision should motivate others to perform better.
		7. Support supervision should reinforce the skills of CDDs for giving appropriate treatment and referral.
		8. Support supervision should give recognition to well performing CDDs.
		9. Support supervision should build linkages between CDDs and the community.
		10. Support supervision should ensure that CDDs stick to their expected roles.
		11. Support supervision should reinforce the information learned during training, and provide new information.

Goals of Support Supervision

The purpose is to support the CDDs to perform their work properly; not to look for faults.

It involves empowering CDDs to monitor and improve their own performance and to strengthen their knowledge and skills. Support supervision can be done individually with one CDD, or in a group with several CDDs.

Support supervision aims to:

- Identify and resolve problems.
- Endorse a set of uniform standards.
- Allocate needed resources for CDDs to their job.
- Ensure CDDs are active and functioning effectively in their role.
- Assess CDD competencies and empower CDDs to continually improve.
- Train, coach and mentor CDDs on ICCM skills.
- Reinforce the skills of CDDs for giving appropriate treatment and referral.
- Review the *CDD Recording Form* and ensure CDDs keep good records.
- Ensure CDDs have consistent supply of medicines and that CDDs store the medicines properly.
- Assess the medication stock accountability.
- Assist CDDs to find solutions to problems they encounter implementing ICCM in their communities.
- Build linkages between CDDs and the community, the PHCU/C and OTP sites.
- Ensure that CDDs stick to their expected roles and do not involve in malpractices.

Active Listening

1. How do you know when somebody is listening to you?
2. Why is it important for a VHT Supervisors to be a good communicator?
3. Why is active listening important when talking to CDDs?

Steps to Problem Solving

Problem solving involves both the CDD Supervisor and the CDD working together to jointly:

- Discuss challenges and **identify problems**.
- **Analyse and prioritize** problems to determine the underlying causes.
- Identify **realistic solutions** to the problems.
- **Develop a plan** to fix the problem.
 - Who will do what?
 - By when?
 - Agree to the plan

CDD Competency Checklist

This *CDD Competency Checklist* is used by the ICCM Facilitators during the Clinical Session to observe the CDD skills at the end of ICCM training. For this purpose, it will be used to assess the CDDs ability to perform the various skills needed to be competent at ICCM.

CDDs should demonstrate a satisfactory or “OK” level in all skill areas in order to get a *Certificate of Competence* at the end of ICCM training. An “OK” level means the CDD is able to partially demonstrate the skill and with additional practice and mentoring should be able to demonstrate the skill thoroughly.

The *CDD Competency Checklist* will also be used by the ICCM Facilitators and CDD Supervisors during support supervision visits. For this purpose, it will be used to assess how well CDDs apply the skills they learned in training and how much they improve with practice.

The *ICCM Competency Checklist* is organized by the following skills: Communication, Assessment, Classification and Referral, Treatment and Advice to Caregiver, Follow-Up, Record Keeping and Supplies.

Instructions:

1. During the clinical session or support supervision visit, **observe** the CDD performing the competency skills.
2. If the CDD does not have the opportunity to perform the skill, you can **ask the CDD to show you** the skill by giving a case scenario. i.e. “Show me how you would assess a child with fever.”
3. Write the **CDDs name** and **date** of the assessment at the **top of each page**.
4. Put a **mark** under the coloured box for skill level the CDD achieved:
 - Green = Very Good**—CDD can do the skill very well.
 - Yellow = OK**—CDD can do the skill satisfactorily.
 - Red = NOT Good**—CDD can NOT do the skill.
 - Grey = Not Seen**—There was no opportunity to demonstrate the skill.
5. Count the number of marks at the end of each page.
6. CDDs with 10 or more marks “Not Good” will NOT be able to receive a *Certificate of Competency* at the end of training. These CDDs will be given a *Certificate of Attendance* and given remedial training at a later date.

SKILL	Very Good	OK	NOT Good	Not Seen
		X		
		X		
	X			
			X	
TOTAL	1	2	1	

COMMUNICATION	Very Good	OK	NOT Good	Not Seen
1. Greets and welcomes the caregiver politely.				
2. Actively listens to the caregiver and summarizes to verify understanding.				
3. Asks the caregiver questions to get more information about symptoms.				
4. Asks the caregiver permission to examine the child.				
5. Checks the caregiver's understanding of instructions.				
TOTAL				
ASSESSMENT OF SICK CHILD	Very Good	OK	NOT Good	Not Seen
1. Uses the CDD Job Aid .				
2. Asks the child's age .				
3. Asks what the child's problem is.				
4. Asks the caregiver how long the child has had the symptoms.				
5. Asks the caregiver about ALL 6 Danger Signs^{6*} : <ul style="list-style-type: none"> • Convulsions • Abnormally sleepy • Chest in-drawing • Not able to drink or breastfeed • Vomiting everything • Neck Stiffness 				
6. Looks for signs of ALL 6 Danger Signs .				
7. Asks the caregiver about fever .				
8. Looks and feels for signs of fever by touching the child's upper neck or upper chest.				
9. Asks the caregiver about difficulty breathing AND fast breathing AND cough .				
10. Uses the respiratory timer and correct size respiratory beads to measure for fast breathing and repeats measurement to get the best out of 3 measurements.				
11. Asks the caregiver about diarrhoea and blood in the stool .				
12. Looks for signs of dehydration and correctly uses the skin pinch test .				
13. Correctly measures the child's left upper arm using the MUAC strip to check for SAM .				
14. Applies pressure to top of both feet to look for pitting oedema.				
TOTAL				
CLASSIFICATION and REFERRAL	Very Good	OK	NOT Good	Not Seen

⁶ A CDD who is not able to ask and look for danger signs should not be awarded a Certificate of Competence at the end of ICCM Training.

1. Gives caregiver correct advice about: <ul style="list-style-type: none"> What could be wrong with the child Need for referral 				
2. Classifies a child with at least 1 danger sign as danger sign AND gives caregiver red referral triangle AND refers to PHCU/C.				
3. Classifies a child with fever 7 days or more as severe malaria AND gives caregiver yellow referral triangle AND refers to PHCU/C.				
4. Classifies a child with diarrhoea 14 days or more or diarrhoea with blood in the stool as severe diarrhoea AND gives caregiver yellow referral triangle AND refers to PHCU/C.				
5. Classifies a child with red MUAC strip reading as SAM AND gives caregiver malnutrition referral triangle AND refers to OTP site.				
6. Classifies a child with pitting oedema in both feet as SAM AND gives caregiver malnutrition referral triangle AND refers to OTP site .				
7. Refers to the PHCU/C: <ul style="list-style-type: none"> Children under 2 months of age Children over 5 years of age Adult patients Illness not known 				
8. Gives the caregiver correct referral instructions and directions to the PHCU/C or OTP site .				
9. Classifies a child with cough of more than 21 days as other disease and gives caregiver AND refers to PHCU/C.				
10. Classifies a child with fever of less than 7 days as uncomplicated malaria that can be treated at home.				
11. Classifies a child with fast breathing and cough as pneumonia that can be treated at home.				
12. Classifies a child with diarrhoea of less than 14 days with no blood in stool as diarrhoea that can be treated at home.				
TOTAL				
TREATMENT and ADVICE	Very Good	OK	NOT Good	Not Seen
1. Uses the CDD Job Aid to explain to the caregiver why, how and when to give the child's treatment.				
2. Gives caregiver the correct treatment instructions and gives caregiver correct treatment handout .				
3. Gives the first dose of all drugs with the caregiver.				
4. Selects the correct box of AS +AQ for child with fever : <ul style="list-style-type: none"> 2 to 11 months: 1 tablet from PINK box once a day for 3 days. 1 to 5 years: 1 tablet from PURPLE box once a day for 3 days. 				
5. Selects the correct box of amoxicillin for the child with chest in-drawing or for fast breathing and cough : <ul style="list-style-type: none"> 2 to 11 months: 2 tablets from PINK box 2 times a day for 5 days 1 to 5 years: 3 tablets from GREEN box 2 times a day for 5 days 				
6. Mixes the first packet of ORS and teaches caregiver how to make ORS solution for the child with severe or moderate diarrhoea : <ul style="list-style-type: none"> Gives caregiver advice to continue giving the ORS on the way 				

<p>to the PHCU/C for child with severe diarrhoea.</p> <ul style="list-style-type: none"> Gives caregiver 2 remaining ORS packets and advises the caregiver to mix a fresh solution each day and give child frequent sips each day until each solution is finished. 				
<p>7. Selects the correct dose of zinc tablet for child with severe or moderate diarrhoea based on the child's age:</p> <ul style="list-style-type: none"> 2 to 6 months: ½ tablet once a day for 10 days 7 months to 5 years: 1 tablet once a day for 10 days 				
<p>8. Selects the correct dose of AS + AQ and amoxicillin for a child with SAM based on the child's age.</p> <ul style="list-style-type: none"> 2 to 11 months: 1 tablet from PINK box once a day for 3 days 1 to 5 years: 1 tablet from PURPLE box once a day for 3 days 2 to 11 months: 2 tablets from PINK box 2 times a day for 5 days 1 to 5 years: 3 tablets from GREEN box 2 times a day for 5 days 				
<p>9. Advices caregiver NEVER to give ORS or zinc tablets to the child with SAM.</p>				
<p>10. Gives caregiver advice to take the child to the PHCU/C if the child:</p> <ul style="list-style-type: none"> Gets sicker Develops a danger sign Not improved in 2 days 				
<p>11. Gives caregiver at least 1 health advice and prevention message:</p> <ul style="list-style-type: none"> Sleep under a LLIN mosquito net from time sun goes down until sun comes up. Early treatment for malaria, pneumonia and diarrhoea can prevent death in children. It is important to recognize childhood illnesses and treat them as soon as possible. Use safe water for drinking and food preparation. Use pit latrine or dispose of faeces properly. Feed your child only breast milk for the first 6 months of life. Breastfeed children for the first 2 years or more. Feed children often with a variety of nutritious foods. Take your children for immunization according to the national vaccination schedule. Always wash hands with soap and water or ash: <ul style="list-style-type: none"> after using the toilet or latrine or disposing of faeces before preparing food; before eating or feeding children 				
FOLLOW-UP	Very Good	OK	NOT Good	Not Seen
<p>1. Follows-up with the caregiver in 3 days to see if the child is better.</p>				
<p>2. Uses the CDD Job Aid to communicate the appropriate health messages for the recent illness.</p>				
TOTAL				

RECORD KEEPING and SUPPLIES	Very Good	OK	NOT Good	Not Seen
1. Completes the CDD Recording Form during every sick child visit—after giving child first dose of drug.				
2. Correctly marks the following on the CDD Recording Form : <ul style="list-style-type: none"> • Child's name or thumb print • Male or Female • Child's age • Classification of illness • If child referred • Treatment(s) given 				
3. Stores drugs and supplies indoors in a dry place and away from insects and animals.				
4. Keeps drugs away from children .				
5. Keeps track of drugs and supplies : <ul style="list-style-type: none"> • Requests new supplies when the minimum quantity is reached. • All drugs are accounted for when compared to CDD Recording Form. 				
TOTAL				

Giving Feedback During Support Supervision Visits

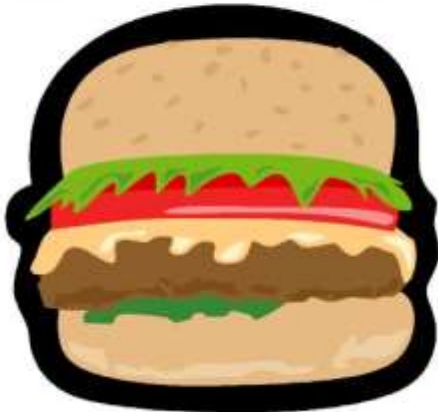
Giving feedback is the opportunity to tell individual CDDs what they have done well and what needs improvement. Some things to remember when giving feedback:

- Ensure the discussion is between the individual CDD and the supervisor. Avoid giving CDDs feedback with other CDDs present.
- Begin by asking the CDD what they think they are doing well.
- Ask the CDD what areas he/she is having difficulty with or questions.
- Give the CDD feedback on what you observed he/she did well.
- Use the *CDD Competency Checklist* to discuss areas that need improvement and why.
- Limit the feedback on what can be improved to 1 or 2 important areas.
- Comment only on behaviours you observe (see and hear).
- Be honest, but also be sensitive to behaviours which can be changed and which ones cannot.
- Be specific and use examples. i.e. “When you greeted the caregiver you did not ask about the child’s age. Why is it always important to ask the child’s age?”
- Ask the CDD if they agree with your feedback and discuss possible solutions for improvement. i.e. “How will you remember to always ask the child’s age?”
- Provide additional training or information if needed.
- Agree to the importance of improving the skill.
- Give the CDD encouragement and state that you will be looking for improvement in that skill during the next visit.
- End the feedback session by thanking the CDD for their hard work and summarize what the CDD is doing well.

Performance Feedback Sandwich

STATE POSITIVES:

- State what is the CDD doing well?
- Be specific and use examples.



DESCRIBE the PERFORMANCE ISSUE:

- State what the CDD is NOT doing well?
- Explain which competencies are not being performed to standards?
- Give examples of observed behaviours.
- Explain why this why is it a problem.

PROBLEM SOLVE THROUGH DIALOGUE:

- Determine cause of poor performance: knowledge, skill or attitude.
- Ask the CDD what they could do differently or how to do it better?
- Determine what support is needed to improve performance.
- Train, mentor, support.

Case Scenario Role Plays

Practice active listening skills, giving feedback and solving problems through dialogue.

Scenario 1

Emma is a new CDD. This is her first support supervision visit. She shares with you that she is not confident using the respiratory timer and respiratory beads during the assessment of fast breathing and pneumonia. She tells you she just refers all patients she thinks have fast breathing. You ask her to demonstrate how she is assessing for fast breathing and you notice she keeps looking at the timer.

When you check the *CDD Recording Form* you notice she has seen the following 3 patients:

- 3 month old with fever
- 2 year old with diarrhoea
- 3 year old with SAM

When you check the inventory of medicines you notice the following medicines are missing:

- AS+AQ pink box for 2-11 months
- AS+AQ purple box for 1-5 years
- 3 packets of ORS
- 1 box of Zinc

When you ask Emma if she has encountered any problems she says that she does not like it when caregivers wake her at night because it disturbs her family.

1. How do you coach Emma to do a respiratory assessment?
2. How do you give Emma positive feedback for what she did well and encourage her to continue to improve?
3. Has Emma given the correct medicines?
4. How will you help Emma resolve her problem?

Scenario 2

Charles is an experienced CDD. He has been a CDD in his community since 2010 implementing case management for malaria. He has just completed the ICCM training and this is his first support supervision visit.

When you ask Charles how he is doing with ICCM, he explains that his community still does not know that he can offer more than malaria medicine.

During your visit a caregiver with her 3 years old son comes to see the CDD. The caregiver states her son has had diarrhoea for many days. You observe Charles assessment of the sick child.

Charles does an excellent job assessing the child for danger signs, fever, diarrhoea and SAM and asking the caregiver questions using active listening skills. Charles gives the caregiver the correct treatment instructions for diarrhoea and teaches her how to make ORS solution using safe water.

During your feedback session you share with Charles that he forgot to assess the child fast breathing. Charles becomes defensive and explains he does not see why he needs to assess for fast breathing if he knows the child has diarrhoea.

1. How do you mentor Charles on the importance of doing a complete assessment on all sick children?
2. How do give Charles positive feedback for what he did well and encourage him to continue?
3. How will you resolve Charles' problem together with him through dialogue?

Scenario 3

Patrick has been a CDD since 2010. This is your third support supervision visit with Patrick. During your last 2 visits you observed that Patrick did not seem very motivated to be a CDD. He is not completing the *CDD Recording Form* correctly even though you have mentored him several times how to do it the right way. He is writing the child's name, age, sex and classification of illness but is not checking what treatment he gives the child.

Patrick is able to give all correct answers for assessment, referral and treatment of the sick child in ICCM, but is not doing follow up visits. When you ask him why not, he explains it is too far to go by "footing" and he needs gum boots in rainy season.

1. How do you mentor Patrick on the importance of completing the *CDD Recording Form* correctly?
2. How do give Patrick positive feedback for what he is doing well and encourage him to continue?
3. How will you motivate Patrick to feel good about being a CDD?

Part Three: Planning ICCM Training and CDD Support Supervision Visits

Planning a Training

WHO?

- Who is your audience?
- Do they have any specific needs?

WHAT?

- What is the purpose of the training?
- What are the goals and objectives of the training?
- What will the training involve?
- What content are you presenting?
- What materials and resources will you need?
- What equipment will you need?
- Will participants need to read or prepare anything in advance?
- What changes in knowledge, attitudes, behaviours, and skills do you hope to accomplish through the training?
- What do you want your participants to be able to DO after your presentation?

WHEN?

- When is the training?
 - Days of week
 - Time of day
 - Duration
- How much time do you need to recruitment participants?

WHERE?

- Where will you be training?
- Is the training room big enough to accommodate all the participants and allow room to move around and practice skills?
- Is the location accessible for your participants? Not too far?

HOW?

- How will you recruit participants for the training?
- How will you set up the training room?
- How are you going to get the content across in an interactive, participative fashion?
- How will you get feedback or evaluate the effectiveness of your training?

ICCM Training Report Template

Title of training:																
Purpose of training:																
Facilitator name(s):																
Dates of training: from to																
Location of training: <input type="checkbox"/> Boma <input type="checkbox"/> Payam <input type="checkbox"/> County																
Copy of Attendance Register attached: <input type="checkbox"/> YES <input type="checkbox"/> NO																
Total number of participants: <table border="0"> <tr> <td>Female:</td> <td>Male:</td> <td></td> </tr> <tr> <td>CDDs:</td> <td>Supervisors:</td> <td></td> </tr> <tr> <td>New CDD:</td> <td>Experienced CDD:</td> <td></td> </tr> <tr> <td>PHCU/C staff:</td> <td>OTP staff:</td> <td>County MOH</td> </tr> <tr> <td>Local leaders:</td> <td>Village chief</td> <td>Others:</td> </tr> </table>		Female:	Male:		CDDs:	Supervisors:		New CDD:	Experienced CDD:		PHCU/C staff:	OTP staff:	County MOH	Local leaders:	Village chief	Others:
Female:	Male:															
CDDs:	Supervisors:															
New CDD:	Experienced CDD:															
PHCU/C staff:	OTP staff:	County MOH														
Local leaders:	Village chief	Others:														
Languages the training was conducted in: <input type="checkbox"/> Dinka <input type="checkbox"/> Luo <input type="checkbox"/> Arabic <input type="checkbox"/> English	Languages spoken by participants: <input type="checkbox"/> Dinka <input type="checkbox"/> Luo <input type="checkbox"/> Arabic <input type="checkbox"/> English															
Name and location of nearest health facility to refer for danger signs: PHCU/C supervisor name:																
Name and location of nearest Supplemental Feeding Programme or OTP Centre: SFP/OTP supervisor name:																
List of participants awarded Certificates of Competence/Attendance attached: <input type="checkbox"/> YES <input type="checkbox"/> NO Number of Certificates of Competence awarded: Number of Certificates of Attendance awarded:																
Community was sensitized before the training: <input type="checkbox"/> YES <input type="checkbox"/> NO																
Training were objectives met: <input type="checkbox"/> All <input type="checkbox"/> Most <input type="checkbox"/> Half <input type="checkbox"/> Few <input type="checkbox"/> None																
Sessions were conducted according to the module: <input type="checkbox"/> All <input type="checkbox"/> Most <input type="checkbox"/> Half <input type="checkbox"/> Few <input type="checkbox"/> None																
There was active participation and involvement by the participants: <input type="checkbox"/> All <input type="checkbox"/> Most <input type="checkbox"/> Half <input type="checkbox"/> Few <input type="checkbox"/> None																
There was sufficient time to complete the training activities each day: <input type="checkbox"/> All <input type="checkbox"/> Most <input type="checkbox"/> Half <input type="checkbox"/> Few <input type="checkbox"/> None																
Community maps collected: <input type="checkbox"/> YES <input type="checkbox"/> NO Summary messages from community map activity:																
Clinical session conducted: <input type="checkbox"/> YES <input type="checkbox"/> NO Number of children seen: Number of children referred:																

Medications given:		
AS/AQ 2-11 month:	Amoxicillin 2-11 month:	ORS packets:
AS/AQ 1-5 year:	Amoxicillin 1-5 year:	Zinc tablets:
List of CDD tools distributed to participants attached: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Summary of participant responses to daily and final evaluation questions:		
CDD strengths:	CDD weaknesses:	
List 3 major achievements: 1. 2. 3.	Challenges encountered during training: <i>(training materials, finances, transport, etc.)</i>	
Recommendations for future trainings:		
Action Plan: List 3 action steps you plan to implement next training.		
1. What will be done?	Who will do it?	By when ?
2. What will be done?	Who will do it?	By when ?
3. What will be done?	Who will do it?	By when ?

Report completed by:

Signature: _____ **Date of report:**

CDD Supervisor Responsibilities

CDD Supervisors are responsible for:

- Attending and successfully completing the 6 day ICCM training.
- Scheduling and conducting monthly supportive supervision visits to individual CDDs after training.
- Completing the *CDD Competency Checklist* during each supportive supervision visit.
- Giving CDDs feedback on their performance.
- Completing the *Supervision Visit Report* after each supportive supervision visit.
- Tracking monthly ICCM data.
- Managing CDD supplies.

Qualities of CDD Supervisors

- Organized.
- Supportive.
- Active listeners.
- Able to give information and technical advice.
- Able to mentor.
- Able to motivate individual CDDs to do a good job.
- Able to empower CDDs by involving them in decisions and asking for their opinions.
- Help CDDs to solve problems through active dialogue.
- Complete reports in a timely manner.

CDD Supervisor Competency Checklist

CDD Supervisor Competency	YES	NO	Not seen
1. Plans and schedules monthly supervision visits.			
2. Greets the CDD and explains reason for visit and what to expect.			
3. Treats the CDD with respect by actively listening and responding to concerns.			
4. Practices active listening by asking open ended questions and by summarizing and repeating what they heard CDD to say and confirms understanding.			
5. Asks about the status of past problems and resolutions.			
6. Allows the CDD to evaluate their own performance by asking the CDD what they are doing well.			
7. Asks the CDD if she/he has any questions.			
8. Asks the CDD if any clinical questions have come up that the CDD is unsure of.			
9. Asks if CDD has encountered any situations he/she could not address because s/he didn't know how.			
10. Gives the CDD additional training for new skills and coaching for skills that need improvement.			
11. Provides new or updated information and guidelines.			
12. Used the <i>CDD Competency Checklist</i> while observing the CDD.			
13. Reviews the <i>CDD Recording Form</i> and discusses the patients the CDD has seen since the last supervision visit.			

CDD Supervisor Competency	YES	NO	Not seen
14. Checks the inventory of CDD supplies and restocks supplies as needed.			
15. Checks the inventory of CDD drugs and compares remaining stock with the number of drugs given on the <i>CDD Recording Form</i> .			
16. Clarifies any conflicts in inventory with the CDD and ensures the correct drugs and dose are given for the correct illness and age.			
17. Restocks CDD drugs as needed.			
18. Summarizes the visit using the <i>CDD Competency Checklist</i> and tells the CDD what she/he is doing well.			
19. Suggests specific ways for the CDD to improve performance.			
20. Motivates and encourages the CDD to continue to improve.			
21. Asks the CDD if they are having difficulty with anything.			
22. Discusses solutions to problems together with the CDD.			
23. Works with the CDD to discuss an action plan for next visit.			
24. Schedules the next visit with the CDD before leaving.			
25. Thanks the CDD for their work and contribution to the community.			

Planning a Support Supervision Visit

- CDD Supervisors along with Project Officers and Field Officers are expected to schedule monthly or 2 monthly individual visits to CDDs.
- CDD Supervisors are expected to visit all their CDDs at least once per month.
- CDD Supervisors should review the *CDD Competency Checklist* for the individual CDDs that will be visited. Make note of areas that need improvement.
- Bring a copy the CDDs *Competency Checklist* to the visit for discussion.

What else do CDD Supervisors need to plan?

Steps to Conducting a CDD Supervision Visit

Work in small groups to complete the following sentences.

1. _____ the supervision visit to address specific performance issues.
2. _____ the CDD and explain and what to expect.
3. Ask the CDD about the _____.
4. Asks CDD if they are having any new problems in the community or challenges _____.
5. Practice active _____.
6. Look at the _____ and count the number of visits. Ensure the classification of illnesses correspond with the treatment and referrals.
7. Check inventory of _____ and restock as needed.
8. Observe the CDD using the _____.
9. Ask the CCD to _____ any skills not observed.
10. Give the CDD _____ on what was observed. Use the feedback sandwich approach.
11. _____ specific ways for CDD to improve performance.
12. Discuss challenges and problem solve together through _____.
13. _____ the CDD if they have any questions
14. Agree to an _____.
15. Provide additional _____ as needed for skills that need improvement.
16. Encourage the CDD to continue to _____.
17. _____ the CDD for their work and contribution to the community.
18. _____ and tell the CDD what s/he is doing well assessing and treating patients.
19. _____ the outcome of the supervision visit.

Reporting CDD Supervision Visits

After every supportive supervision visit it is important to summarize and record the visit.

What should the *CDD Supervision Report* should include?

TOT Evaluation Form

Name of Training: _____

Name of Trainer(s): _____

Location: _____

Date: _____

Trainer(s): _____

Please complete the following evaluation.

1. I know how to assess the learning needs and expectations of CDDs.

5 4 3 2 1
 Strongly Agree Agree Neutral Disagree Strongly Disagree

2. I know at least 3 ways get participation from every member of the audience.

5 4 3 2 1
 Strongly Agree Agree Neutral Disagree Strongly Disagree

3. I can apply two strategies to help CDDs remember the ICCM content.

5 4 3 2 1
 Strongly Agree Agree Neutral Disagree Strongly Disagree

4. I am confident I can train CDDs how to conduct ICCM correctly using the ICCM Facilitator Manual.

5 4 3 2 1
 Strongly Agree Agree Neutral Disagree Strongly Disagree

5. I am confident I can use support supervision skills to supervise CDDs and CDD supervisors.

5 4 3 2 1
 Strongly Agree Agree Neutral Disagree Strongly Disagree

6. The TOT Facilitator(s) was organized and knowledgeable about the content.

5 4 3 2 1
Strongly Agree Agree Neutral Disagree Strongly Disagree

7. The TOT Facilitator(s) used a variety training methods and kept my attention.

5 4 3 2 1
Strongly Agree Agree Neutral Disagree Strongly Disagree

8. The pace of the TOT was:

3 2 1
Too Fast Just Right Too Slow

9. The technical level of the TOT was:

3 2 1
Too Basic Just Right Too Difficult

10. My overall rating for the TOT is:

5 4 3 2 1
Excellent Good Average Bad Very Bad

11. What did you like best about the TOT?

12. What would you recommend changing about the TOT?

13. Other comments:

Thank you for completing this form!