World Vision

Trainer's Guide

Timed and Targeted Counselling – 2nd edition

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GLOSSARY OF TERMS AND ABBREVIATIONS

Learning Transfer Action Plan	Steps each trainee plans to take after training to put learning into action
CHW	Community health worker
CHW AIM	Community Health Worker Assessment and Improvement Matrix (tool)
COMMS	Community health committees or groups
Competencies	Observable abilities/skills of a trained person. Core competencies are those central to the project model or approach.
CWBT	Child Well-Being Targets
DADDS	Dos, Assures and Don't Dos
DFs	Development facilitators are staff assigned to an area development programme (ADP)
DME	Data, monitoring and evaluation
ECD	Early childhood development
EWCG	*Eligible Women and Girls Register*
Facilitators	The participants in the ToF who will go on to train ttC-HVs.
FM	Facilitator's Manual
GTRN	Global Technical Resource Network
HV	Home visitor
HH	Household Handbook
Learning acquired	The knowledge gained through the learning event
Learning applied	The extent to which knowledge gained during the training is put into action.
Learning objectives	The purpose of the training session in terms of knowledge gained by the trainee.
Learning transfer	How learnt knowledge is applied to actions or behaviours in practice.
MHPSS	Mental health and psychosocial support
MNCH	Maternal, newborn and child health and nutrition
PM	Participant's Manual
Trainers	The instructors who train the facilitators
ttC-HVs	ttC home visitors, a generic name for any cadre of ttC visit implementers
ToF	Training of Facilitators
ToT	Training of Trainers
ttC	Timed and Targeted Counselling
WV	World Vision

INTRODUCTION TO THE TRAINER'S GUIDE

Since its release in 2010, World Vision International's Timed and Targeted Counselling (ttC) has rapidly become a core model for health and has been adopted in over 20 countries. In 2015, a second edition was released to keep pace with the latest evidence, such as chlorhexidine cord cleaning, improvements to prevention of mother-to-child transmission of HIV (PMTCT), paediatric HIV, early child development, maternal mental health, and optional components, described in the introduction to the *Facilitator's Manual for Training in ttC: The ttC Methodology*. This Trainer's Guide is a companion to the *Facilitator's Manual for Timed and Targeted Counselling (ttC) 2nd edition* and details how to prepare, plan and deliver a Training of Facilitators (ToF) and evaluate learning and competencies gained during the course.

WHO SHOULD USE THIS DOCUMENT?

This guide should be used by certified trainers to instruct facilitators who will go on to train ttC-HVs. The target recipients for the ToF are facilitators from World Vision, ministry of health (MoH) staff or partner organisations. These facilitators have the responsibility for field implementation of ttC and preferably also supervise. Some spaces may be allocated for senior staff, district and local health service staff as appropriate, understanding that the ToF gives more detail than required by non-implementers.

WHAT IS INCLUDED IN THIS DOCUMENT

The guide is divided into four units which include the following information:

Unit 1: ttC Training of Facilitators (ToF) Course Design, Competencies and Assessment
This section describes how the ToF is designed; what competencies, skills and knowledge should be developed during the ToF; and the minimum requirements for delivery of a quality training event. This section also includes the overall learning objectives and assessment methodology.

Unit 2: Preparation for the ttC ToF Event(s)
This section describes the essential preparatory steps and materials needed to run the ToF event(s).

Unit 3: Conducting the ToF
This section provides details on how to conduct the ToF, including a class timetable. It is split into two sections conducted either back-to-back or as two separate events, depending on facilitators' availability, and if they are the right people to either supervise or train supervisors of ttC. It is not advisable to try to complete both components in fewer than nine days.

1. **ttC methodology and technical content (Days 1-6)**
2. **ttC monitoring and supervision (Days 7-9)**

Unit 4: ttC Certification and Evaluation of Learning
This section covers assessment and certification processes for trainees, the reporting process and indicators for the ToF, including participant evaluation, which WV captures for all training activities.

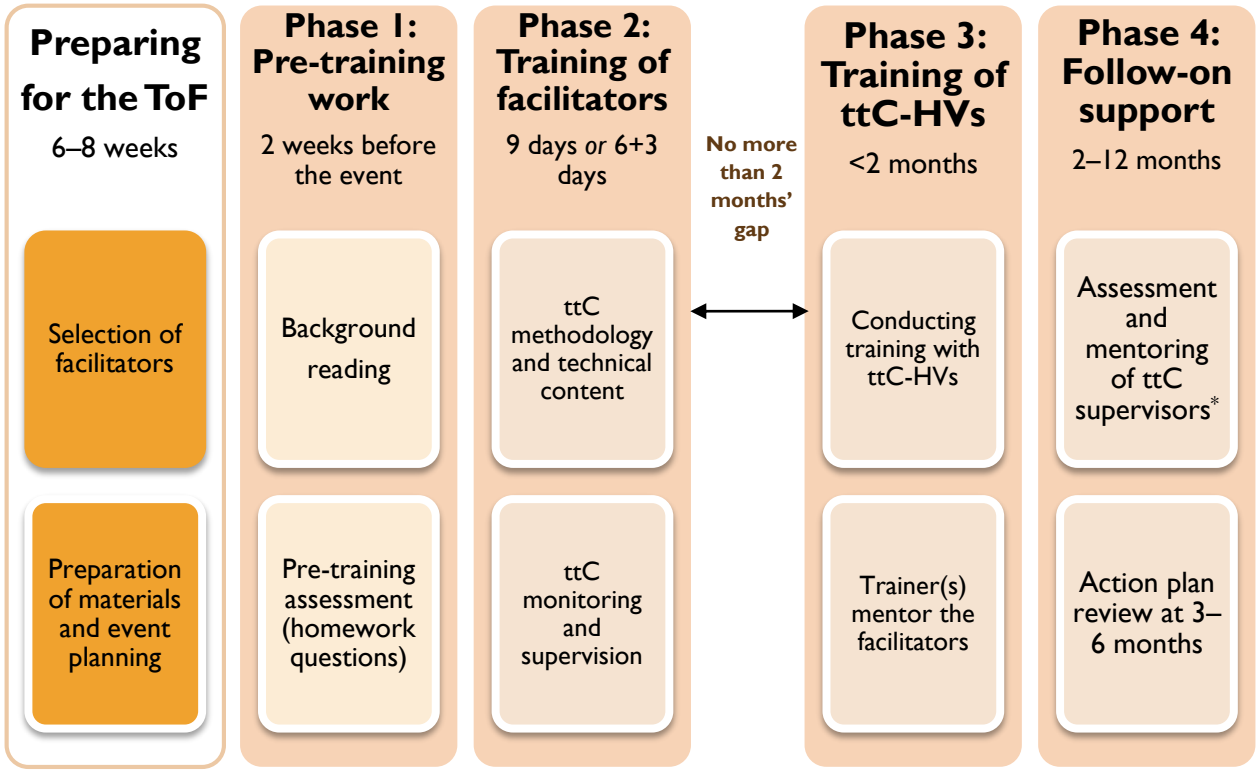
Appendices
In the appendices you will find all of the tools referred to throughout the document, which can be photocopied or printed during the preparation of the ToF. These are grouped by planning tools, tools used to assess learning acquired, and tools used to assess learning applied.

UNIT 1. ttC ToF COURSE DESIGN, COMPETENCIES AND ASSESSMENT

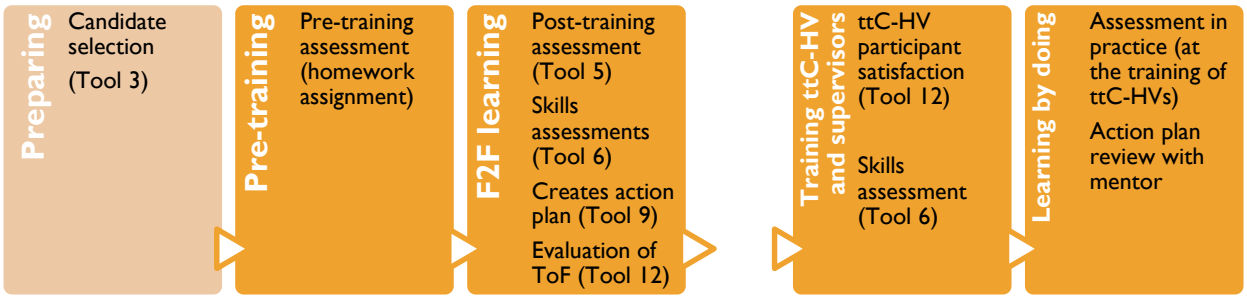
Training of Facilitators (ToF) course design

The design of the ttC ToF programme has been developed in accordance with the World Vision Sustainable Health minimum standards for individual learning and development course design.

Figure 1. ttC ToF programme design



Tools and assessments to certification of facilitators



*Not all facilitators will train supervisors, depending on programme contextualisation. Assessment and mentoring of supervisors in practice should take place no more than three months after their training.

BEFORE THE EVENT: PREPARING FOR THE TOF

Before the event trainers will need to have:

- completed all curriculum and job aid contextualisations
- provided facilitators with sufficient materials for all ttC-HVs they will go on to train
- completed a training of trainers (ToT) and be certified to train on all aspects of ttC in the local curriculum (consider additional trainers for specialist areas like early childhood development [ECD])
- selected appropriate facilitator candidates, including local- and district-level health staff as appropriate
- conducted all necessary budgeting and planning activities for successful management of the ToF(s).

PHASE 1: PRE-TRAINING WORK

The ttC curriculum for training ttC-home visitors (ttC-HVs) comprises two sections:

1. **The ttC Methodology:** This three- to four-day training covers the key concepts and skills of ttC, with demonstrations and practical assessments. This includes a review of storybooks and discussions of barriers and solutions for the practices in the Household Handbook. All adaptations should include the methodology, covered in the *Facilitator's Manual for Training in ttC: The ttC Methodology*.
2. **The ttC Technical Modules 1–3:** This provides the necessary technical background for healthy pregnancy (1), childbirth and newborn care (2) and child health nutrition and development (3). These may be replaced by the MoH curriculum or hybrid depending on the curriculum comparison.

The background knowledge in the technical modules is covered in the pre-training work, provided facilitator candidates are *already knowledgeable* in maternal, newborn and child health. If this is the case, provide the candidates two weeks prior to the event with the materials and copies of '*Homework Assignment Technical Modules 1-3 Question Sheet*' (Found in: *TTC Training DVD*), to be submitted on Day 1. This open-book exercise is designed to ensure candidates have a good grasp of the technical content. The ToF is then a chance to review the areas of difficulty and new concepts. If facilitator candidates are non-health specialists, consider adding extra time for technical training at the ToF *and* consider including technical support at ttC-HV trainings to ensure technical areas (e.g. newborn care, assessing the child for danger signs, and breastfeeding support) are taught correctly.

PHASE 2: FACE-TO-FACE TRAINING EVENT

The face-to-face event focuses on the skills-based competencies which cannot be delivered through self-directed learning. The ToF can be run in nine days or in two training events of six and three days.

Six days' training:

- ttC methodology and counselling skills, including psychological first aid
- Review of the technical content
- Training simulation by participants
- ttC home-visit simulations and practical assessment, action planning

Three days' training:

- ttC supportive supervision, concepts and tools

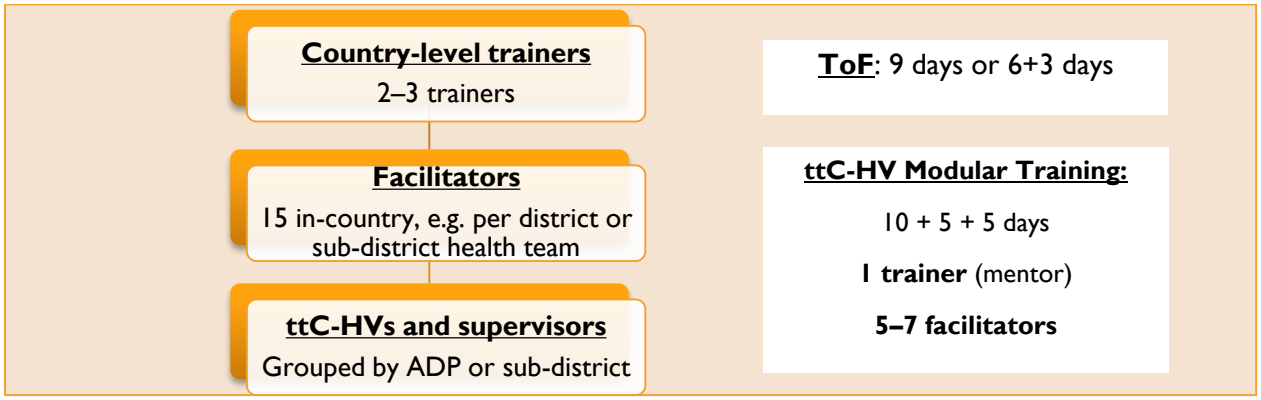
- ttC data collection, tallying and threshold analysis
- ttC supervision practicum (simulation exercise)

By the end of the ToF(s), participants will have completed a *Participant Learning Assessment (Tool 5),* skills assessment (Tool 6), *Skills Assessment Tool 1: Observation of behaviour change counselling* and *Skills Assessment Tool 2: Psychological First Aid Assessment,* and an individual *Learning Transfer Action Plan (Tool 9)*.

PHASE 3: TRAINING THE TTC-HVS

Facilitators will implement trainings in their districts with support from national trainers. This should begin no less than two months after the ToF, whilst still fresh in their minds. Trainers should mentor facilitators, especially on ttC skills, to ensure good transmission of the skills down the training cascade.

Figure 2. Sample training cascade for ttC



PHASE 4: LEARNING BY DOING

Facilitators' action plans will detail how they will roll out the training and get support for any weaknesses identified. These should be reviewed by trainers after three and six months to ensure the learning is being applied, that facilitators master ttC skills, and that ttC training is done with quality.

TTC FACILITATOR COMPETENCY FRAMEWORKS

Trainings are designed around promotion of key competencies and knowledge, shown in Table 1. Note that **competencies 1–3** are the same as those acquired by the ttC-HV during the training.

Competency 4 is taken to a higher level than that of the ttC-HVs, because the facilitator may be required to teach supervisors how to tally and report data and how to conduct supportive supervision.

Competency 5 is achieved during the ToF by facilitators each being allocated a training session to simulate. They will get feedback from the other participants and trainers. These sessions are identified in Unit 3, and is assessed with *Tool 7*.

Table 1. The ttC competency framework

Competency 1: Programme implementation methodology	
Core behaviours *(how the competency is put into action)*	
• Community entry: registration of eligible women and girls (EWGR),* registration in pregnancy • Community mobilisation: prioritising vulnerable families • ttC visiting timing and structure • Correctly demonstrates ttC implementation by quality standards	
Enabling knowledge	**Enabling skills**
• ttC home-visit timing • Awareness of priority households in their context • Processes of community mobilisation • Quality standards for ttC	• Use of the EWGR • Conducting community mobilisation
How is this competency trained and assessed?	
• *Facilitator's Manual for Training in ttC: ttC Methodology* (Phase 2) • *Participant Learning Assessment* (Tool 5) • Learning by doing	

*Depending on the local contextualisation.

Competency 2: Behaviour change communication and ttC counselling skills	
Core behaviours *(how the competency is put into action)*	
• Demonstrates effective communication skills • Correctly demonstrates negotiation and dialogue counselling • Correctly demonstrates use of Household Handbook (HH) and storybooks • Correctly demonstrates the ttC household visit steps • Correctly demonstrates psychological first aid skills	
Enabling knowledge	**Enabling skills**
• Behaviour change theory • Maternal mental health and psychosocial support needs in pregnancy/postpartum • Use of Household Handbook and job aids	• Effective communication skills • Negotiation and dialogue for behaviour change • Psychological first aid (PFA) • Demonstration of a household visit
How is this competency trained and assessed?	
• *Facilitators Manual for Training in ttC: ttC Methodology* (Phase 2) • *Skills assessment tool* (Tool 6) • Co-facilitation of ttC-HVs training with mentoring (Phase 3)	

Competency 3: Technical knowledge in MNCH areas covered in ttC curriculum

Core behaviours (how the competency is put into action)

- Understands and teaches all ttC maternal, newborn and child health and nutrition (MNCH) technical content:
  - Maternal mental health and psychosocial problems
  - Healthy pregnancy
  - Birth planning and immediate newborn care
  - Essential care of the newborn
  - Child health and nutrition
  - Early child development
- Demonstrates skills for counselling for child development (CCD)

Enabling knowledge	**Enabling skills**
• Maternal mental health and psychosocial problems • Healthy pregnancy • Birth planning and immediate newborn care • Essential care of the newborn • Child health and nutrition • Early child development	• Counselling parents for early child development

How is this competency trained and assessed?

- ttC technical modules (Phase 1)
- *Pre-Training Assignment* (homework)
- *Participant Learning Assessment* (Tool 5; Phase 2)
- Co-facilitation of training ttC-HVs with mentoring (Phase 3)

Competency 4: ttC supervision and monitoring skills

Core behaviours (how the competency is put into action)

- Completion of ttC registers
- ttC register tallying and interpretation
- Conduct a ttC supportive supervision visit
- Conduct and teach supportive supervision skills

Enabling knowledge	**Enabling skills**
• Concepts of supportive supervision • Performance and health indicators, targets and thresholds	• Planning and conducting ttC supportive supervision (observation, spot check, knowledge) • Giving feedback • Tallying and analysing data using threshold tables

How is this competency trained and assessed?

- ttC data monitoring and reporting manual
- ttC supportive supervision manual and supervision tool
- Participants Learning Assessment (Phase 2)
- Co-facilitation of ToT with mentoring (Phase 3)

Competency 5: ttC Facilitator skills

Core Behaviours

- Competencies and objectives of training
- Course structure and timing for implementation planning
- Use of Facilitator's Manual and training methods (Phase 2)
- To deliver a ttC-HV training with quality

Enabling knowledge	**Enabling skills**
• Competencies and objectives • Course structure and timing • Training methodology	• Facilitation skills • Event planning skills

How is this competency trained and assessed?

- Training simulation and feedback (during ToF)
- Co-facilitation of ttC-HV training with mentoring
- ttC-HV participant satisfaction

MINIMUM STANDARDS FOR A TOF

Minimum standards are developed as guidance to ensure that the ttC ToF events are carried out with quality. See the *Training Implementation Checklist* (Tool 4) to ensure that training standards are met.

Table 2. Minimum quality standards for running a ttC Training of Facilitators (ToF)

Standard	Explanation
Number of trainers is no less than two for each ToF	Ideally, the curriculum will be carried out by three experienced trainers, allowing facilitators to divide into groups for many of the activities. The curriculum should not be carried out with fewer than two trainers.
Training is no less than nine days	The curriculum outlined in this guide requires **a minimum of nine days**. A sample agenda is provided to guide trainers in day-by-day planning.
Participant numbers should not exceed 30, with a ratio of 1:15	A face-to-face event should not exceed 30 participants, with a minimum ratio of 1 trainer/facilitator to each 15 participants.
Most participants meet the selection criteria	Facilitators meet the selection criteria (see Tool 3), with limited spaces for those key stakeholders who need orientation but won't conduct trainings.
Clear support for the training to occur	There is clear leadership and buy-in for the training by MoH, local health authority and national office. Seek approvals six months prior to the event.
All facilitators are qualified to deliver training	Selected trainers and facilitators have relevant expertise and resources to provide training. If facilitators do not have a background in MNCH, they should be paired with health technical/MoH staff who does, a person who can support the training on those areas.
Adequate preparation time for facilitators	Any pre-event materials and/or assignments are provided to participants with sufficient lead time, no less than three weeks prior to the event.

UNIT 2. PREPARATION FOR THE TOF EVENT(S)

In the run up to conducting a ToF event, the trainers will have a lot of work to do. These preparatory steps are outlined in the checklist below. Tools to assist in these processes are included in Appendix 1.

SELECTION OF FACILITATORS

Select facilitators using the criteria below and using the *Facilitator Application Form* (Tool 2)

Facilitator selection criteria

Candidates selected as facilitators:

- ✓ are district-level or sub-district-level health staff or project officers
- ✓ currently have direct responsibility for implementing ttC and training or supervising ttC-HVs
- ✓ have education or prior experience in nutrition or maternal newborn and child health (or, if this is not possible for facilitators consider additional time for technical content training).
- ✓ should speak and write fluently the language in which the training is written
- ✓ should speak fluently the language in which the ttC-HVs will be trained
- ✓ will commit to participating fully in the training programme.

TRAINER'S PREPARATION

SIX (6) WEEKS PRIOR TO TRAINING

When a national office (NO) requests a ToF, the country readiness steps must have been completed:

1. Country request for ToF and Country readiness checklist

- ☐ **Send** application for a ToF (Tool 1) to the NO.
- ☐ **Receive and review** the completed *Country Readiness Checklist* (Tool 2) to ensure all steps are completed (see: *ttC – A Toolkit for Programme Planners* for more guidance).

2. Facilitator candidate applications

- ☐ **Receive** *Facilitator Application Form* (Tool 2) from all facilitator candidates to participate in the ToF, ensuring they all meet the selection criteria.
- ☐ **Limit** trainings to a maximum of 30, with no more 15 participants per trainer. Send list to NO.

3. Documents and materials

- ☐ **Receive** from the NO the following country readiness documents:
  - data from the ADAPT process
  - action plan resulting from CHW-AIM Functionality Assessment
  - description of profile of ttC-HVs
  - final selected ttC curriculum, with all contextual changes.

FOUR (4) WEEKS PRIOR TO TRAINING

4. Review curriculum

- ☐ **Review** the final ttC curriculum sent by the NO and adjust the ToF programme, if needed, based on the revised content. If significantly different, allow at least four weeks preparation time.

5. Send materials to facilitator candidates

- ☐ **Send** the *Facilitator's Manual for Training in ttC: The ttC Methodology; Facilitator's Manual for Training in ttC Technical Modules 1–3;* and the *ttC Participant's Manuals* (if used) to the facilitator candidates.
- ☐ **Send** the pre-training assignment to all participants with guidance to submit on Day 1. **Note:** Ensure the homework assignment aligns to the revised content of the curriculum.

6. Materials

☐ **Review** the final ttC data collection and monitoring system sent by the NO.

☐ **Organise** all job aids for each participant per the list in **Table 3**. Engage with the NO to ensure materials are available in time (this is likely to fall under the NO's budget and the NO's process).

☐ **Prepare a facilitator's CD or flash drive** with electronic versions of all the materials below:

- additional visuals for training
- Facilitator's Manuals
- Participant's Manuals
- ttC-2 job aids (storybooks and Household Handbook)
- ttC data-monitoring and supervision manuals and tools
- multimedia resources
- assessment tools.

☐ **Ensure** all PowerPoint presentations and handouts needed during the ToF are ready (see Table 3).

THREE (3) WEEKS PRIOR TO TRAINING

7. Prepare all materials

- ☐ **Photocopy or print** enough training handouts for all participants (Table 3).
- ☐ **Organise** all handouts into folders, one per participant
- ☐ **Research** the relevant country statistics for Session 1, using data from the ADAPT assessment or other sources, and **prepare** the PowerPoint presentation for the session as described.
- ☐ **Gather** all remaining material, as summarised on the following page.
- ☐ **Finalise** the training agenda, and **photocopy** and include it in the package of handouts.

DURING THE TRAINING

- ☐ **Receive** the participants' homework sheets on the first day of the training. Review the homework and compile all the participants' questions to review during the training.

TRAINING MATERIALS REQUIRED

All facilitators will need a full package of materials for their own trainings. Some will need to be printed and distributed at the ToF event (Table 3), and others are used only if the trainer plans to simulate specific sessions (Table 4). Not all sessions will be simulated in the ToF.

Table 3. Printing requirements for the facilitator's package of materials

Printed resources	**Quantity needed**
☐ Printed and bound copies of the Facilitator's Manual and Participant's Manual (if used)	1 per participant and trainer
☐ Household Handbook	1 per participant and trainer
☐ Storybooks for Visits 1–3	1 per participant and trainer
Additional visuals for training: ☐ Food cards ☐ Umbilical cord pictures ☐ Breastfeeding pictures ☐ Malnutrition pictures ☐ WHO Care for Child Development Counselling cards (optional)	1 per participant and trainer
☐ Backpack or box for training materials	1 per participant
☐ CD or flash drives for all key reference materials	1 per participant
☐ Copy of ttC registers and supervision tool	1 per participant
☐ Printed and bound copies of the *Facilitator's Manual for Supportive Supervision and Data Collection and Reporting**	1 per participant, two weeks prior to ToF
Handouts	
☐ Pre-training assignment/homework	1 per participant
☐ *Participant Learning Assessment* (Classroom content test, Tool 5)	1 per participant
☐ *Participant Skills Assessments* (Tool 6)	1 per participant
☐ *Assessment of Facilitation Skills Form* (Tool 7)	1 per participant
☐ *Final Evaluation of Facilitators* (Tool 8)	1 per participant
☐ *Training Evaluation* (Tool 12)	1 per participant
Presentations and video resources	
☐ 1. ToF for ttC2. Introduction to ttC2 ☐ 2. ToF for ttC2. Introduction to the ToF ☐ 3. ToF for ttC2. Mental health and psychosocial support (MHPSS) and PFA ☐ 4. ToF for ttC2. Early child development ☐ 5. ToF for ttC2. ttC supervision and data ☐ Country-specific health and nutrition overview (to be made by trainers) ☐ Training DVD and projector including multimedia resources.	

*Guidance sections on the supervision and data manuals can be deleted after contextualisation.

Table 4. Training materials checklist by module

All modules	Module 2	Module 3
☐ Flipchart, paper and markers (if carrying out training with literate ttC-HVs) ☐ Coloured paper/card: black, blue, brown, grey, orange, yellow, red, green ☐ Sticky notes of various colours ☐ Sample map of a village ☐ Masking tape ☐ Dolls for demonstration (2–3) ☐ Training DVD and projector ☐ Locally adapted *Eligible Women and Girls Register* (EWGR), if used ☐ Referral/counter-referral form or local referral form ☐ ttC-HV diary or notebook	☐ Sample of child health card ☐ Clean delivery kit ☐ 2 towels, baby hat and socks ☐ Model breast props for breastfeeding role play (optional) ☐ Homemade rag doll with cord attached to placenta for role play (optional) ☐ Red cloth to represent blood for role play (optional) ☐ Water, soap and a large basin, mug or pitcher (4 sets) ☐ Weighing scales (for baby weight) ☐ Vegetable oil (optional) ☐ Ground pepper or cinnamon (optional) ☐ chlorhexidine solution samples (1 per group) ☐ Beans ☐ LLITN (long-lasting, insecticide-treated net) – most commonly found ☐ Hanging supplies (hooks, nails, poles – whatever is needed) ☐ Photocopies of the instructions that come with the bed net, 1 per ttC-HV ☐ Tables to use as beds during the bed-net demonstration	☐ Ball ☐ Key-chain rings x 2 ☐ Small prizes (optional) ☐ Cloth (optional) ☐ A plate of homemade cookies ☐ Beans – a small pile per participant ☐ Strong tape, such as duct tape (optional) ☐ Small knife or scissors (optional) ☐ Mid-upper arm circumference (MUAC) bands (1 per participant) ☐ Sample child health card from a 1-year-old child ***Demonstration materials:*** ☐ Pots, pans, plates, utensils ☐ A source of cooking fuel (firewood, gas, charcoal) ☐ Handwashing station with soap ☐ Ingredients for complementary food preparation (see Session 2 for list of ingredients) ☐ Clean receptacle able to hold 1 litre or more of water ☐ Water-treatment solution (chlorine), brand most commonly found in the area ☐ 1 litre of pure, clean water (boiled, filtered or bottled) ☐ Pack of oral rehydration solution (ORS) and zinc tablets, if available ***For early child development session:*** ☐ Printed pictures of lifecycle stages (Session 4) ☐ Large ball of wool and scissors ☐ Sample toys for demonstration: shaker rattle, ring on a string, containers with lids, metal pot and spoon, doll with face, nesting and stacking objects, container and clothes clips
Module 1 ☐ Sample of maternal health card ☐ Samples of local foods (optional) ☐ Iron and folic acid tablets ☐ Iodised salt (optional) ☐ Long-lasting insecticide-treated mosquito bed net (optional) ☐ Deworming tablets ☐ Plates (for role play) ☐ Maize seeds (for role play, optional)		

UNIT 3. CONDUCTING THE TOF

This unit is a step-by-step guide to conducting the training, intended as guidance and ideas, but must be contextualised to the needs of the facilitators. If they are experienced MoH trainers, they will need less support in the technical content than development facilitators (DFs) with no prior knowledge of health.

ToF TRAINING SEQUENCE AND OBJECTIVES

Table 5 shows the learning objectives for the ToF and how they can be achieved. Objectives linked to knowledge (assessed by post-training test) are marked (K), and linked to performance of skills are marked (P).

Table 5. Breakdown of learning objectives and methods of training

Learning objectives	Methods to achieve objectives
Understanding the ttC model – ttC methodology (Day 1 and pre-training work)	
• Can correctly explain the appropriate methods for implementing a ttC programme (K) • Can conduct community entry and registration of eligible women and girls (EWGR) *if applicable* • Can explain process and rationale for identifying priority homes with certain vulnerabilities • Can demonstrate sound knowledge of the ttC visit timing and structure	• Review of *Facilitator's Manual: Introduction to the Facilitator's Manual* • Read *Participant's Manual ttC Methodology: Interacting with Communities* • *Pre-training assignment/homework*
Behaviour change communication (BCC) and ttC counselling skills (Days 2 and 3)	
• Can demonstrate and assess effective communication skills (P) • Can correctly demonstrate negotiation and dialogue counselling process defined ttC (P) • Can correctly demonstrate application of PFA principles and psychosocial support to a mother experiencing distress (P) • Can correctly demonstrate use of the job aids: Household Handbook and stories (P) • Can correctly demonstrate care for child development counselling (P)	• Practical demonstration • Enactment of a training simulation from *ttC Methodology: Interacting with families* • Review of job aids • Practice with job aids • Practical assessment of demonstrating communication skills competencies (BCC) • Practical assessment of PFA technique
ttC technical content review and simulations (Day 4 and 5)	

• Can correctly explain all technical content relevant to the ttC curriculum (K):
  ○ Maternal mental health and psychosocial problems
  ○ Healthy pregnancy
  ○ Birth planning and immediate newborn care
	• Required reading: Facilitator's/Participant's Manual
	• Homework assignments
	For experienced health facilitators
	• Allow two ToF days for review of materials
	• Focus on new topics and concepts in the ToF

○ Essential care of the newborn ○ Child health and nutrition ○ Early child development	• Practice selected activities in groups with simultaneous assessment **Facilitators with little/no health experience** • Allow three days for review of materials • Limit training simulations to simple topics and conduct in plenary with simultaneous assessment • Provide more extensive support in follow-up
ttC supervision and monitoring skills (Days 7–9)	
Learning objectives: • Understands and can correctly fill out the data tally, collection and reporting forms (P) • Can demonstrate supportive supervision skills (P)	• Training simulation of supportive supervision skills, facilitator practice and discussion • Training simulation of registers and tally forms • Practice and assessment of tallies, homework
ttC facilitator skills (embedded simulations, feedback and discussion)	
• Understands the learning objectives and core competencies acquired during ttC training • Understands the structure of the training course and how it interacts with the field-level supervisory component • Can use the *Facilitator's Manual* for supporting ttC-HVs with appreciative assessment and technical capacity building • Can explain or demonstrate good facilitation techniques	• Classroom teaching and discussion • Demonstration of facilitation skills by trainers • Training simulation (see Part 3) and assessment of facilitation competencies by group

Tables 6 and 7 show draft agendas for the ToF event(s), which can run sequentially or after a short period of time.

Table 6. Sample ToF agenda (Week 1)

	Day 1: ttC methodology	**Day 2: ttC methodology**	**Day 3: ttC skills**	**Day 4: Technical content**	**Day 5: Technical content**	**Day 6: Skills assessment and planning**
Before event	- *Review Facilitator's Manual* – ttC methodology and technical modules 1–3 - Pre-training assignment: technical content exam/homework					
Devotions: 8:00 am						
8:30–9:00 am	Welcome and introductions	Feedback/recap	Feedback/recap	Feedback/recap	Feedback/recap	Skills assessment: • Dialogue approach • PFA skills assessment Post-training test and evaluation
9:00–10:30 am	Introduction to ttC-2	Behaviour change communication (BCC)	Maternal mental health and psychological first aid (PFA)	Visit 5 – Essential newborn care in the first week of life (trainer led) and care of the small baby	Module 3: early child development (Session 4) and counselling for child development	
11:00–12:30 pm	Introduction to the ToF	Effective communication skills	Sessions 9 and 10 review of the health practices and stories	Module 2: selected sessions (facilitator simulations)	Training simulations: selected sessions	Planning and conducting a ttC-HV training event
Lunch 12:30–1:30 pm						
1:30–3:00 pm	ttC methodology	The dialogue counselling approach	Review of the technical modules and homework	Module 3: selected sessions (facilitator simulations)	Additional care for high-risk children	**Action planning, individual feedback and close**
3:30–5:00 pm	Identifying early pregnancies and reaching vulnerable households. Registration using the EWGR	Negotiation and dialogue counselling using the Household Handbook	Module 1: selected sessions (facilitator simulations)	Supportive care for the most vulnerable cases	Training simulation and practice (skills test) Observation of service-delivery tool	

Table 7 Sample ToF agenda (Week 2) – Data monitoring and supervision

	Day 1: **ttC data collection and tallying**	**Day 2:** **ttC supportive supervision**	**Day 3:** **ttC supportive supervision practicum**
Before event	- Reading *ttC data and Supervision Facilitator's Manual* - Review supervision and data tool - Assignment: Conduct observation of a Household Visit in the field (if ttC training has started)		
	Devotions: 8:00 am		
8:30 am	Welcome and introductions *OR* feedback	Feedback and recap	Feedback and recap
9:00–10:30 am	ttC supervision and monitoring skills – basic concepts	Completing the ttC registers	Supervision in the community – practicum or simulation
11:00–12:30 pm	ttC supportive supervision skills	Referral forms	
Lunch 12:30–1:30 pm			
1:30–3:00 pm	Performance audit Case spot check	ttC tally forms	ttC supervision debriefing meetings/group supervision
3:30–5:00 pm	Observation of service delivery Health knowledge check and revision Supervision feedback and action planning Individual performance appraisal	Interpretation of the forms using threshold analysis	Planning for training of supervisors Close

ttC TRAINING DOS, ASSURES AND DON'T DOS (DADDS)

The following are important points for trainers to keep in mind.

Table 8. Training DADDs

Do	Assure	Don't Do
Prepare adequately in advance Actively involve participants Maintain good eye contact Use visual aids Encourage questions and discussion Provide feedback Keep the group focused Pay attention to participants' body language Maintain confidentiality Provide feedback on questions after the training if an answer to something asked was not known Evaluate training and participant knowledge gained at the end	Topics are sequenced properly Instructions are clear Time limits are respected and the schedule is managed Participants are engaged Equal opportunity for active participation is given Questions are answered Content is relevant to participants' work and needs Participants' prior experience and knowledge are recognised Participants are empowered to use the knowledge and skills they have gained Continuous assessment of participants' understanding takes place	Begin unprepared Block visual aids Ignore participants' comments and questions Allow certain participants to dominate Always read aloud yourself Deviate from agreed-upon house rules Allow discussions to go off topic or target Make up an answer to a question that you lack knowledge or status about

FACILITATION CONSIDERATIONS

Trainer-led activities – The trainers carry out the activities, modelling them as if they were facilitators training ttC-HVs, to ensure participants see the activities carried out correctly and learn the new material.

Facilitator-led activities – Selected sessions are assigned to facilitators to carry out in front of the class, as if they are now training ttC-HVs. This is an opportunity to practice and be assessed for facilitation competencies. Trainers ensure activities are modelled correctly and point out the corrections afterwards, so the class is clear on how the activity should be done.

General points – For the most part, simply follow the Facilitator's Manual (FM). When introducing new content – the 'Give relevant information' sections – ask participants to read aloud from the Facilitator's Manual/Participant's Manual (PM), to maintains attention, get participation, and keep people situated in the manual, pointing out the activities modelled and reviewing the instruction as needed.

GOOD FACILITATION TECHNIQUES

Encourage good facilitation techniques during simulations and demonstrate them in practice:

- Be dynamic.
- Speak in a loud voice.
- Smile, as appropriate.
- Praise, as appropriate.
- Keep the training participatory and active.
- Verify understanding.
- Make use of visual aids.
- Use a mix of activities.
- 'Read' the room – add energisers as needed.

END OF DAY REVIEW

Gauge how participants are doing at the end of each day, in any way you prefer. You might choose to collect feedback and questions on sticky notes or use a dynamic activity such as one of the examples below.

***Satisfaction graphs* –** Everyone needs to stand in a line. Ask the group members to position themselves along the line according to how comfortable they feel with the material covered, with 'very comfortable' at one end and 'still confused' at the other. Now ask a few questions from the people at different positions:

- Why are you feeling happy with the work covered today? Which part was most useful?
- Why are you feeling less confident about the work covered? What would you like to discuss more?

***How am I doing?* –** Write some questions on cards and hand them out to participants. Ask them to discuss with their neighbours and report back the answers. Questions should be open so that responses can be personal and reflective. Some can be fun, and some can be work related. Here are some examples:

- What was the most interesting part of today?
- How does today's work relate to my work?
- What's one thing that I hope to do tomorrow?

***Emojis* –** Ask each participant to draw an emoji (emoticon or simple face) on a card to reflect how they are feeling, e.g. unhappy, confused, tired, happy and so on. Ask participants to hold and explain their choice.

Unhappy *Confused* *Pensive* *Bored/tired* *Happy*

FEEDBACK AND RECAP

Start the day with a recap of the previous day's content, covering issues that are still confusing. Try to do this in a dynamic fashion by using energisers such as:

Pass the ball – Standing in a circle, ask a question and toss a ball to someone in the circle. If the person cannot answer, he or she throws the ball again until someone gives the correct answer. Then the ball can be thrown to another participant for a new question. Draw questions from any part of the previous day's material and try to cover all the key issues.

Fingers on buzzers – Use this exercise if you think the group's understanding might still be low. Split into two or three small groups, with one person acting as the 'buzzer'. Ask a question. Each group should discuss and 'buzz' if they think they know the answer, like on a quiz show. Ask another question, and so on.

INSTRUCTIONS FOR TRAINERS: DAY-BY-DAY DETAILED TRAINING PLAN

Day 1 at a glance

Time	Session title	Duration	Materials used
Introduction			
8:00-8:30 am	**Devotions**	30 min	
8:30–9:00 am	**Welcome and introductions** • House rules • Agenda • Evaluation criteria and processes • Participants submit homework assignments 1–3 • Brief participants on facilitation assignments	30 min	**PowerPoint:** Introduction to the ToF
9:00–10:30 am	**Introduction to ttC-2** • 7-11 strategy and fit • ttC methodology • How the curriculum was developed • Package of materials for ttC • ttC visiting timing and structure	90 min	**PowerPoint** – Introduction to ttC-2
10:30–11:00 am	**Break**	30 min	
11:00 – 11:45 am	• What's new in ttC2? • Group discussion and report	45 min	**PowerPoint:** Introduction to the ToF
11:45 am –12:30 pm	**Introduction to the ToF:** • Training chain • Training schedule for ttC-HVs • Facilitation and session structures	45 min	*Facilitator's Manual* introduction
12:30–1:30 pm	**Lunch**	60 min	
ttC Methodology: Interacting with Communities			
1:30–3:00 pm	**Session 1: Introduction to ttC** **Session 2: Introduction to country-specific health and nutrition issues**	90 min	**PowerPoint**: Health situation in the country Coloured cards
3:00–3:30 pm	**Break**	30 min	
3:30–5:00 pm	**Session 3: Identifying early pregnancies and reaching vulnerable households**. • Registration using the EWGR.	90 min	*ttC Methodology Manual*
Evening	**Trainers** • Debrief and prep for next day • Review homework assignment 1 received from participants **Participants** • Begin to prepare facilitation assignments for Day 3		

DAY 1: INTRODUCTION TO TTC

DEVOTIONS (30 MIN)

Handle devotions any way you would like. You may want to assign devotions to different participants each day and allow them to plan their devotions in advance.

WELCOME AND INTRODUCTIONS (30 MIN)

House rules – Ask participants to brainstorm the house rules. Write their ideas on a flipchart and hang it on the wall where they can be clearly seen. You may wish to post a flipchart entitled 'Parking Lot', where you will write issues that cannot be resolved at the time but will be addressed before training ends.

Introductions – There are many ways you can handle introductions, so use your creativity! One idea is to have participants pair off, and have partners ask each other four simple questions to get acquainted. Then reconvene and have each person introduce his or her partner to the group.

INTRODUCTION TO TTC (90 MIN)

Materials/preparation:

- PowerPoint presentation *1.ToF for ttC-2. Introduction to ttC2* (you may need to contextualise)
- 'Introduction' to the *Facilitator's Manual for Training in ttC*: *The ttC Methodology* (pre-read)
- Printed handouts from the slides to distribute to each participant to make notes on
- Facilitator's CD or flash stick containing all materials
- Storybooks for Module 1 (Visits 1–3)
- Household Handbook
- Additional visuals for training – one complete set per facilitator, laminated if possible

Section 1: 7-11 Strategy for health and nutrition – Present slides 3–6 on the 7-11 approach and highlight the changes to 7-11 that were made in 2015 and where ttC fits in the strategy.

Section 2 and 3: What is ttC and how is it different? – Present slides 7–18, then check the understanding of the group. Ask participants to explain how this is different from their previous work with community health workers (CHWs) in their communities or how it differs from other programmes.

Section 4: How was the ttC curriculum developed – You might prefer to refer participants to their handouts as this is not required knowledge but it is there as reference. The important aspects to highlight are the origins of the content, alignment to WHO recommendations, and field testing that has taken place.

Section 5: Overview of the ttC approach – You will have provided sample storybooks and Household Handbooks, so you can ask the participants to refer to these as you describe the materials.

For the Household Steps, it may be useful to have the Household Steps displayed on the wall.

Section 6: The curriculum and package of materials – Distribute the printed materials and the facilitator's CD or pen drive loaded with electronic versions of all manuals and additional visuals and multimedia tools. For each material ask volunteers to stand up and explain what each material is used for.

Section 7: What's new in ttC-2? – Break participants out into small groups to discuss new themes and how they might be useful in their project contexts. Revise the slides to ensure only elements included in your adaptation are listed. Describe each element, then assign each topic to a group for discussion, e.g.:

- supporting the most vulnerable
- maternal mental health and psychosocial support
- male involvement
- early child development.

For each area, ask them to discuss how the new addition might affect their communities, and the health and well-being of children. After the reports, discuss any concerns the participants have raised.

INTRODUCTION TO THE TOF (30 MIN)

Materials used:

- PowerPoint presentation 2.*ToF for ttC-2. Introduction to the ToF* (contextualised to country)
- Printed agenda and learning objectives *or* printed handouts from the slide deck

Agenda – Distribute the agenda, adapted from Tables 6 and 7. Review the schedule for the week and answer any questions.

Evaluation criteria – Explain the purpose of evaluation, which is their certification as ttC trainers, and so that they can be given additional support in follow-up. Evaluation criteria are shown in Table 9. Write the criteria on a flipchart and allow time for questions.

Table 9. Evaluation criteria for facilitator certification

Component	Contribution
Pre-training assignment/homework • If homework turned in first day = 100% • If homework turned in by end of the week = 50% • If homework not turned in = 0%	**10%**
In-class simulation of training (trainers' qualitative assessment)	**30%**
Participant skills assessments: • Dialogue counselling methodology • PFA • ECD (optional)	**30%**
Written knowledge test (Day 5)	**30%**

Competencies – Explain the structure of the competencies in terms of core behaviours, enabling skills and knowledge acquired (slides 5–7). Share the learning objectives (as a handout if desired), and answer any questions.

The ToF Chain (see PowerPoint) **–** Explain that the diagram on the presentation (shown in Figure 2 above) illustrates the ToF process they are currently participating in. Explain the arrangements made for the practicum (learning by doing), including a supervision of facilitators carrying out training with ttC-HVs.

The ttC-HV training – The modular structure of the ttC-HV training is shown in the *Introduction to the Facilitator's Manual.* The trainings with ttC-HVs will be up to 20 days, depending on contextualisation, as the HVs need to do the training face-to-face. ttC-HV training can be done as three events or as one large and several shorter ones, according to budget and timelines. Aim to complete all modules within a year. Facilitators should aim to conduct ttC trainings in teams of at least two, or three.

Training session pedagogy – Explain the structure of the training manuals and each session in terms of pedagogy. This is displayed in the ToF slide deck and also in the FM.

ttC Methodology – Introducing ttC in Communities

You will aim to cover Part I of the *Facilitator's Manual for Training in ttC: The ttC Methodology,* 'Introducing ttC in Communities', which includes the basics, and community entry and registration of individuals. Situate them in the materials as you go through. They can follow in the FM and the PM (if used).

Session 1: Introduction to ttC

Materials

- Sticky notes or coloured cards
- Flipcharts and pens
- Boards with timelines for ttC plotted on them
- *Facilitator's Manual for Training in ttC: The ttC Methodology* (and the Participant's Manual)
- *Eligible Women and Girls Register* (EWGR) photocopies (if used)

Follow the instructions in the FM for Session 1. It may not be necessary to cover the full session, as some things have been introduced in the morning. If the participants are unfamiliar with ttC, then do **Activity 3** together, and then describe **Activity 4**. For **Activity 5,** demonstrate using the example prepared in the morning session, showing the ttC visit timetable (Figure 3). For **Activity 6**, go through the package of materials the ttC-HVs will be using, with at least one full set (three storybook sets – bound in modules, Household Handbook, registers, referral forms and notebook/diary). In addition,

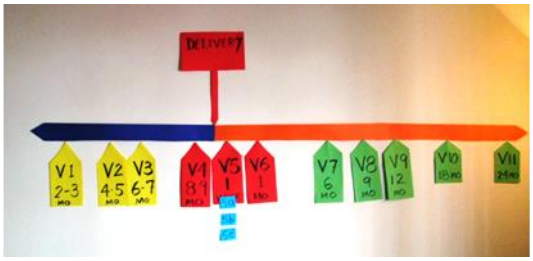


Figure 3. Example of a ttC visit structure visual used in a ToF

- Make sure facilitators understand that they may sometimes work with literate ttC-HVs and sometimes with non-literate ttC-HVs. If the ttC-HVs they are training cannot read and write, the facilitators will need to carry out *all* activities through discussion and visual representations. Wherever the FM instructs to write on a flipchart, this instruction must be replaced with oral or visual methodologies.
- Explain that a shaded box in the FM indicates that the same content is included in the PM. Always have participants turn to the corresponding page when you reach these training steps.

Session 2: Introduction to country-specific health and nutrition issues

Materials:

- PowerPoint with country statistics prepared by trainers
- Coloured cards for the activity

Trainers should review the results of the ADAPT assessment for the NO or download the Demographic and Health Survey (DHS) statistics from the Internet and prepare a PowerPoint presentation. Go through the presentation and facilitate plenary question-and-answer and discussion. Leave the statistics up when you do the activity.

Explain the exercise as described in the FM. Ask the group members to stand in two lines. For each statistic ask the group holding the card to step forward and make an action for each statistic as described in the exercise. Alternatively, you could do this activity as an energiser when needed, or ask experienced facilitators to demonstrate this. Debrief the activity by explaining that these are some of the health and nutrition issues that ttC is designed to address, as the participants will learn through the training.

SESSION 3: IDENTIFYING EARLY PREGNANCIES AND REACHING VULNERABLE HOUSEHOLDS

Materials/preparation:

- Provide a flipchart to each group of 4 to 6 participants
- *Eligible Women and Girls Register*

Recap the main points mentioned in the morning session about how ttC-2 reaches out to the most vulnerable and marginalised, as these are the families most likely to have barriers to health and to experience child deaths. Some of the PowerPoint slides could also be shown at this time if preferred.

Break the participants into groups, or ask them to sit according to their districts or regions. Conduct all activities as laid out in the FM, ensuring plenty of discussion around which specific groups are most vulnerable in their districts. If you are planning for ttC-HVs to register all eligible women and use this register to track and check on women regularly, you can essentially use Session 3b as an opportunity to discuss and field test the tool. They can practise and simulate the visits in groups using the exercises given.

END OF DAY

- Gauge how the participants are feeling using one of the suggested activities.
- Distribute the training simulation assignments in groups of two or three, and answer any questions.
- Ensure you have collected all homework assignments and mark them before Day 3.

DAY 2: INTERACTING WITH FAMILIES

Day 2 at a glance

Time	Session title	Duration	Materials used
ttC Methodology: Behaviour change communication and ttC counselling skills			
8:30–9:00 am	Review previous day	30 min	
9:00–10:30 am	**Session 4: Behaviour change communication** • Trainer demonstration and participant practice/feedback	90 min	FM
10:30–11:00 am	**Break**	30 min	
11:30 am – 12:30 pm	**Session 5: Effective communication skills** • Trainer demonstration and participant practice/feedback	60 min	FM
12:30–1:30 pm	**Lunch**	60 min	
1:30–3:00 pm	**Session 7: The dialogue counselling approach** • Steps of the HH visit • Use of stories	90 min	FM Household Handbook
3:00–3:30 pm	**Break**	30 min	
3:30–5:00 pm	**Session 8: Negotiation using the Household Handbook** • Trainer demonstration and participant practice	90 min	ttC storybooks: sample
Evening	**Trainers** • Debrief • Assist participants with preparing for sessions **Participants** • Prepare for activities		

SESSION 4: BEHAVIOUR CHANGE COMMUNICATION

Materials:

- Household Handbooks and storybooks
- Print selected behaviours for the BCC session
- Washing line/string, and pegs/paperclips

Activities 1–7 can be carried out by trainers if needs be. If the level and capacity of the group is high, you can split them into two groups to prepare activities 4 and 5 by reading the instructions and then they will train the other group in plenary. Follow the instructions in the FM. Additional points to note:

- Prepare and practise the role play in **Activity 2** with your co-trainers ahead of time. If you decide to ask for volunteers to carry out the role play instead, brief them in advance. The important point to note is that the ttC-HV *can show good communication skills* – the problem is not meant to be a problem of communication skills. Rather, the problem is that he or she is only *telling* the family what to do, without exploring barriers and solutions. That is what should come out in the role play.
- In **Activity 4**, make sure the following points are emphasised at the end of each example:
  The road/journey: The point is that there are often barriers to reaching our desired destinations. The road sets up the metaphor.
  Breastfeeding: This idea of barriers applies to health and nutrition behaviours we are concerned about. This example shows the metaphor is applied to our health work, using a complex health behaviour.
  Iron-folic acid (IFA) tablets: The main point is that when the ttC-HV encounters barriers in the household, often he or she will be able to counsel the family to help it overcome the barriers and find solutions.
  Complementary feeding: The main point here is that although the ttC-HV can counsel the family, not all barriers will have immediate solutions that can be resolved during the visit.
- **For Activity 5,** print out various images of health practices, especially for non-literate ttC-HVs. The participants can stick them on the wall or use a washing line and pegs or a string and paperclips.

SESSION 5: COMMUNICATION SKILLS

Activities 1–4 should be carried out by the trainers, following the instructions in the FM. You may decide to pick and choose some of the activities in this session to simulate, or you may decide to do them all. Use your judgement, based on the levels of comprehension of the participants. If you do not simulate every activity, at least read the activity together and ask if they have any questions. Make sure there is time to practise each skill and to discuss what the ttC-HVs currently do, for example, lecturing.

SESSION 6: PSYCHOLOGICAL FIRST AID AND MATERNAL WELL-BEING AND SUPPORT

Explain that this will be covered in detail the next day.

SESSION 7: DIALOGUE COUNSELLING APPROACH: USE OF STORIES

This session includes both the sequence of the household visit and the concept of the storybook approach, so it's very important to get this one right to frame the methodology well. **Activities 1–3** should be carried out by trainers. Follow the instructions in the FM with these additional considerations:

- Rehearse and practise ahead of time with other trainers.
- Place a visual reminder on the wall to illustrate the components of each step in the household visit.
- During **Activity 2**, you can have a pair of experienced participants or facilitators run through the steps and demonstrate the approach. You don't need to go into a lot of details about Step 4 at this point as it will be covered in more depth in a later session where we cover the dialogue-based skills.

Discuss and demonstrate the pointers for good storytelling, or have one facilitator demonstrate and the others describe what they are observing. After this, form small groups for the rest of the activity. Ideally, they should practice Visit 1, covered in Technical Module 1 of the FM (Healthy Pregnancy). At the end, have them review Session 7 so they see what was just done.

SESSION 8: NEGOTIATION USING THE HOUSEHOLD HANDBOOKS

If needed, refer to the PowerPoint presentation again to refresh the concepts of behaviour change. It could be useful to use the visual of a mountain to illustrate how the 'what-why-what-how' approach helps people to overcome barriers to health.

- PractiSe with the trainers ahead of time for **Activity 1**.
- For applying this to your own health practices, ask one trainer to select a health behaviour he or she wishes to change (e.g. diet, exercise) and demonstrate counselling that person using the technique. Then ask the participants to pair off and practise using health behaviours they would like to change.

Review **Activity 3** in plenary, using an example prepared from the Household Handbook beforehand. Then break into small groups and have a pair of participants simulate this while others observe (**Activity 4**). It is important that people understand the difference between this approach and lecturing, especially when *knowledge is not the barrier*. The more practice and examples they have to share, the easier this will become. It's also useful to demonstrate lecturing/criticising and so on. You can also have the flipcharts from the communication skills session up on the wall as a reminder.

END OF DAY

- Gauge how the participants are feeling using one of the suggested activities.
- Reassure them that there will be more practice of these techniques as the training continues.

DAY 3: TTC METHODOLOGY: INTERACTING WITH FAMILIES (CONT'D)

Day 3 at a glance

Time	Session title	Duration	Materials used
ttC Methodology			
8:30–9:00 am	Review previous day	30 min	
9:00–10:30 am	**Session 6: Psychological first aid (PFA) and maternal well-being and support**	90 min	FM PowerPoint: Maternal mental health
10:30–11:00 am	Break	30 min	
11:00–11:30 am	PFA, continued practice	30 min	
11:30 am–12:30 pm	**Sessions 9 and 10: Review the health practices and stories** • Trainer demonstration and participant practice/feedback	60 min	FM Household Handbook and stories
12:30–1:30 pm	**Lunch**	60 min	
Technical content review – Module 1			
1:30–3:00 pm	**Overview of Module 1:** • Review of the technical modules and homework • Selected sessions (facilitator simulations)	90 min	Marked homework and answer sheet Technical Module 1
3:00–3:30 pm	**Break**	30 min	
3:30–5:00 pm	**Module 1: Selected sessions (facilitator simulations)** • Practise Visit 1	90 min	ttC storybooks
Evening	**Trainers** • Debrief • Prepare the room for the newborn activity		

SESSION 6: PSYCHOLOGICAL FIRST AID AND MATERNAL WELL-BEING AND SUPPORT (2-3 HOURS)

Materials:

- *Facilitator's Manual for Training in ttC: The ttC Methodology*
- PowerPoint: Maternal mental health
- PFA handout (additional visuals package)

Explain that you will give an outline of key concepts in mental health and then conduct the session as described.

Note: Talking about these issues could bring up personal experiences which might be distressing. Reassure participants that they can leave at any time and don't need to share personal information at all.

Explanation of why MHPSS was added to ttC: There is increased recognition of a gap in training concerning the importance and burden of maternal mental health and psychosocial problems in community health. ttC-HVs occasionally work with women and families in very difficult circumstances and so need basic skills for responding to a person in distress. **What PFA is not:** Participants may have preconceived ideas about PFA. Some may think PFA is a protocol for identifying a person at risk of mental health problems, or a form of therapy. It is important to explain that PFA is *neither.* PFA is a simple skills-based approach for dealing with people in distress. The session highlights some risk factors such as violence and abuse. Few countries have strong social/psychological services for referral, so ttC training focuses on support and containment through promoting positive coping strategies, calming techniques and social support mechanisms. PFA takes a 'do no harm' approach, teaching HVs to listen without judgement, validate the person's concerns and explore options without applying pressure or coercion to take any action the person is not comfortable with.

Overview of PFA presentation (PowerPoint) – This covers key concepts for maternal mental health and the burden, risk factors and potential outcomes for children. Use the FM to describe the structure and purpose of each section and review the learning objectives.

Conduct **Activities 1 and 2** as described, or break out into groups to discuss the question, with closed books. At the end of the activity, ask them to open the book and discuss the signs of distress listed in **Activity 2** (p. 62 of the FM). Conduct **Activities 3, 4 and 5** as described, using the PFA handout or laminated card. You might wish to just explain **Activity 6** for now, and then do the relaxation exercises at the end of the day as a wind down. Bring this back to the context of the home visit – look specifically at the pre-step and ensure they can articulate the role of 'LOOK' and 'LISTEN' in the pre-step to judge the woman's current state of mind before proceeding. PFA can be applied at any time and in any context, however.

SESSIONS 9 AND 10: REVIEW OF THE HOUSEHOLD HANDBOOK AND STORIES

If using WV curriculum, these sessions can be deleted as they are already covered in the technical modules.

If using the MoH curriculum in place of the technical modules, you will need to add sessions 9 and 10 and allow sufficient time to explore each health behaviour's barriers and enablers. This is good preparation for the ttC-HVs, so they think through and plan appropriate actions before a home visit. Explain that in the WV curriculum a barriers analysis is done after each technical topic. Take one household visit example and conduct the activity as described as group work. Discuss how they might approach this with illiterate ttC-HVs.

Review a couple of the stories (Session 10) and explain that if not using the MoH curriculum, they will add a session where they review the stories also.

ttC TECHNICAL CONTENT REVIEW – MODULE 1

OVERVIEW OF MODULE 1 (APPROXIMATELY 10 MIN)

Give a brief explanation, presenting the table of contents, how the manual is structured around the first three household visits and technical topics are introduced in a timed way. Situate this well with the Household Handbook and explain that all topics covered in training are reflected in this handbook. The storybook for Module 1 contains three stories for Visits 1–3. Recap the structure of the sessions and remind the participants that the grey boxes are the technical information covered in the PM. Explain that they did the activity from Session 14 during the practical training yesterday (if Visit 1 was used).

HOMEWORK QUESTIONS FOR MODULE 1 (UP TO 30 MIN)

Pass out the homework they submitted and their marks. Also share a copy of the answer sheet so they can determine where they went wrong. Answer any questions and concerns they have.

SELECTED FACILITATOR SIMULATIONS (2 HRS)

General Instructions for Trainer: At this point, you will have assigned activities to the participants according to the allocations shown below. The participants should be given adequate time to prepare – at least overnight. They will follow the instructions in the FM, with the class playing the role of ttC-HVs using the PMs. Trainers should take observation notes as the participants are carrying out their activities. If anything needs to be corrected do so *immediately after the activity*, so that it becomes clear how to carry out the activity correctly. The trainers will also use the notes as input to deciding scores for the evaluation of facilitation skills.

Pair	Session and activity numbers	Time allowed
1	Session 11: Activities 1–3	20 min
2	Session 12: Activities 4–5 *(only consider barriers for prompt referral)*	20 min
3	Session 15: Activities 5–6	20 min
4	Session 18: Activity 3: Preventing adolescent pregnancy	20 min

SESSION 14: CONDUCTING THE HOUSEHOLD VISIT

If time permits, divide the participants into groups of four and have them practise the dialogue counselling process for Visit 1. Each group member will take one of the steps, whilst remaining group members play the role of the family. Trainers should circulate and assist them as they are learning the dialogue counselling process. You should pay careful attention to how they are doing Step 4: Negotiation, as this usually is the most difficult. **Note:** This second practice may be cut if time is short, or they may proceed to Visit 2 if they managed to practise sufficiently the day before.

DAY 4: TTC TECHNICAL CONTENT REVIEW: MODULE 2

Day 4 at a glance

Time	Session title	Duration	Materials used
Technical content review – Module 2			
8:30–9:00 am	Review previous day	30 min	
9:00–10:30 am	**Overview of Module 2:** • Visit 4 & 5 – Essential newborn care in the first week of life (trainer led) • Trainer demonstrations (on newborn care)	90 min	*FM for Training in ttC-Technical Modules 2: Childbirth and Newborn Care*
10:30–11:00 am	**Break**	30 min	
11:00 am–12:30 pm	**Review of homework – Module 2** • Module 2: Selected sessions and activities (participant simulations)	90 min	Marked homework and answer sheet FM and PM Selected session materials
12:30–1:30 pm	**Lunch**	60 min	
1:30–2:30 pm	**Module 2: Selected sessions** • establishing exclusive breastfeeding • danger signs in the newborn	60 min	FM and PM
2:30–3:00 pm	**Practise Visit 5**	30 min	Household Handbook and Module 2 storybook
3:00–3:30 pm	**Break**	30 min	
3:30–4:30 pm	**Supportive care sessions**: • the most vulnerable pregnancies • the most vulnerable newborns and mothers	60 min	
4:30–5:15 pm	**Overview of Module 3:** • Module 3 homework and discussions	45 min	FM Homework sheets and answers Module 3 storybooks
Evening	**Trainers** • Debrief • Prepare the room for the ECD activity • Print the assessment test sheets for the next day		

NEWBORN CARE

Materials:

- *Facilitator's Manual for Training in ttC: Module 2: Childbirth and Newborn Care*, Visit 5 storybooks and Household Handbook
- Three demonstration stations, each with a doll, wrap or cloth, water bottle and soap, handwashing basin
- Video and data projector and speakers set up to show online or downloaded video (multimedia files)
- Station 1: Assessing the baby checklist – written on flipchart
- Station 2: chlorhexidine sample, clean birth kit, three pre-written flipcharts: 1. the 'six cleans' in a clean delivery, 2. the immediate-care steps, 3. the chlorhexidine application steps
- Additional visuals for training – breastfeeding images

OVERVIEW OF MODULE 2 (10 MIN)

Give a brief explanation, presenting the table of contents, how this module covers Visits 4–6, including the last visit before birth, the three visits in the first week and another one at one month old. Give an overview of materials and job aids on newborn care – *Facilitator's Manual for Training in ttC: Module 2* and storybooks for **Visits 4 and 5**. Remind them Visit 5 is unique as it is repeated three times (first, third and seventh days). Although Visit 5 stories are covered only once, assessing the baby for danger signs is done every time. Review the Household Handbook and stories.

HOMEWORK QUESTIONS FOR MODULE 2 (UP TO 30 MIN)

Participants should have received their marks and answer sheets the day before, so use this time to look through key questions or concerns about Module 2 technical content.

TRAINER OR FACILITATOR SIMULATIONS: ACTION STATIONS/CAFE (60 MIN)

General instructions for trainer: Trainer demonstrations need to be done with accuracy. Thus, there are two options for conducting these demonstrations. If the facilitators are predominantly non-health specialists, then select demonstrators who are competent in these skills. The logic of doing these activities in 'stations' is to ensure that those in each group will get a close look and try out the actions themselves during the rotations. If facilitators include health specialists trained in newborn care (e.g. nurse/midwife, neonatal specialist or doctor), select those participants to conduct the demonstrations with trainer support.

Location	Session and activity numbers	Time allowed
Station 1	**Session 2:** 'Immediate Essential Care of the Newborn after Birth' • Activities 1, 2 and 3 (pp. 10–12) • 'Special session on chlorhexidine cleaning of the umbilical cord' stump' (p. 28)	30 min
Station 2	**Session 10:** 'Danger Signs in the Newborn' • Activity 5: 'Demonstration: Assessing the newborn baby' (Visit 5) (pp. 64–65)	30 min

Steps for Station 1: *'Immediate essential care of the newborn after birth' and special session on CHX*

Preparation:

- Prepare a table with a newborn baby doll, chlorhexidine samples and a clean-birth kit, soap and water and towel
- Prepare three flipcharts:
  - Flipchart 1: 'The first hour of life' (see pp. 10–11)
  - Flipchart 2: 'Immediate essential newborn care' (p. 11)
  - Flipchart 3: 6 Cleans for delivery' (p. 30)

Points to highlight:

1. Remind participants this practical session is for Visit 4 (late pregnancy) and refer to the ttC timeline.
2. This session doesn't teach ttC-HVs how to perform a clean birth; rather, it to helps them to promote to the family a clean birth and provide immediate newborn care regardless of facility or home birth.
3. The ttC-HV is to encourage families to have the birth with a skilled birth attendant, but if this cannot happen, help them practise clean birth and immediate essential newborn care.

Steps in demonstration:

- Read aloud Session 2, Activity 1.
- Review Activity 2, 'First hours of life' principles: warmth, breathing, hygiene and breastfeeding; refer to flipchart.
- Demonstrate the six cleans using the clean-birth kit and doll and refer to the six cleans flip chart.
- Activity 3, Immediate essential newborn care. Demonstrate the six cleans and ten steps in immediate newborn care by asking a group member to act as a birthing mother, making the scenario as real as possible. Then ask each person in turn to do the same with the person next to them so that one acts as the birthing mother and one as the birth assistant until all have practised the ten steps.
- Review the special session on chlorhexidine cleaning of the umbilical cord stump, Activities 1 and 2 (p. 28). Demonstrate Activity 4 – application of chlorhexidine: Read aloud the steps – wash hands, apply a liberal amount of chlorhexidine to the cord and skin area, do not cover the cord, remind the family not to put anything else on the cord, and remind the family to apply chlorhexidine every day for seven days.
- Summarise the session.

Key competency – All ttC-HVs and facilitators should be able to demonstrate how to apply immediate newborn care and apply chlorhexidine correctly.

Steps for Station 2 – Session 10, Activity 5 'Demonstration: Assessing the newborn baby'

Preparation:

- Set up a table with a baby doll and a wrap and hat.
- Prepare a flipchart listing the steps in checking the baby from 'Assessing the baby' (p. 65).

Points to highlight:

- Remind participants that in some countries the CHW curriculum (cIMCI) will include training on taking a weight measurement and counting of breaths. This session must be contextualised for your country.
- Remind them that this demonstration is in Step 5 for every household visit in the first week of life.

Steps in demonstration:

- Ask the participants to read along while a volunteer reads the grey box 'Assessing the baby' (p. 65) aloud.
- Set up a role play with a mother and newborn baby (the trainer acts out the role of the HV).
- Go through the 'Ask the mother' steps.
- Ask the mother if it is OK to look at her new baby. Check that the room is light and warm, simulate washing hands and then take the baby from the mother and place it on the table.

- Gently unwrap the baby and simulate performing the steps in 'Check the baby'. Participants can check the flipchart or manual as each step occurs.
- Finish by thanking the mother and telling her the baby is well (if no problems were observed); remind her that if she observes any danger signs, she should take the baby to the clinic as soon as possible.
- Then ask each member in turn to demonstrate the same practical assessment of the baby.
- Ask the participants to also simulate what they would do if a referral needed to be made (*Note:* the referral aspect need to be applied using the country referral tool or the WV one if used.)

Key competency – Each visit in the first week of life must include a visual check of the baby from head to toe, not just asking the mother and family questions.

Trainer demonstrations: Optional additions

Include these sessions depending on the participants' previous training and experience in assessing breastfeeding positioning and attachment and assessing danger signs.

Session 8: Infant feeding: Establishing exclusive breastfeeding (30–45 min). Although this session contains a good deal of technical information, the video and printed visuals are very valuable for participants with limited prior experience. Experienced breastfeeding trainers may not be aware of these multimedia tools.

Introduce the session and do **Activity 1** (true/false). Ask participants to review the technical information in **Activities 2 and 3**, and highlight the key points. For Activity 4, also review the storybook and the actions.

Play the video (only the section from 1:10–6:00 min): 'IMCI training video: Exercise D – Correct positioning and attachment for breastfeeding'. You will need to pause the video in places and point out the key actions. Explain that this video can be used during the training, but if language/literacy is an issue, it could also be useful to use the photos in **Activity 6** or to invite local mothers to the training of ttC-HVs to provide a live demonstration of positioning and attachment. Discuss **Activity 7** in brief and highlight some of the key beliefs in your contexts that facilitators may wish to highlight in their trainings about breastfeeding.

Session 10: Danger signs in newborns (20 min). Present Session 10: 'Danger signs in the newborn', Outline the session. Conduct **Activities 1 and 2**. For **Activity 3,** show the video 'Warning signs for newborns' and discuss. Share the slide visuals used for **Activity 4** ('Spot the difference') and discuss.

Session 11: 'Special care of the small baby in the first month'. Review the key points of the session, including looking at the box 'Signs that the baby was born too soon' (p. 69). Using the doll, cloth and hat, ask a participant to demonstrate how to carry the baby, skin to skin on their front, according to Kangaroo Mother Care (KMC) (Activity 4), and in a reclined sleeping position. Watch the KMC videos: 'Kangaroo mother care' and 'Expressing and feeding with cup'. You will find these in the multimedia resources file on the pen drive or downloaded from the TTC site on wvcentral so Internet connections aren't required. Ensure facilitators can demonstrate the 'kangaroo' carrying method and explain steps in expressing breast milk using Storybook 5.

Conducting the Household Visit

If time permits, divide the participants into groups of four and have them simulate Visit 5a, in which the ttC-HV assesses the baby (p. 74). Ensure they follow the steps correctly as shown in the PM and FM.

SUPPORTING THE MOST VULNERABLE CASES (60 MIN)

OVERVIEW OF CONTENT (15 MIN)

Present the overview of the session on support for the most vulnerable cases:

- Technical Module 1: Session 20 – 'Supportive care for vulnerable pregnancies'
- Technical Module 2: Session 16 – 'Infants born to HIV-positive mothers' and Session 17 – 'Additional support for high-risk newborns and mothers'
- Technical Module 3: Session 15 – 'Supportive care for the high-risk child'

Explain the concept of 'Reaching the Most Vulnerable', i.e. some families are more vulnerable to health problems or experience more barriers to health due to their circumstance. The session describes some of these families and individuals and how ttC might provide extra care and support. Once enrolled in ttC, individuals with specific needs may be identified for extra support in the form of: more frequent visits, psychosocial support, ensuring access to health services and support to manage their medicines and self-care. **Explain**, showing the ttC register, how high-risk or vulnerable cases can be indicated on the register and how under supervision we would expect to see more frequent visiting. **Note**: the condition/cause of vulnerability is not marked due to confidentiality, e.g. HIV or postpartum depression both need extra care but this is confidential between the client and the home visitor.

Session 20 (Module 1): 'Supportive care for vulnerable pregnancies'. Review the session and highlight the support actions that can be taken. Post these on a flipchart, and refer to them during the case study activities.
Session 16 (Module 2): 'Infants born to HIV-positive mothers'. If you have non-technical facilitators, cover this material 'as is', because this information is important and widely misunderstood. Facilitators may have questions about HIV and not easily grasp technical concepts such as the 'HIV-exposed' child and the purpose of co-trimoxazole preventive treatment. Trainers may need to do a lot of 'myth busting' around HIV and breastfeeding. For a group of health specialists, it should be sufficient to review the materials as a refresher.

CASE STUDIES AND SUPPORTIVE CARE (45 MIN)

Session 17 (Module 2): 'Additional support for high-risk newborns and mothers'. Ask the participants to close their manuals. For **Activity 1,** make two lists on flipchart paper – *Most Vulnerable Mothers* and *Most Vulnerable Newborns* – and ensure all the listed examples are covered, such as HIV, adolescents, women experiencing post-partum depression, and so on. Break them into groups, giving each group one mother and one newborn case from the list. For each case they should brainstorm on a flipchart what the risks/vulnerabilities are, what home-based care they need, and what the HV can do (using suggested actions). When completed, ask them to open their books and compare answers, adding any other actions in red pen. Each group can report their key learnings and ideas (emphasising the HVs will not have additional training).
For **Activity 2**, project the case studies on the wall and cover the answers. With closed books, give each small group a number. Then in plenary ask the groups to discuss and present the key actions for the ttC-HV.

WRAP UP

Review the key messages and discuss how troubleshooting in supervision should be looking at these cases in depth. Explain that supportive care is not a rigid mechanism, but responsive to the needs of the client.

ttC TECHNICAL CONTENT REVIEW – MODULE 3

OVERVIEW OF MODULE 3 (10 MIN)

Give a brief explanation, presenting the table of contents, how this module covers all of the rest of the visits up to the exit visit at 24 months. Describe the modifications/additions described in the 'Introduction' of the *Facilitator's Manual for Training in ttC: Module 3: Child Health, Nutrition and Development*. Highlight that today will largely focus on content that may be less familiar to them, including Session 4: Counselling the Family for Care on Child Development; Session 8: Detecting and Referring Acute Malnutrition; and the additional support for high-risk children. Explain key themes addressed in this document, specifically:

- adequate complementary feeding
- detecting and referring acute malnutrition
- early child development.

Review the structure of visits on the board and the key messages promoted at each visit. **Note:** The key message on early child development relates to promoting parents' (especially the father's) engagement in age-appropriate play and communication activities with the baby *from birth.* This message is included even in Module 2 visits. However, due to the need to break the content into manageable modules, a detailed training on ECD is only included in Module 3. Highlight the contextualisation you have made in your curriculum.

HOMEWORK QUESTIONS FOR MODULE 3 (UP TO 30 MIN)

Work thorough the homework questions relating to Module 3 and answer any questions and concerns they might have about the technical content.

END OF DAY

- Gauge how the participants are feeling using one of the suggested activities.

DAY 5: MODULE 3 AND EARLY CHILD DEVELOPMENT

Day 5 at a glance

Time	Title	Time	Handouts/materials
Module 3: Technical content review – Early child development			
8:30–9:00 am	Review previous day	30 min	
9:00–10:30 am	**Early child development (Part 1)**	90 min	Module 3 PowerPoint: Introducing ECD Training materials listed
10:30–11:00 am	**Break**	30 min	
11:00 am – 12:30 pm	**Early child development (Part 2)**	90 min	Training materials listed WHO CCD cards
12:30 am –1:30 pm	**Lunch**	60 min	
1:30–3:00 pm	**Content review: facilitator-led simulations** • IMCI-style assessment of danger signs • Complementary feeding and demonstration • Detecting and referring acute malnutrition and using mid-upper arm circumference (MUAC) • Additional care for the high-risk child	90 min	Training materials listed
3:30–4:00 pm	**Break**	30 min	
4:00–5:00 pm	**Practice and observation: Conducting Visit 6 and observation of a household visit**	60 min	Observation checklist Module 3 storybooks Household Handbooks
Evening:	Trainers**:** • Issue the training evaluation questionnaire • Issue the PFA and household-visit assessment tools Participants: • Complete the training evaluation questionnaire • Prepare for test and skills assessment		

INTRODUCING EARLY CHILD DEVELOPMENT

Time: 4 hours

Materials/preparation:

- *Facilitator's Manual for Training in ttC: Module 3: Child Health, Nutrition and Development*, *Participant's Manual* Technical Modules 1-3, Module 3 storybooks and the Household Handbook
- Video and data projector and speakers set up to show online or downloaded video (multimedia files)
- PowerPoint *4.ToF for ttC-2.Early child development*
- Additional visuals – WHO care for child development counselling, malnutrition images
- Sample toys and flipcharts with age groups for Session 4
- Child health card samples from the country
- String and scissors for the 'Brain Activity'
- *Skills assessment tool 3 – Observation of ECD counselling simulation*

Note: Plan to include up to three hours if adopting both Parts 1 and 2 of Session 4. It is recommended that MoH or WHO/UNICEF ECD trainers collaborate to deliver national-level ToF in ECD, especially for Part 2.

BACKGROUND INFORMATION ABOUT ECD (15–20 MIN)

The ECD PowerPoint and video present the rationale for including ECD in health programmes for 0–2 year olds and include notes pages that cover the key points. There are 15 slides and a seven-minute video.

CONDUCTING THE SESSION

Review the key messages and describe the Session 4 structure. Review **Activities 1 and 2** briefly (these may not need to be simulated). Conduct **Activities 2–5** as described. **Activity 6** (the Brain Activity) should be practised in advance, and is best conducted outside in an open space or a large room. The string and scissors should be held by one facilitator who stays in the centre of the circle of people, with the narrator on the outside. The narrator reads slowly while the other facilitator passes the string among participants, and later makes cuts, ensuring they are in sync with the narration of the story.

For **Activity 7:** Prepare beforehand the five stations around the room with flipchart images of the age groups and sample toys for each station. It will help participants as they travel between the different stations to have copies of the WHO CCD age-appropriate play and communication table with them (*Trainer's DVD*: *Additional visuals for training*). If you are not able to provide toys, use printed copies of the handout '*Examples of locally available toys (Uganda 2015)*', provided in the Trainer's DVD or look at the pictures in the FM. Describe **Activities 8 and 9** and check the participants' understanding**.**

PART 2: ASSESS AND COUNSEL THE FAMILY ON ECD (45 MIN)

Explain the difference in the ECD approach used in Part 2:

- Part 1: HVs will promote play and communication as part of Household Handbook discussions in all visits.
- Part 2: HVs will also assess difficulties in caregiver interactions and counsel the family on overcoming barriers to child development, including among the most vulnerable children.

Conduct **Activity 10** as described, having prepared well in advance. Have the participants follow the process in their manuals. For **Activity 11** break out into groups of four and select one or two cases from the sample problems. Give overall feedback in plenary, ensuring everyone has done one role play of the caregiver interaction assessment. Conduct the remaining exercises as described.

SELECTED FACILITATOR SIMULATIONS (1½ HOURS)

General Instructions for Trainer – Participants who have not yet performed simulations should conduct them now. From the list below select number 1 and any two of the other three activities.

Group or pair number	Session and activity numbers	Time allowed
1	**Session 2 (Module 3): Complementary feeding.** Complementary feeding recipe demonstrations (Activity 2). Select the recipe most convenient with ingredients available nearby or from the kitchen, for example, recipe 1 or 2 (p. 12). Review the other recipes and discuss how the facilitators plan to prepare these activities.	20 min
2	**Session 3 (Module 3): The major killers and feeding during illness.** Assessment of a child using the IMCI-method and preparing and giving ORS/zinc. Demonstrate Activity 3 using water, ORS and zinc tablets. Conduct Activity 5 in plenary using dolls.	20 min
3	**Session 8 (Module 3): Detecting and referring acute malnutrition.** Screening with MUAC (optional). Conduct Activities 3 and 4 or conduct MUAC screening training. Ensure selected facilitators are competent to simulate Activity 3 from Session 8b (pp. 57–58).	20–30 min
4	**Session 15 (Module 3): Supportive care for the high-risk child** (optional)	20 min

CONDUCTING VISIT 7 AND OBSERVATION OF A HOUSEHOLD VISIT (60 MIN)

Ground the practice in the home visit again. This time introduce the *Skills Assessment Tool 1 – Observation of behaviour change counselling*, and explain how the assessment will take place. Break into groups of four, and ask them to simulate Visit 7 as described. Choose a vulnerable child case from those listed in Sessions 4 and 15, such as an HIV-positive child or a child with chronic malnutrition. Explain that one pair will role-play and the others observe using the assessment tool to ensure all the steps are completed. You may wish to skip the stories and focus on the counselling technique and supportive care.

DISCUSSION OF NEXT STEPS AND WRITING ACTION PLANS (10 MIN)

Discuss next steps, giving details about the practicum, which will involve conducting a training of ttC-HVs, with support of at least one trainer. Together with their managers, facilitators should develop an action plan for training ttC-HVs. Issue them the *Learning Transfer Action Plan,* to be reviewed the next day.

END OF DAY

- Review the household visits for Module 3 again and answer any questions the participants may have.
- Issue the PFA and BCC skills assessment sheets and the training evaluation questionnaire.

DAY 6: ASSESSMENT, ACTION PLANNING AND CLOSE

Day 6 at a glance

Time	Session title	Duration	Materials used
Assessment, action planning and close			
8:30–9:00 am	Recap of the previous day Collect training evaluations (Tool 12)	30 min	
9:00 am – 12:30 pm (break included; take at convenient time)	*Simultaneous activities*: Classroom test **Skills assessments in groups:** • BCC assessment of a household visit (Tool 6.1) • PFA simulation (Tool 6.2) **Optional – Skills assessment for ECD** (Tool 6.3 add 2 hours)	3½ hours	Participant Learning Assessment (Tool 5) Skills assessment tools (Tool 6) one per facilitator
12:30–1:30 pm	**Lunch**	60 min	
1:30–3:30	***Simultaneous activities*:** • Work planning in teams • Individual meetings and action plan review	2 hours	
	Close		

TRAINING EVALUATION

All participants should complete the training evaluation anonymously. Collect this first thing in the morning.

SKILL ASSESSMENT AND CLASSROOM CONTENT TEST (3-4 HOURS)

Materials and preparation:

- Split the class into 6–8 facilitators per trainer (assessor) if possible
- Prepare chairs in circles, no tables
- *Participant Learning Assessment* (Tool 5), one per participant
- *Skills Assessment Tools 1 and 2,* one per participant. Include ECD if appropriate

PARTICIPANT LEARNING ASSESSMENT (TOOL 5)

Ask participants to put away their books for the remainder of the session, except the job aids needed for their simulation. Distribute Tool 5: Participant Learning Assessment. Explain that as the skills assessments are going on, those not involved in the simulations can do this test. Although not done in exam conditions, explain that they should not confer or use their books. They should hand in the test as soon as they complete it.

The trainers will score the test prior to the closing of the training, or as soon as the simulations are completed. The test can be found on the Trainer's DVD, and the answers and scoring guide is given in *Appendix 3*. In the database, click on the tab entitled 'Post-Test' and enter test scores for each of participant. If there are enough trainers, have one mark the classroom tests whilst the others complete their assessments.

PARTICIPANT SKILLS ASSESSMENTS

Observation of BCC (*Skills Assessment Tool 1*)

Give out the skills assessment forms the day before so facilitators understand what is expected.

- Divide participants into groups of six to eight people, and assign them a location, ideally separate rooms or outdoor space. One trainer/assessor should be assigned to each group.
- Select a household visit and story, and provide them with a case. Prepare case examples by writing a single health practice from that home visit that the family is not currently practising, and also give them a plausible reason (that is, the underlying barrier). See Table 10 for examples.
- For each simulation give one case example (Table 10) and Household Handbook to those planning to play the role of mother and spouse. Time is limited during simulations, so the stories can be skipped, in order to focus on the correct steps and counselling technique. Allow a *maximum* of 15 minutes per simulation.

Table 10. Examples of case studies for the practical assessment

Sample case	Story
Visit 1	The pregnant woman has not yet been for antenatal care because she does not have money for transport. She has to ask the husband for money.
Visit 1	The pregnant woman is not yet sleeping under a mosquito net. She only has one net in the house and is currently using it for the children.
Visit 1	The pregnant woman is not eating iron-rich foods – she has no meat in her diet because the husband spends their money on other things.

Visit 2	The pregnant woman was not been for an HIV test yet, and the husband says that he doesn't believe it is necessary because they are both healthy.
Visit 3	The family has not prepared for a facility birth. The mother-in-law has assisted deliveries at home, and the woman is under pressure to please her mother-in-law although she would prefer to deliver in the facility.
Visit 6	The mother and father report that they have not been to the facility for vaccinations yet because the mother says that with other children to care for she doesn't have time to go.
Visit 8	The mother is feeding the child rice with water, because she doesn't have money to buy eggs and fish or meat. She has a kitchen garden but sells all the produce.

PFA assessment for facilitators (Skills Assessment 2)

This assessment would only be done during a simulation/training. It assesses if the facilitator can adequately demonstrate the PFA approach in a simulated setting. The simulation should be created using a plausible case study and trainer acting the role of a distressed person. The assessor observes and uses this to give feedback on the demonstration of the technique. Prepare the trainer well in advance. Sample cases might include:

- A woman with a one-month-old baby experiencing signs of depression, feeling overwhelmed and exhausted.
- An adolescent who is six months' pregnant, is experiencing violence from her boyfriend and is very upset.

Scoring the participant assessments

- Open the *ttC Participant Database* on the ttC Trainer's DVD and save a copy as the database for the ToF.
- Click on the first tab ('Names Alphabetical') and fill in the names of the participants, indicating whether each individual is WV or non-WV, and providing each person's contact number and email.
- Now click on the second tab ('First Evaluation'). The names of the participants have been automatically transferred to this sheet. Fill in the scores for each participant. All totals will be calculated automatically.

ACTION PLANNING AND GIVING INDIVIDUAL FEEDBACK

If you have completed all the assessments needed, arrange the participants into groups according to district, project or other appropriate grouping, in order to discuss the following issues and develop a plan:

- Create a work plan for rolling out the training in their district.
- Share *Learning Transfer Action Plans*.
- Check they have all the materials required to conduct the training *or* calculate needs.

During this time trainers should meet briefly with each participant to give feedback on performance, review action plans, and share any observations about the person's skills and understanding. It is a good idea to start the discussion by asking how confident the facilitator feels about delivering ttC training. Tool 8: *Final Evaluation of Facilitators* can be used as a summary of the results per facilitator. Ensure the completed group plans are submitted for planning follow-up support.

CLOSE

Issue the certificates for the facilitators. Close the training, following whatever protocols are appropriate for the context. Congratulations!

TRAINING OF FACILITATORS: DATA MONITORING AND SUPERVISION

DAY 7: SUPPORTIVE SUPERVISION

Day 7 at a glance

Time	Session title	Duration	Materials used
Pre-reads and homework	Send *ttC Data and Supervision Facilitator's Manuals* and supervision and data tools in advance (2–3 weeks) *Assignment* 1: Conduct observation of service delivery for ttC (*if ttC is under way).* *Assignment 2*: Read section 3.2 'Completing the ttC register – pregnancy'. Using a blank ttC register, complete a form with examples 1, 2 and 3 (Lara and Sheila) in preparation for review in classroom exercise to be submitted on 1st day.	2 hours	Facilitator's Manual (extracted from the *TTC Guidance and Facilitator's Manual for Data Collection and Reporting)* Training ttC Supervisors – a Facilitator's Manual *(extracted from A Guideline for Supportive Supervision of TTC Programmes)* ttC supervision tool
Overview of supportive supervision for ttC			
8:00-8:30 am	Devotions	30 mins	
8:30–9:00 am	Welcome and introduction* Submit homework assignments	30 min	
9:00–9:30 am	**An overview of ttC supervision and monitoring**	30 min	PowerPoint: ttC data monitoring and supervision overview
9:30–10:30 am	**Session 1: Introduction to supportive supervision** **Session 3: Core competencies of ttC-HV**	60 min	Training ttC Supervisors – a Facilitator's Manual
10:30–11:00 am	**Break**	30 min	
11:00 am–12:30 pm	**Session 2: Supervision skills (practical)**	90 min	Training ttC Supervisors – a Facilitator's Manual
12:30–1:30 pm	**Lunch**	60 min	
1:30–3:00 pm	**Session 4: Performance audit** **Session 5: Case spot check**	90 min	Training ttC Supervisors – a Facilitator's Manual
3:00–3:30 pm	**Break**	30 min	
3:30–5:00 pm	**Session 6: Observation assessment of HH visit** **Session 7: Health knowledge and revision** **Session 8: Supervision wrap up: Feedback, action plan and follow-up**	90 min	Training ttC Supervisors – a Facilitator's Manual
Evening:	Trainers: • Debrief and necessary prep for next day		

*Replace with a feedback if running this training directly after the ttC methodology and content training.

SUPERVISION SESSION INSTRUCTIONS

Materials/preparation:

- Room should be laid out with small tables for working groups of four participants
- All ttC supervision tools and registers and manuals should have been contextualised in advance, and approved by a registered ttC strategist* and checked by the DME teams
- *Training ttC Supervisors: Facilitator's Manual*
- ttC supervision tool – one per facilitator
- Flipcharts and pens
- Coloured sticky notes
- Pencils, erasers and sharpeners

**Registered as a ttC strategist on World Vision Global Technical Resource Network (GTRN)*

PRE-READS AND HOMEWORK ASSIGNMENT

All facilitators should receive a copy of the adapted Facilitator's Manual at least two weeks before. They should have a copy of the supervision tool, ttC registers and scorecards. Email these with the manuals.

***Assignment 1*: Conduct an observation of service delivery for ttC**

If ttC is under way: If the ttC-HVs are already doing visits, request that facilitators conduct an observation of household visit in the field and even a case assessment (without the ttC-HV present). The tools are self-explanatory, so the exercise will ground them in the experience of a supervisor and ensure that they arrive at the training ready to learn the tools quickly and resolve the issues that they have already encountered.

If ttC is not yet under way: If ttC-HVs are not yet working at this point, then this field practicum must happen after the training event. Or, if there are CHW supervisors currently doing work but not yet supervising ttC, ask facilitators to accompany a supervisor to the field for one supervision and bring their observations of the 'as-is' process to the class. This can be discussed on the first day.

Assignment 2: Read section 3.2: 'Completing the ttC register – pregnancy' and complete examples 1–3.

Using a blank ttC register, complete a form with examples 1, 2 and 3 (Lara and Sheila) in preparation for review in the classroom exercise. This exercise can be submitted on Day 1 and reviewed by the trainer in time for the classroom exercise on Day 2. In this exercise the facilitators will simply read case information and complete the registers. This encourages reading the chapters and promotes familiarity with the checklist style of the form structure. If it is done in advance, it will save classroom time for troubleshooting.

AN OVERVIEW OF TTC SUPERVISION AND MONITORING (30 MIN)

Start by reviewing all the tools and materials used to train supervisors; discuss the challenges and bottlenecks that the ttC supervision system is designed to overcome. The PowerPoint presentation *5. ToF for ttC2. ttC Supervision and Data* has a brief introduction. Present slides 1–3. Then have them answer the questions on slide 4 in their groups, and write their answers on a flipchart. Show slides 6–11 and explain that they will work through these in detail in the training, but highlight the data flow structure. Slides 12–18 are covered in Day 8.

SUPPORTIVE SUPERVISION AND CORE COMPETENCIES (60 MIN)

Ask them to open *Training ttC Supervisors: A Facilitator's Manual*. Describe the topics that will be covered, and how these link to the supervision tool. As this will be new content, conduct the sessions as described but encourage lots of participation. Ask the facilitators to play the role of supervisors during the training simulation. Conduct **Session 1** as described. Review **Session 3** and describe how to assess each competency.

SUPERVISION SKILLS (90 MIN)

Work through the session as described, giving plenty of time for practice and discussion. This session is very critical for changing the attitudes of supervisors.

SESSION 4: PERFORMANCE AUDIT (45 MIN)

In adaptation, columns and rows that aren't required should have been removed to make it as simple as possible. Explain to the group how and for whom it has been adapted, e.g. if supervisors are low literacy, the tool should remove per cent (%) calculations and leave space for score tallies to be written instead. Conduct **Activities 1 and 2** as described, ensuring that all supervisors understand:

- which are the four performance indicators for ttC
- how each ttC-HV is performing in these four areas: poor, needs improvement, good or excellent
- that calculation or percentages is less important than understanding the performance of each individual and creating plans to resolve performance issues.

Prepare a set of completed cases (four cases, one from each life stage). Photocopy enough for each group. Give each group a case to collate the data and either calculate the per cent (for educated supervisors) or tally/estimate (for lead CHW/HVs), then role-play giving feedback on performance to the HV.

SESSION 5: CASE EVALUATION (SPOT CHECKS)

Review the form and identify how the questions for the family reflect on the competencies of the home visitor. Discuss the process of selecting cases. Conduct the role plays in the manual to practise (**Activity 3**).

SESSION 6: OBSERVATION OF HOME VISIT (45 MINUTES)

Review the form and talk about the process for doing this activity. If the facilitators have completed the BCC Skills Assessment, it won't be necessary to repeat it. Review the additional points covered in the session.

SESSION 7: HEALTH KNOWLEDGE

Review the form and discuss how it can be used either:

- with individuals as a revision/refresher
- in group settings as a revision/refresher
- as a follow-up knowledge test after the training.

SESSION 8: SUPERVISION WRAP UP, ACTION PLAN AND FOLLOW-UP

If the ttC data action plan session is also included, it is not necessary to complete this session as it would be repetitious. This is a quick review of the steps.

SESSION 12: INDIVIDUAL PERFORMANCE APPRAISAL

Complete the session as described. Ensure the facilitators are working with a contextualised tool and that they gather self-assessment from the home visitor themselves before scoring each competency.

DAY 8: DATA COLLECTION AND REPORTING

Day 8 at a glance

Time	Session title	Duration	Materials used
8:00-8:30 am	Devotions	30 min	
8:30–9:00 am	Review previous day Collect the homework exercise, if completed	30 min	*A Facilitators Manual for Training ttC Supervisors in ttC Data Monitoring*
9:00–10:30 am	Recap the key concepts of the ttC data system: the system of data flow. **Unit 3: Completing the ttC registers**	90 min	**PowerPoint.** *5.ToF for TTC2. Data and Supervision*
10:30–11:00	**Break**	30 min	
11:00 am – 12:30 pm	**Unit 3: Completing the ttC registers cont'd.** • Referral – counter-referral (optional sessions)	90 min	*FM*
12:30–1:30 pm	**Lunch**	60 min	
1:30–3:00 pm	**Unit 4: Collecting and tallying registers** • Completing the summary register	90 min	*FM*
3:00–3:30 pm	**Break**	30 min	
3:30–5:00 pm	**Calculating and assessing coverage (threshold analysis**)	90 min	FM
Evening	Trainers: • Giving feedback using data, worked examples and practice debrief • Preparation for the next day Participants: • Homework: Completion of the ttC tally forms and interpretation, if not completed in class		

ttC DATA COLLECTION AND REPORTING

Materials/preparation:

- *ttC registers and tally sheets* – one of each per facilitator
- *ttC Threshold sheets* – colour printed and laminated – one per facilitator
- *Referral–counter referral form* – one or two per facilitator *(if used)*
- *Worked examples* – one set per facilitator or pair
- Jar of beans (if low-literacy supervisors)
- Red and green highlighter pens

Overview: Use the PowerPoint to review the data flow system and the key concepts of the ttC data system.

UNIT 3: COMPLETING THE TTC REGISTERS

Conduct **Session 2 from the** *FM for Training Supervisors in ttC Data Monitoring*, completing the pregnancy registers as described. (**Activity 1** is a revision, as the facilitators have seen these forms in the homework.) For **Activity 2**, distribute back to them the drafts forms they completed for the homework. Project the completed homework assignment example on the wall. They can work in pairs to check and correct each other's homework. Explain the right-side column on each register and how the supervisor completes this at the end of the pregnancy. Explain that some of these involve judgement calls by the supervisor, but ensure they understand each summary statements in the column and are able to put an X or ✓ in the column accurately. For the rest of the unit, review the registers, which all have the same structure, and answer any queries they have.

REFERRAL – COUNTER-REFERRAL (OPTIONAL SESSION)

If this session is to be included, add it into this part of the training and conduct Session 21 in the *Facilitator's Manual for Training in ttC: Technical Module 1: Healthy Pregnancy*, using the referral examples provided.

UNIT 4: COLLECTING AND TALLYING REGISTERS

Cover **Session 6**, using the pregnancy example again and complete the exercise using the *worked examples* sheet. They can work in small groups and consult one another on the cases provided. In plenary, review the work together and confirm understanding. If time allows, do the newborn registers example **(Session 9)**.

CALCULATING AND ASSESSING COVERAGE (THRESHOLD ANALYSIS)

Explain that supervisors are trained to use threshold scorecards to give feedback to the HVs and make data collection meaningful for them. Conduct **Session 7,** completing all the activities as described, including a *worked example* (**Activity 2**). For low-literacy supervisors, use the coverage estimates ('most', 'more than half', 'less than half') instead of percentages. You may simulate this with beans by counting the number of pregnancies and then split into two piles for people doing/not doing each practice. Conduct **Activity 3** in groups. They should use the scorecard to assess each indicator and mark them with red and green highlighter pens. If time allows, they should work through the newborn example as well.

USING DATA TO GIVE FEEDBACK

Present slides 13–18 of the **PowerPoint**, and facilitators can follow the steps for giving feedback in the manual in **Session 12.** Conduct all activities described and allow at least 30 minutes for **Activity 6**, which enables participants to practise giving feedback using the data.

Homework: Complete the ttC tally forms and interpretation if not completed in class and review *FM for Training Supervisors in ttC Data Monitoring* (remaining sections).

DAY 9: TTC SUPPORTIVE SUPERVISION PRACTICUM

Day 8 at a glance

Time	Title	Time	Materials used
8:15–8:45 am	Review previous day	30 min	
ttC Data collection and reporting			
9:00 am –12:30 pm	ttC supportive supervision practicum or simulation in the field	210 min	ttC supervision forms ttC registers
12:30–1:30 pm	**Lunch**	60 min	
Feedback, action planning and close			
1:30–3:00 pm	Feedback, action planning and close	90 min	

SUPPORTIVE SUPERVISION PRACTICUM

This section is described in the Training ttC Supervisors – FM under **Session 9 'Supervision in the Community'**. It would be difficult to do this activity far from the field, but ideally ToFs will be conducted near field sites. A practical, hands-on experience for the facilitators and supervisors is a great training mechanism, although it does require considerable preparation with a suitable community in advance.

There are various options for doing this:

Option 1: Do not do a field practicum during the ToF itself but plan to accompany the first training of supervisors as a training exercise for the facilitators and supervisors.

Option 2: Conduct the ToF for supervision and data collection close to the field to enable the practicum to take place. This might be more feasible, especially if the ToF for data and supervision is a separate event.

Consideration for preparing a community:

- Select a community close to the ToF venue that has multiple ttC-HVs operating (at least three or four), depending on your training group size. You need one ttC-HV per six facilitators to do this well.
- Travel to the community in advance, or call and request that three or four ttC-HVs participate in the supervision training, explaining that this will take 3–4 hours of their time, for which they should be compensated.
- Preferably select ttC-HVs that are reasonably comfortable with the ttC approach.
- Materials needed: Clipboards and pencils, erasers, flipchart and stand, camping chairs (if available), water and refreshments, good shoes and appropriate clothing for the weather.

Break into groups of no more than six supervisors or facilitators per trainer.

Speak with the ttC-HVs and explain the purpose of the exercise; point out that there will be a large number of observers. If they are not comfortable, select one of the facilitators to perform the role of the ttC-HV for an observation of service delivery, as this may be too terrifying to work in front of so many supervisors. Similarly, ask the ttC-HV to select a household that will be comfortable participating in the training exercise, and request permission from the household head to proceed.

- Begin the training exercise by **choosing an appropriate location** for each group either near the ttC-HV's home or in a school or common space. Always return to this space for the debriefing.
- **Troubleshooting** – Explain that the supervision will always aim to start by addressing the difficulties that the HV is having at the moment. Ask the HV questions about issues that he or she has encountered or any difficult cases the HV needs help with (explain this: you don't need to do the actual troubleshooting).
- **Performance audit** – Review the key performance data for the HV by tallying the completion of visits, early registration, follow-up of referrals and ttC visits where men participated. Conduct this together in the group using the registers that the HVs have currently.
- **Conduct case spot checks** together in a group. Select one case from the registers of a home that recently had a ttC visit. Select one participant to interview the family, but have *all the* facilitators complete the case spot check tool whilst the family gives their answers. *Important* – Do not allow any chatting or conferring when this is happening and make sure they listen well. Return to the central location to debrief.
- Conduct one **observation of a household visit**, but have *all the* facilitators complete the checklist as they observe. Return to the central location to debrief, compare the results and clarify any issues.
- If included, conduct a brief **health knowledge check** (no more than five questions on this occasion) and demonstrate how this activity is useful to quickly review the status of HVs' knowledge on specific topics.
- **Note:** If you are collecting data and analysing in group settings (which most will be), data analysis will need to be *learned by doing*, during a group meeting.
- **Give feedback –** Individual feedback should be based on the observations in these activities. Refer to the guidance on giving feedback shown in the 'Supervision Skills' (Session 2) of the *Training ttC Supervisors FM* to make sure they are able to demonstrate those skills in action. Ask the group to consult and select its top priority feedback points for 'what went well'; then ask a volunteer to present each positive feedback point and encouragement to the HV. Ask the HV how that made him or her feel. Then ask the HV to identify any Improvement Focus Areas (IFAs), showing what the HV might be struggling with. Select one IFA per volunteer, and have the participants engage the HV in a discussion about that area. Ensure they identify any problems and root causes, and that the HV is the one to propose the solutions. Then agree on an action point for each IFA. Have the group agree upon the action plan together.
- **Feedback to the COMM representative or chief –** This may be contextual, but it is courteous to acquaint the chief or COMM representative with the outcome/action plan. Ask for volunteers to demonstrate sharing the positive feedback and action plan in a group setting.
- **Debrief** the activity and return to the training venue to close.

UNIT 4. CERTIFICATION AND EVALUATION OF LEARNING

The training programme is evaluated at different levels, using the *Global Health Individual Learning and Development (IL&D) Measurement Framework* and the tools developed as part of the design. Measurement includes training inputs, participant satisfaction, learner knowledge and skill acquisition (learning acquired) and performance change (learning applied). Learning about the training is documented and shared to support organisational learning and continuous improvement.

ttC FACILITATOR CERTIFICATION

In order to become certified facilitators, participants should have completed all of the following steps:

- attended the ToF, including supervision/data if appropriate

AND

- completed their Learning Transfer Action Plan by supporting *at least one* training of ttC-HVs (practicum)

AND (one of the following)

- received a *pass* with good or excellent in the ToF assessment components including skills, knowledge, homework and a training simulation (see Table 9)

  OR

- received a *poor* or *needs improvement* in the ToF assessments initially, but during the follow-up mentoring and support repeated the weaker section of the assessment, which is now *good or excellent.*

A sample ttC-2 Facilitator Certificate can be downloaded from the wvcentral ttC page.

[L3]TRAINING PROTOCOLS AND IL&D MEASUREMENT REQUIREMENTS

All ttC ToFs should aim to apply the *Global Health IL&D Implementation Protocol* and should include results measurements of participant satisfaction, learning acquired and learning applied on the job.

Protocols and data reporting

The IL&D Implementation Protocols Checklist (Tool 4) and the IL&D Data Form (Tool 11) must be completed by the trainer(s) as the ToF programme progresses and be submitted to the **ttC Project Model Champion** for global reporting**.**

Some of the requirements of note listed in the *IL&D Implementation Protocols Checklist* include the following:

- ensure that the trainers are registered as ttC trainers on GTRN
- ensure that the ToF is a registered event on GTRN
- ensure that all training adhere to the required durations as stipulated in the design in Figure 1 of this document. Quality of the training cascade will be diluted if trainers shorten the course.

Country acceptance and participant selection

The success of the ToF is dependent on ensuring the ToF has gone through the ttC country readiness process and is prepared to move forward with ttC programming. The Application for ToF (Tool 1) requires that the office report the results of the country readiness process before the trainer accepts the ToF. Similarly, it is of utmost importance that the right participants attend the ToF. The participant selection criteria are described

in Unit 2. All proposed candidates must complete and return the Facilitator Application Form (Tool 3), and trainers will select candidates based on the criteria. It is important that the candidate's *manager* signs the form to verify that the candidate will indeed implement ttC programming and will be supported to put the learning to use on the job.

Learning objectives

All measurements of learning acquired and learning applied should be against defined learning objectives. For the ttC ToF programme, these objectives are found in Unit 1.

Results measurement level 1: Participant satisfaction

This is the first level of measurement of the effectiveness of a learning programme. It is important to know if the participants find the programme relevant to their work and to understand what their perception is of their learning. This helps to identify problems in programme design and to make improvements in programme delivery. Participants will complete a Training Evaluation (Tool 10). Results are reported on the IL&D Data Form (Tool 11).

Results measurement level 2: Learning acquired

The trainer has three tools to measure participant learning at relevant time points during the ToF programme: the homework assignment (See Trainer's DVD), Participant Learning Assessment (Tool 5) and the Participant Skills Assessment (Tool 6). The trainer will input the results into a participant spreadsheet and report the results on the IL&D Data Form (Tool 11).

Results measurement level 3: Learning applied on the job

Participants will receive a Learning Transfer Action Plan (Tool 9) at the end of the training to detail the steps for applying the learning on the job. Trainers will maintain contact and follow up with the participants for a period of six to nine months after the training – an important time of learning consolidation – and will request the action plans at the end of this period. The trainer will report the results of these on the IL&D Data Form (Tool 11).

APPENDIX 1: PREPARATORY TOOLS

TOOL 1: APPLICATION FOR A TOF

From: National office: _____

To: World Vision ttC Trainer Pool

World Vision

COUNTRY REQUEST FOR ttC TRAINING OF FACILITATORS (ToF)	
Country	
National Health Director	*Name*:
Contact Person Requesting the Training of Facilitators	*Name*: *Position*:
Desired Training Dates *(Please give two options)*	*Option 1*: *Week of*: *Option 2*: *Week of*:
Trainers Requested *(Optional)* *(Your NO will be advised who the training team will be. If you have a special request of trainer(s) from among the WV ttC trainer pool, indicate here)*	*Request Trainer 1 (Optional)*: *Request Trainer 2 (Optional)*: *Request Trainer 3 (Optional)*:
Funding Source *(ADP Budgets, Grant Programming, etc.)*	
Estimated Number of Participants in ToF *(Facilitator Candidates)*	
Participants Come From: *(Check all that apply)*	*World Vision* _____ *MoH* _____ *Partner Organisation (specify)* _____
Participant Applications*	*All participants (facilitator candidates) must submit an application form to the training team*
Post-Training Programming	
Estimate No. of ADPs	
Estimate No. of Communities	
Estimate No. of CHWs to be Trained by Facilitators	

*Participants in the training should be those with the responsibility **to carry ttC trainings forward with ttC-HVs**. Applicants should not attend this training if the follow-on training of CHWs is not part of their job description.

TOOL 2: COUNTRY READINESS CHECKLIST

COUNTRY READINESS CHECKLIST
☐ **1. ADAPT Assessment, Analysis and Design completed**
Month/year completed _____ Indicate geographic coverage of ADAPT exercise _____ We agree to make ADAPT data available to ttC trainers _____
☐ **2. High-level dialogue between MoH and relevant WV staff has taken place**
☐ Senior-level MoH officials understand and approve ttC programming **Note:** *Key discussions/report on ttC programme agreement attached.*
☐ **3. Decisions have been taken re: MoH involvement as facilitators/supervisors of ttC**
Facilitators: Will MoH facilitators conduct future ttC trainings for ttC-HVs? ☐ Yes, in full. If yes, how many MoH staff will be trained in the ToF? _____ ☐ Yes, in part, with some facilitators also from WV and/or partners ☐ No
Supervisors: Will MoH staff take on the supervisory role with respect to the ttC-HVs? ☐ Yes, in full ☐ Partial *(specify)* _____ ☐ No
☐ **4. WV staffing decisions have been taken for ttC-HV programming/ttC**
General Health/nutrition staffing overview: H/N staffing structure. Attach extra sheet if needed. National-level H/N positions: _____ Subnational-level H/N positions: _____ ADP-level H/N staff: _____
Facilitators: Will World Vision staff conduct future ttC trainings for ttC-HVs? ☐ Yes, in full. If yes, how many WV staff will be trained as facilitators? _____ ☐ Partial *(specify)* _____ ☐ No
Supervisors: Will World Vision staff take supervisory role with respect to the ttC-HVs? ☐ Yes, in full ☐ Partial *(specify)* _____ ☐ No
☐ **CHW Functionality Assessment carried out**
Month/year completed: _____ ☐ Attach CHW AIM action plan ☐ Attach profile of the ttC-HV cadre: • Name of cadre, relationship to MoH • Level of training/types of training received to date • Literacy/education and selection criteria • Incentive structures • Additional services provided (e.g. GMP, iCCM, etc.)
☐ **6. COMM readiness**
☐ Community groups (COMMs) have been identified in all proposed ttC project areas ☐ COMMs have received the orientation training to prepare for their participation in ttC ☐ COMMs are participating as per guidance provided

☐ **7. Curriculum: Choice of curriculum for ttC has been taken**

- ☐ MoH curricula/Information, Education and Communication materials were reviewed by WV
- ☐ WV ttC curriculum was shared with and reviewed by MoH as part of the decision process

Choice: Indicate the curriculum choice *(check the correct box or boxes)*

- ☐ WV ttC curriculum exclusively
- ☐ MoH-produced materials/curriculum
  - With ttC methodology component *(recommended)*
  - Without modifications *(not normally recommended)*
- ☐ Materials/curriculum produced by other organisation *(specify)*_____
  - With ttC methodology component *(recommended)*
  - Without modifications *(not normally recommended)*

☐ **8. Curriculum contextualisation:** All contextual changes made to WV ttC curriculum as needed

- ☐ Changes to the content, stories and illustrations were made for regional relevance
- ☐ NO has reviewed and removed all contextualisation (red box) prompts in the curriculum

Note: *You **must** forward a copy of the final curriculum prior to training.*

☐ **9. Delivery approach decisions**

Describe briefly the ttC timing structure devised:

☐ **10. Monitoring contextualisation:** Changes made to registers, tallies and threshold sheets

- ☐ WV data collection tools are used:
  - NO has reviewed the list of indicators and removed optional ones it doesn't wish to collect
  - ttC-HV registers, tallies, threshold spreadsheets and manuals have been updated
  - The Core performance indicators and the CWB target indicators have ***not been deleted***
- ☐ MoH data-collection tools are being used
  - Core performance indicators and CWB target indicators are being collected ***at least quarterly***

☐ **11. ADP budgets and planning reflect ttC programming**

☐ The ttC programme is included in target ADP designs and plans:

- Each participating ADP has budgeted to support the ttC programme, to include budgeting for the ttC-HV programme functionality assessment recommendations.
- Programmatic support staff have been budgeted for at ADP, subnational and national levels.

TOOL 3: FACILITATOR APPLICATION FORM

	Name of facilitator
Name of facilitator:	
Employer and position held:	
Email address:	
Telephone:	
Gender:	
Previous experience in ttC training/implementation:	
Level of responsibility for supporting ttC implementation: • Training • Supportive supervision • Management	
Highest educational level:	
Languages: Spoken and written:	

TOOL 4. TRAINING IMPLEMENTATION CHECKLIST

Responsible: Training programme leader (e.g. trainer, facilitator in an individual setting), with oversight by the ttC content champion or strategist for your country/region.

	Protocol areas	Y/N
Planning		
1.	There is clear leadership support and buy-in for the proposed training event. Seek SDO or GFO director approval for regional events six months prior to the event.	
2.	Any specific training programme must show relevance either to the NO technical approach *(for project model trainings)* or to the participants' competency profiles.	
3.	WV has the relevant expertise and resources to provide the required staff training; if not, an appropriate external partner has been identified.	
4.	If training is a regional- or national-level event, the event is registered on GTRN *(not necessary for subnational/ADP-level events)* and all stakeholders are informed with sufficient lead time.	
5.	Location and dates have been selected to maximise participation and minimise disruption to operations.	
6.	Any pre-event materials and/or assignments are provided to participants with sufficient lead time; no later than three weeks prior to the event.	
Quality assurance: Trainer and participant selection		
7.	The trainer/facilitator (internal or external) is suitably qualified as per the qualifications stipulated in the design and registered on GTRN.	
8.	Participants are selected according to the criteria stipulated in the training programme design; there are processes in place to challenge decisions if the wrong participants are selected.	
9.	The participants' managers know of and understand the purpose and value of the training for their participating staff and have signed the participant application form.	
Implementation and application		
10.	A face-to-face event should not exceed 30 participants, with a minimum ratio of 1 trainer/facilitator to each 15 participants.	
11.	The various phases of the training programme follow the timeframes stipulated in the design. (***Note:*** *Programmes may run for longer than stipulated if needed, but should not be shorter).*	
12.	The training follows the basic parameters of the programme design in terms of approaches and methods, allowing for some flexibility and exercise of trainer/ facilitator judgement and creativity.	
13.	Trainers/facilitators retain responsibility for the learners for 6–9 months following the formal event in order to facilitate and measure the learning application on the job.	
14.	There are plans or mechanisms in place at the NO level to help ensure participants are supported and monitored in applying their new learning.	
15.	Participants are recognised or rewarded for their training achievement in appropriate ways.	
Evaluation		
16.	The training programme is evaluated at different levels, using the tools developed.	
17.	Learning about the training is documented and shared to support organisational learning and continuous improvement.	

APPENDIX 2: TOOLS FOR ASSESSING LEARNING ACQUIRED

TOOL 5. PARTICIPANT LEARNING ASSESSMENT (TTC2)

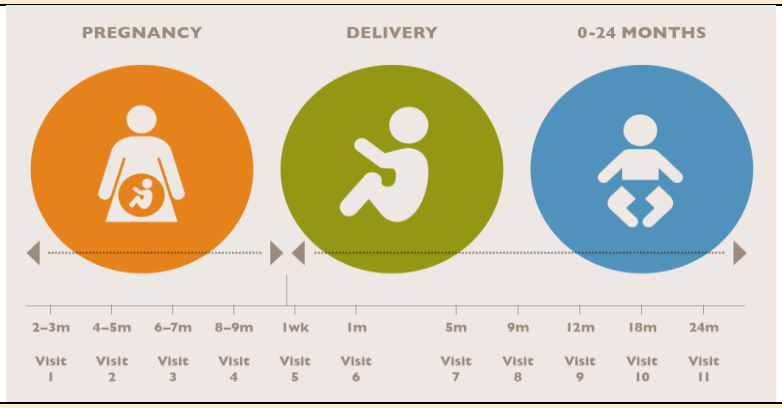
Timed and Targeted Counselling 2nd Edition Training of Facilitators

Participant Learning Assessment

Name: _____

Introduction to ttC	**POINTS**
1. List four of the additional programme components which have been added for the ttC 2nd edition.	**4**
• Psychological first aid (PFA) for supportive counselling of women experiencing perinatal mental health or psychosocial difficulties • Supportive care of the most vulnerable pregnancies • Chlorhexidine cord care for the newborn • Supportive home care for the small baby • Counselling caregivers for child development (birth to two years) • Supportive care for vulnerable children (birth to two years) • MUAC screening and detection of complications of malnutrition • Early detection of HIV-positive infants • Male involvement (was in ttC 1 but with less emphasis)	
2. Describe (a) the different cadres which can perform the role of ttC home visitor and (b) under what conditions those cadre choices might be made.	**6**

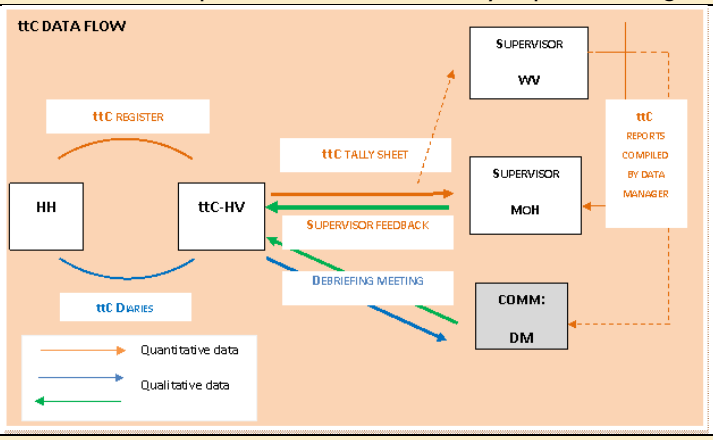
• 'CHW model' - *any two of*:
  ○ ttC is selected by the MoH, to be rolled out nationally with MoH CHWs.
  ○ The ministry decides to use ttC for in-service training of CHWs and agrees that these CHWs can carry out the schedule of home visitation.
  ○ WV agrees to use the existing ministry-produced materials, supporting existing programming through existing MoH CHWs.
• 'Community groups model' - *any two of*:
  ○ MoH is interested in ttC but the MoH CHWs have existing job descriptions that do not enable new responsibilities.
  ○ MoH agrees to use ttC for in-service training of CHWs to upgrade their skills, but given the CHWs existing job descriptions, they cannot take on the responsibility of the ttC home visits.
  ○ MoH continues to work with its own set of materials to train existing CHWs. WV is not satisfied with the quality of these materials and programme and chooses to carry out ttC in project areas, mobilising a separate cadre of volunteers.
  ○ CHW are already overloaded due to CCM and other activities.
  ○ Distribution/population ratio means CHWs are unable to reach all households with comprehensive coverage.
  ○ Behaviours around health are particular poor, despite active CHWs.
  ○ There are existing groups with appropriate responsibilities targeting mothers in the home
• 'Community volunteers model' - *any one of (or can say where option 1 and 2 not possible):*
  ○ MoH is interested in ttC but the MoH CHWs have existing job descriptions that do not leave time for new responsibilities.
  ○ No existing appropriate community group is already mobilised towards household visiting, or existing community groups are overloaded with other activities.
  ○ A cadre of women/volunteers is already in place who are not currently working through the MoH systems, e.g. Traditional Birth Attendants, who may in certain contexts be promoting poor health practices.
	6 points
	2
	
	2
	
	2

ttC methodology	POINTS
3. Explain the concepts of *timed* and *targeted* in your own words.	2
• *Timed:* Messages are packaged into sets to be delivered at the appropriate time for action. • *Targeted:* Messages are delivered at the household level through home visiting and are directed towards the key decision makers in the home that influence health behaviours, for example, husbands and grandmothers or other influencers.	
4. How does counselling differ from information giving? Explain how dialogue can be used during home visits to promote behaviour change when knowledge is not the barrier.	2
• Active listening and dialogue; seek to know the root cause of the barrier. • Dialogue is used to discuss and understand current practice and possible steps that can reasonably be taken to adopt the new practice.	
5. Draw a diagram of the schedule of ttC home visits.	3
	
6. Explain what additional support ttC-HVs might give to the most vulnerable in their communities; give two examples. Give an example of a family that ttC-HVs might give priority to.	3 points

• Additional support may involve *(any two of):*
  ○ Additional home visiting and supportive counselling
  ○ Monitoring and supporting medicine adherence
  ○ Psychosocial support from family or services
  ○ Ensuring regular access to health services
• *Any one of*:
  ○ Adolescent, disabled, single and working mothers
  ○ Women who may suffering depression or be victims of domestic violence
  ○ Large families or women caring for many children
  ○ Households with financial difficulties
  ○ Houses which are isolated or difficult to reach	

7. Describe how and why early registration in pregnancy is important and list two ways this might be achieved by the ttC-HVs in their communities.	3 points
• Identifying women in early pregnancy helps them access antenatal care early, start folic acid and iron tablets and improve their nutrition and self-care, which will improve the health of the mother and baby during pregnancy. • *Any two of*: Use home visits, community groups, midwife referrals and key community informants to identify early pregnancies.	
8. What are the three action principles of psychological first aid? Describe two types of situations with a pregnant or postpartum woman in which you think PFA counselling techniques might be useful.	5 points
• Look – for safety of mother and child; for people with obvious urgent basic needs; for people with signs of distress • Listen – to peoples' needs and concerns; help them to feel calm	

• Link – people to ways they can meet their basic needs; encourage the mother to link with existing support available to her
• *Any two of:*
  ○ Woman experiencing recent violence
  ○ Woman experiencing perinatal mental-health problems
  ○ Woman experiencing other psychosocial stress during or after delivery	

ttC data reporting and supervision	
9. On the back of this page, draw a diagram of the system of monitoring data flow, from households to ttC-HVs to supervisors, and so on. Briefly explain the diagram and what happens at each step.	5 points
	
10. The ttC supervision tool includes five forms for possible use during supervision. What is the supervisor assessing in each section?	5 points
• Performance audit – Assessment/calculation of basic performance data • Case evaluation/spot checks – Interview with ttC clients about most recent visit to confirm completion of key steps during the visit • Home visit observation assessment – Observation of a ttC-HV visit session and scoring on competencies • Health knowledge assessment/revision – Used to identify revision needs and knowledge level • Individual performance appraisal – Synthesis of results of assessments done over a period of time using other forms	
11. What is supportive supervision? What is meant by coaching/mentoring? Give an example of how coaching/mentoring is included in a supportive supervision visit.	3 points

• Supportive supervision involves direct, personal, supervisory contact on a regular basis to guide, support and assist ttC-HVs to become more competent and satisfied in their work.
• Supportive supervision means building relationships that foster *support and encouragement* from the viewpoint and input of both the supervisor and ttC-HV but *does not neglect performance.*
• Mentoring /coaching is the processes of motivation and performance improvement through supervision. *It can include any of the following*:
  • Creating an **open dialogue** for the ttC-HVs to share their concerns
  • Using information to give **feedback** for improvement in their work
  • Offering the ttC-HV time to present and review difficult cases (**troubleshooting**)
  • Allowing for time to **review** materials and content as needed
  • Praising or demonstrating **good practices**	

12. Explain the process of tallying and interpreting the ttC registers data conducted by the supervisor and the use of threshold sheets	4 points
• Complete the data summary column on each register for a given life stage (x or ✓). • Add up the total number of registers and record the number of ✓ for each indicator (row). • Estimate the proportion or calculate the percentage for each indicator and compare this value to the threshold sheet.	

• Determine what range the value is in, with 'Good', 'Moderate' and 'Critical' indicated by green, yellow and red colours respectively.	
13. Describe the recommended steps for giving feedback using the data during a supportive supervision.	3 points
Giving feedback and action planning (steps 4-6) Step 4. Identify and investigate success areas; give positive feedback. Step 5. Select three or four improvement focus areas (problems). Examples: a. Deaths or adverse events b. Household practices in the 'poor' range c. Household practices in the 'needs improvement' range d. Any household practice indicator that has declined 10 per cent or more e. Lower-than-expected ttC enrolment in coverage areas Step 6. Use the root-cause technique to discuss the underlying barriers/causes. *Note: they don't need to remember the step numbers, just the actions themselves.*	
14. What are the four core performance indicators for ttC?	4
• Early registration in pregnancy • Male involvement • Completeness of visits • Post-referral follow-up/referral completion	
ttC facilitators knowledge	
15. Explain the modular structure of the ttC training programme for ttC-HVs and how trainings will be scheduled and organised in your programme.	3 points
• There are four modules (each requiring five days) which are conducted in three separate training events: ○ Methodology and Module 1 (10 days) ○ Module 2 (5 days) ○ Module 3 (5 days) • There should be a 2- to 4-month interval between each of the training events so that ttC-HVs can begin practice and supervision in the field and build knowledge over time. • Engage national policymakers/stakeholders or local health staff in delivering the training events.	
16. Describe the different materials included in the ttC curriculum and job aids package, and explain their respective functions.	6
• Facilitator's Manual for Training in ttC – Used by the facilitator to lead the ttC-HV group trainings • TTC Participant's Manual – Used by literate ttC-HVs as a reference guide, • Storybooks – Used by ttC-HVs with households to communicate and discuss health messages, • Household Handbook – Held at the home and used by the ttC-HV to record current and intended practices done in the household, used during negotiation, • ttC registers – Held by the ttC-HV as a record of the results of visits,	
Total points	**66**
0–50% Poor **50–65% Adequate** **65–80% Good** **>80% Excellent**	

TOOL 6. PARTICIPANT SKILLS ASSESSMENT

SKILLS ASSESSMENT TOOL 1: OBSERVATION OF BEHAVIOUR CHANGE COUNSELLING (BCC)

Scoring guide: *0 = action contained in the item is not carried out; 1= action contained in the item is carried out to some degree; 2 = action contained in the item is carried out fully in accordance to guidelines; N/A = not applicable*

#	Item	Scoring Guide	Average
1.	Ensures participation of family members	Does not do this step = 0 Does this step = 2	
2.	Gives opportunity for mother and family to raise any immediate concerns they have, *and* asks questions to understand the danger signs and signs of distress/depression	Does not give this time at all = 0 Gives time but hurries = 1 Gives sufficient time = 2	
3.	Reviews previous meeting (Step 1 of home visit sequence), and assists the family to update Household Handbook	Does not review = 0 Reviews but not all actions = 1 Reviews all agreed actions of previous visit = 2	
4.	Tells problem story and asks guiding questions (Step 2), if applicable. *(If no problem story for the visit, indicate 'N/A')*	Does not do this step = 0 Insufficiently covers story = 1 Tells story in sufficient detail = 2 No problem story for this visit = N/A	
5.	Tells positive story and asks guiding questions (Step 3a)	Does not do this step = 0 Insufficiently covers story = 1 Tells story in sufficient detail = 2	
6.	Carries out technical session (Step 3b), if applicable. *(If no technical session for visit, indicate 'N/A')*	Does not do this step = 0 Does incompletely = 1 Covers sufficiently = 2 No technical session this visit = N/A	
7.	Reviews illustrations in the Household Handbook corresponding to the visit and conducts negotiation process referring to the correct negotiation illustrations (Step 4)	Does not do this step = 0 Does insufficiently = 1 Carries out sufficiently = 2	
8.	For behaviours already practised, circles the tick mark and praises the family *(If the family is not currently practising any of the behaviours, indicate N/A)*	Does not do this step = 0 Completes this step = 2 Family does not practise any behaviour = N/A	
9.	If the family says they *do not practice a behavio*ur, puts down the Household Handbook and discusses with the family, tries to identify the barriers that the family is experiencing *(If the family is already practising all behaviours, indicate N/A)*	Does not identify barriers = 0 Does the step insufficiently = 1 Sufficiently identifies barriers and the root causes = 2 Family practising all behaviours = N/A	
10.	If the root cause has been identified, they verify and give opportunity for the family to identify solutions they have tried or could try	Does not do this step = 0 Does insufficiently= 1 Carries out sufficiently = 2	
11.	Circles the correct symbol beneath each negotiation illustration in the Household Handbook (Step 4)	Does not do this step = 0 Circles correctly = 2	
12.	After a complete discussion, asks family if they will agree to try the behaviour (or negotiated practice), makes a note of barrier/action	Does not mark anything in the handbook = 0 Completes the handbook appropriately = 2 Family did not agree to any behaviour = N/A	
13.	Demonstrates active listening and good communication skills	Ignores family's statements = 0 Listens insufficiently = 1 Listens actively = 2	

14.	Asks open-ended questions	Does not ask questions = 0 Asks close-ended questions = 0 Asks open-ended questions = 2	
15.	Shows good understanding of all of the health and nutrition information related to the visit	Very little understanding = 0 Insufficient understanding = 1 Good understanding = 2	
16.	Carries out all other actions required for the visit (*context*)	Does not carry out any action = 0 Carries out some = 1 Carries out all actions = 2	
17.	Plans date for next visit	Does not plan = 0 Plans = 2	
18.	Accurately fills out the ttC register for this visit	Does not fill register at all = 0 Fills incompletely or with errors =1 Fills accurately = 2	
	Ignoring N/As, please review the scores of each case**:** Score of 2 in most or all items and 0 in none**:** Excellent – pass Score of 1 or 2 in all items, no score 0**:** Good – pass Score of 0 in some items: Needs Improvement – repeat with feedback Score of 0 or 1 in most items: Poor – do not pass		
	Comments		

SKILLS ASSESSMENT TOOL 2: PSYCHOLOGICAL FIRST AID ASSESSMENT FOR FACILITATORS

Using this tool: This assessment is done only during a simulation/training. The simulation should be created using a plausible case study and trainer acting the role of a distressed person. The assessor observes and uses this to give feedback on the demonstration of the technique. Scoring guide: 0 = action contained in the item is not carried out; 1= action contained in the item is carried out to some degree; 2 = action contained in the item is carried out fully in accordance to guidelines; N/A = not applicable.

#	Item	**Score** *Does not do this = 0* *Does insufficiently = 1* *Carries out sufficiently = 2* *Not applicable = N/A*	**Observation**
LOOK			
1.	Enquires/observes for concerns to safety – physical safety of the ttC-HV, and the person and family members (e.g. safe conditions to address the issue)*		
2.	Enquires/observes for urgent basic needs (e.g. shelter, food, health)*		
3.	Enquires/observes for signs of distress		
LISTEN			
4.	Approaches the person in a sensitive way; e.g. ask person about the distress shown and whether she would like more support to cope with these challenges		
5.	Listens without pressuring the person to talk about experiences more than the person is comfortable with		
6.	Shows good/sensitive listening skills if the person wishes to share her experience, e.g. active listening, not interrupting, not judging, not giving direct advice		
7.	Validates the person's concerns and reassures her that you believe and take these concerns seriously and that information shared will remain confidential		
8.	Explores the person's current coping strategies for dealing with difficulties (both positive and negative strategies)		
LINK			
9.	Encourages the person to link with existing support available to her, e.g. family members, friends, neighbours, community members		
10.	Links person to ways to meet her needs, e.g. makes an appropriate referral to relevant service providers if needed, with the agreement of the person/family.		
11.	Explores with her ways she might be able to improve her situation or enable her positive coping strategies; affirms the person's ability to cope and assures her that many persons experience these challenges		
12.	If appropriate, helps person to feel calm using a suitable calming technique		
PRACTICES TO BE AVOIDED *(circle if done)*			
13.	• Interrupting/poor listening • Judging/using judgemental language • Talking about own or someone else's problems	○ ○ ○ ○	

	• Giving false promises, false information or exaggerating skills • Pressuring the person to take an action rather than respecting the person's wishes	O O	
Score	Score of 2 in most or all items and 0 in none: Excellent – pass Score of 1 or 2 in all items, no score 0: Good – pass Score of 0 in some items: Needs improvement, repeat with feedback Score of 0 or 1 in most items: Poor – do not pass **Deduct 2 points** for each practice to be avoided done during the simulation		
	Comments		

If immediate danger or urgent needs are identified, advises actions to protect the person from further harm. Assess if this is the appropriate time and/or place to proceed.

SKILLS ASSESSMENT TOOL 3: OBSERVATION OF ECD COUNSELLING SIMULATION (OPTIONAL, INCLUDE ONLY IF PART 2 IS SELECTED)[1]

Using this tool: Facilitators should lead a role play in which they assess and observe the mother and baby (and/or father and baby) interactions and counsel on age-appropriate play. Trainers will act in the role of mother and father in the problem scenario:

- *Mother and child show difficult interaction: the baby doesn't respond positively to her, is not calmed. Father is not familiar with child and unable to get the baby to smile. He says he doesn't have time to play with the infant.*

Scoring Guide: *0 = action contained in the item is not carried out; 1 = action contained in the item is carried out to some degree; 2 = action contained in the item is carried out fully in accordance to guidelines*

#	Item	**Score** *Does not do this = 0* *Does insufficiently = 1* *Carries out sufficiently = 2*	**Observation**
Appropriate mother or caregiver and child interactions (3 out of 4 is scored as '2') _____			
1.	Asks the mother how she plays with the baby		
2.	Asks how the mother talks to the baby		
3.	Asks how the mother gets the baby to smile; then asks her to show what she does to get her baby to smile and observe activity		
4.	Asks how the mother plays with the baby		
Working with fathers* (3 out of 4 is scored as '2') _____			
5.	Ensures the father's engagement during the counselling session on play and communication, if he is present		
6.	Asks the father about the amount of time he spends interacting with the baby		
7.	Asks the father how he plays and talks with his baby, and what he does to get his baby to smile		
8.	Encourages the father that his regular, positive interactions with the baby are important for child to grow, learn and develop well		
Dialogue/counselling about play and communication activities (3 out of 5 are scored as '2') _____			
9.	If a problem is identified or concern raised by caregivers, the counsellor provides an appropriate response, e.g. demonstration, encouragement, reassurance, reinforcement of ECD messages.		
10.	Suggests appropriate play *and* communication activity for the age of the child (from counselling card, *if used, or Participant's Manual).*		
11.	Praises caregiver for good communication or play with baby at least once.		
12.	Asks caregiver to demonstrate the suggested communication or play activity with baby and checks for understanding.		
13.	Asks the caregiver what communication or play activities she or he plans to use at home and when.		

[1] *Adapted from source:* Care for Child Development: A Framework for Monitoring and Evaluating the WHO/UNICEF Intervention. http://apps.who.int/iris/bitstream/10665/75149/17/9789241548403_eng_Framework.pdf.

* *Father* can also refers to a stepfather or male partner.

14.	Asks about problems caregiver may face when carrying out communication or play activities and how the family will solve the problems faced when carrying out recommended activities.		
15.	Encourages the caregiver to raise their own concerns and ask questions during the visit.		
16.	Emphasises the need for play, love and communication needs of the most vulnerable children (if applicable)		
Score	Score of 2 in most or all items and 0 in none: Excellent – pass Score of 1 or 2 in all items, no score 0: Good – pass Score of 0 in some items: Needs Improvement, repeat with feedback Score of 0 or 1 in most items: Poor – do not pass		
	Comments		

Adapted from source: Care for Child Development: A Framework for Monitoring and Evaluating the WHO/UNICEF Intervention. http://apps.who.int/iris/bitstream/10665/75149/17/9789241548403_eng_Framework.pdf.

TOOL 7: ASSESSMENT OF FACILITATION SKILLS FORM

Name of facilitator: _____	**Date:** _____	**Session/ Topic:**	

Key: 5 = Very good! Little or no improvement needed
4 = Good, with some room for improvement
3 = Average
2 = Below average
1 = Unsatisfactory

1.	**Content**	**Comments**					
1.1	Does the facilitator appear to have a good understanding of the **technical content?**		☹1	2	😐3	4	5☺
2. Dialogue counselling process							
2.1	Does the facilitator clearly transfer the knowledge by correctly carrying out the **steps** in the **dialogue counselling process?**		☹1	2	😐3	4	5☺
2.2	Does the facilitator effectively **transmit information** (simple language, etc.)?		☹1	2	😐3	4	5☺
2.3	Does the facilitator make effective use of **visuals**?		☹1	2	😐3	4	5☺
3. Communication skills							
3.1	Does the facilitator use **nonverbal communication** (body language, respect, smiling, warmth, etc.)?		☹1	2	😐3	4	5☺
3.2	Is the facilitator able to facilitate **participation and interaction** (asking questions, listening)?		☹1	2	😐3	4	5☺
3.3	Does the facilitator **adapt to the audience** (engages more than one person, handles diverse opinions)?		☹1	2	😐3	4	5☺
3.4	Does the facilitator's **presentation style** put participants at ease and encourage participation?		☹1	2	😐3	4	5☺
4. Did anything bother you about the facilitator's presentation style?							
5. Is there anything positive about the facilitator that you would like to highlight?							

TOOL 8: FINAL EVALUATION OF FACILITATORS

FIN/AL EVALUATION OF FACILITATORS

Your name: _____

Name of the trainer: _____

Dates of training: _____

Venue: _____

Candidate: _____

No.	Item	Score	
1	Completion of homework (0, 50% or 100%)		10% of total
2	Facilitation assessment		30% of total
3	Skills assessment(s)		30% of total
4	Classroom content test		30% of total
	Total		

DESCRIPTION OF EVALUATION MARK

Highly competent	=	5	(80% – 100%)
Competent	=	4	(65% – 79%)
Moderate	=	3	(50% – 64%)
Inadequate	=	2	(30% – 49%)
Highly inadequate	=	1	(Less than 30%)

APPENDIX 3: TOOLS FOR ASSESSING LEARNING APPLIED

TOOL 9: LEARNING TRANSFER ACTION PLAN

Action Plan for the ttC Training Programme

Name: _____ **Job title:** _____

Training start date: _____ **Follow-up date:**_____

Trainer: _____

Note: This action plan document should be initiated during the training process. Your facilitator or instructional team will instruct you on how to proceed. The completed action plan will be returned a few months after you complete the process. Your instructor will discuss this further in the classroom during the first or second session.

Instructions: During the training programme you will set objectives and determine the planning steps for carrying out capacity building with the ttCs with whom you are working. You may also include objectives related to your personal development as a facilitator. You will implement the plan over a 4–5 month period in your work setting. At the end of that period, you will be asked to return your completed action plan so that your documented achievements can be consolidated with your classmates' achievements.

Objectives for learning transfer/on-the-job application	
Objective 1:	
Objective 2:	
Specific steps	**Comments/results** *To be completed at the end of the evaluation period*
1.	What have you done? How much progress have you made? What are you going to do next? What have been your important lessons learnt?
2.	
3.	
4.	

TOOL 10: QUESTIONNAIRE: LEARNING APPLIED ON THE JOB

To be filled out by participants twice (at **three months** and **six months)** following the end of the training programme.

Questionnaire for ttC training programme

1. Listed below are the on-the-job objectives of the ttC training programme. After reflecting on the programme, please indicate your degree of success in achieving these objectives.

Action/skill	No success	Very little success	Limited success	Generally successful	Completely successful
1. Can correctly **demonstrate** implementation of a ttC programme per quality standards/methods	☐	☐	☐	☐	☐
2. Can correctly **model** all skills and can assess ttC-HVs mastery of these skills	☐	☐	☐	☐	☐
3. Can correctly **teach** all technical content relevant to the ttC curriculum	☐	☐	☐	☐	☐
4. Can **use** the generic data monitoring tools to develop a locally revised version according to data needs	☐	☐	☐	☐	☐
5. Can **select** appropriate supervision forms from a generic set and apply them to specific supervision context	☐	☐	☐	☐	☐
6. Can **train ttC-HVs** how to collect and report back data	☐	☐	☐	☐	☐
7. Can **train supervisors** on how to tally and report data and conduct supportive supervision	☐	☐	☐	☐	☐
8. Can **deliver** a ttC-HV training with quality	☐	☐	☐	☐	☐

9. Did you implement an on-the-job action plan as part of the ttC training programme?
If yes, please complete and return your action plan with this questionnaire.

10. What has changed about you or your work as a result of this training programme?

11. What constraints have you faced in applying the learning from the training programme on the job?

APPENDIX 4: TOOLS FOR EVALUATION OF THE EVENT

TOOL 11. IL&D DATA FORM

The IL&D data form is completed by IL&D organisers (trainers) and submitted to the IL&D programme champion. Sections labelled *Inputs, Outputs*: *Participant Satisfaction* and *Outputs: Learning Acquired/Consolidated* should be completed immediately at the end of the learning event, and Outcome: Learning Applied 6–9 months later.

No.	Question	Answer
Inputs		
1	How many trainers/facilitators are there for the L&D programme?	
2	How many of the trainers/facilitators are qualified/certified?	
3	How many participants are enrolled in the L&D programme?	
4	How many males are there? How many females?	
5	How many participants participated in the event for informational purposes only?	
6	How many participants enrolled with the intention to apply learning to the job?	
7	How many participants met the participant selection criteria as stipulated in the programme design?	
8	How many participants completed the L&D programme?	
9	What was the length of formal portion (classroom: face-to-face or virtual)?	
10	What was the length of consolidation/practicum portion? *(if applicable)*	
Outputs: Participant Satisfaction		
11	# of participants who give overall favourable ratings on participant satisfaction assessments	
12	# of participants who state in the satisfaction assessment that the objectives were met	
13	# of participants who state in the satisfaction assessment that the training is relevant to their job	
Outputs: Learning Acquired/Consolidated		
14	# of participants with no absenteeism during L&D event/process	
15	# of participants who completed the formal (face-to-face or virtual) event with a passing score using a suitable post-event assessment aligned with the learning objectives?	
16	Does the event/process require a practicum component?	
17	*If yes to 15, how much time was there between the formal learning event and the practicum?*	
18	*If yes to 15, # of participants who completed the practicum experience with a passing score using a suitable post-test assessment*	
Outcome: Learning Applied *(complete 6–9 months after learning event)*		
19	Of those participants participating for job implementation *(as opposed to informational purposes only)*, how many applied the learning to their jobs? (yes/no: ask managers)	
20	Of those participants participating for job implementation, how many completed 100% of their action plan by the time specified (6–9 months)?	
21	Of those participants participating for job implementation, how many gave overall positive ratings on Tool 10: Questionnaire: Learning Applied on the Job?	
22	Of those participants participating for job implementation, how many are working for World Vision in roles where the training-related competencies can be used 12 months after the event?	

TOOL 12: TRAINING EVALUATION

Evaluation of ttC Training of Facilitators (ToF) Classroom Event						
Circle one rating number for each item.	**Strongly disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly agree**	**N/A**
1. The programme objectives were clear.	☹1	2	😐3	4	5☺	n/a
2. The objectives were achieved.	☹1	2	😐3	4	5☺	n/a
3. The pre-event homework exercise was valuable preparation for this training.	☹1	2	😐3	4	5☺	n/a
4. The mix of group work, plenary sessions and exercises in this training was just about right.	☹1	2	😐3	4	5☺	n/a
5. I feel prepared to work with ttC-HVs using the Facilitator's Manual for Training in ttC.	☹1	2	😐3	4	5☺	n/a
6. I feel well prepared to train and model the ttC skills and competencies.	☹1	2	😐3	4	5☺	n/a
7. I feel well prepared to train on the technical content.	☹1	2	😐3	4	5☺	n/a
8. I feel well prepared to train on the ttC data collection, monitoring and supervision system.	☹1	2	😐3	4	5☺	n/a
9. Overall, what I learned in this training will be useful in my work.	☹1	2	😐3	4	5☺	n/a
10. Training materials were easy to use and understand.	☹1	2	😐3	4	5☺	n/a
11. The trainers have a good grasp of the content.	☹1	2	😐3	4	5☺	n/a
12. The trainers show good ability to inform, hold interest and get concepts across.	☹1	2	😐3	4	5☺	n/a
13. The time allotted for this training was about right.	☹1	2	😐3	4	5☺	n/a
Overall I would rate this training as:	Not useful ☐	Useful ☐	Very useful ☐	Extremely useful ☐		
15. What did you enjoy most about the training?						
16. What did you enjoy least about the training?						
Further comments (continue on the other side if needed)						
17. Which of the following items might keep you from using the skills you learned? (Check all that apply) ☐ I still do not feel prepared. ☐ There isn't strong enough support/commitment to do this (e.g. manager, MoH, District Health Management Team). ☐ I don't have sufficient budget to complete the activities at this time. ☐ Other: _____						

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