World Vision®

TRAINER'S GUIDE:

TRAINING FACILITATORS IN COMMUNITY HEALTH COMMITTEES (COMM)

Field Test Version

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Cover photo: Nean Chou (far left) and Onn Kom (far right) are health workers who are part of the Village Health Support Group, organised by World Vision, in Cambodia. Nean and Onn visit pregnant mothers within their community, advising how to properly care for their babies.

CONTENTS

ABBREVIATIONS

ADP	Area development programme
ANC	Antenatal care
ARI	Acute respiratory infection
ART	Anti-retroviral treatment
CBO	Community-based organisation
CCC	Community care coalition
CCM	Community case management
CHB	Community Health Board
CHW	Community health worker
CMAM	Community-based management of acute malnutrition
CoH	Channels of Hope
COMM	Community health committee
c-PMTCT	Community-based prevention of mother-to-child transmission
CVA	Citizen Voice and Action
ECCD	Early childhood care and development
FBO	Faith-based organisation
FGD	Focus group discussion
IEC	Information, education and communication
IL&D	Individual learning and development
IPTp	Intermittent preventive treatment in pregnancy
KII	Key informant interview
LLIN	Long-lasting insecticide-treated bed net
M&E	Monitoring and evaluation
MNCH	Maternal, newborn and child health
MoH	Ministry of Health
NO	National office (of World Vision)
NGO	Non-governmental organisation
OCB	Organisational capacity building
ORS	Oral rehydration solution
ORT	Oral rehydration therapy
OVC	Orphans and vulnerable children
PMTCT	Prevention of mother-to-child transmission
PNC	Postnatal care
SBA	Skilled birth attendant
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TB	Tuberculosis
ToF	Training of facilitators
ToT	Training of trainers
ttC	Timed and targeted counselling
VCT	Voluntary counselling and testing

INTRODUCTION TO THE TRAINER'S GUIDE

AUDIENCE

This guide is a companion piece to the *Facilitator's Manual for Community Health Committees (COMM)*.

For the sake of clarity, this text uses the following references to various roles:

- COMM: The generic name given to a health-related community group.
- Facilitators: Those who train COMM members. Facilitators are sometimes referred to as *participants* in this guide.
- Trainers: The instructors who train the facilitators.

This guide should be used by certified trainers to instruct facilitators, who will, in turn, carry out capacity-building sessions with COMMs in the field.

Ideally, the curriculum will be carried out by three trainers. This will allow participants to divide into groups for many of the activities, with trainers available to work with the groups. The curriculum should never be carried out with fewer than two trainers.

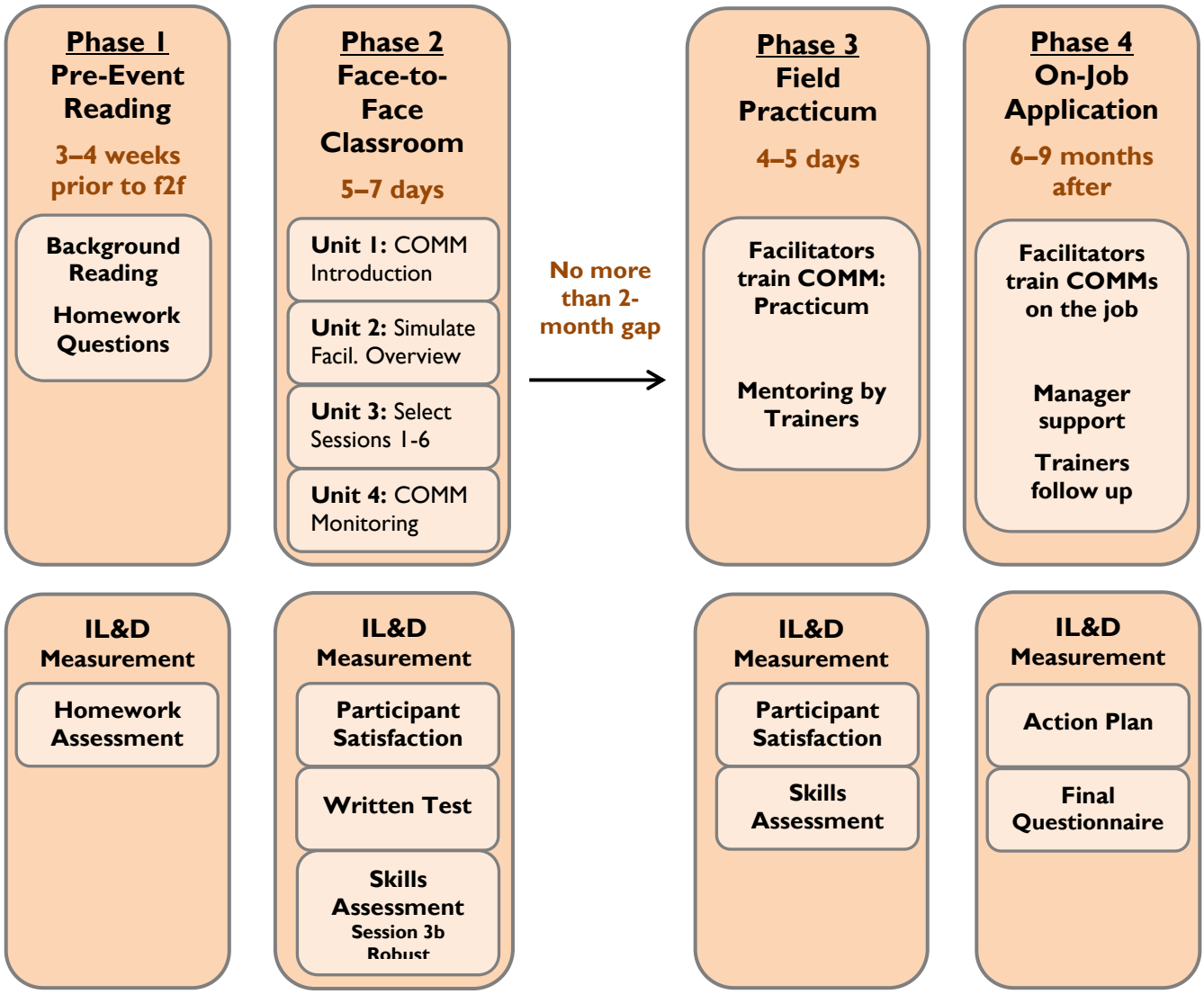
The target recipients for this training are facilitators from World Vision, ministries of health (MoHs) and partner organisations. These facilitators have the front line responsibility for field implementation with COMMs. A limited number of slots may be reserved for senior staff (non-implementers), as appropriate, on the understanding that they will receive more detail about the COMM process than is required for non-implementers. All participants will be working with COMMs in one country setting, so trainers will adapt curriculum material for each national context.

COMM ToF DESIGN, COMPETENCIES AND MEASUREMENT

COMM Training of Facilitators Certification Programme Design

The COMM Training of Facilitators (ToF) is a certification programme. The full end-to-end ToF is comprised of four phases. These are diagrammed below, with the requisite duration of each.

To ensure the individual learning and development (IL&D) of the participants and qualification for certification, the programme includes measurement of learning acquired and learning applied at the relevant time points during the four phases.



COMM Facilitator Competency Framework

The training is designed to develop essential competencies for the facilitators, which are observed during and after training through assessment. The 'Competencies at a Glance' tables below relate to:

1. health technical content
2. country-specific community health systems
3. appreciative organisational assessment
4. root-cause determinants of health (for programmes including Session 3b: robust version)
5. COMM capacity building
6. programme monitoring.

Table 1. Competencies at a Glance

<table>
<tr><th colspan="2">Competency 1
Transmit factual health information to community groups and members</th></tr>
<tr><td colspan="2">Behaviours
• Create and carry out learning activities with the information found in the Facilitator's Guide to 7-11 Health Information (or other resources if involved in other stages of the health life cycle)
• Accurately answer questions from COMM members
• Ensure participant understanding through appropriate forms of verification</td></tr>
<tr><td>Enabling knowledge
• The full range of 7-11 health content
• Other health information as necessary, per the areas prioritised by COMM and/or MoH</td><td>Enabling skills
• Facilitation skills</td></tr>
<tr><td colspan="2">Course section and learning objective: Phase 1: Pre-event reading and homework
1. To understand and be able to explain to COMM members the factual health information related to the 7-11 MNCH practices</td></tr>
</table>

<table>
<tr><th colspan="2">Competency 2
Appropriately engage COMM within context of local community health systems</th></tr>
<tr><td colspan="2">Behaviours
• Identify the appropriate administrative level at which to carry out COMM programming
• Identify the appropriate group through which to carry out COMM programming
• Assist COMMs to clarify their roles and relationships with CHWs per MoH guidelines
• Assist COMMs to identify local health stakeholders for linkages and networking
• Assist COMMs to maximise relationships with health facilities and MoH staff
• Appropriately integrate COMM programming into overall 7-11 programming</td></tr>
<tr><td>Enabling knowledge
• Knowledge of community health groups and stakeholders
• Understanding of MoH policy and guidelines vis-à-vis health committees and CHWs, and/or other health volunteers
• Understand how COMM programming fits within the overall 7-11 framework</td><td>Enabling skills
• Brokering relationships among stakeholders
• Analytical skills</td></tr>
<tr><td colspan="2">Course section and learning objectives: Phase 2: Classroom – Unit 1
1. To understand the COMM model in overview, and how it fits in the overall 7-11 framework
2. To know which groups in the country are the COMM and at which administrative level (community, district or other) they operate
3. To understand the programming components of the COMM model in the country, to include COMM involvement in local-level advocacy initiatives and with community health workers</td></tr>
</table>

Competency 3
Carry out appreciative organisational assessments

Behaviours

- Clarify the COMM's roles and responsibilities per local context
- Assist COMMs in identifying their strengths, assets and capabilities
- Assist COMMs in assessing capacity gaps to fulfil roles and responsibilities
- Develop capacity-building plans with COMMs, to including sequencing and timeframe

Enabling knowledge	Enabling skills
• Definitions of capacity, distinctions between technical and organisational capacity, and World Vision's 'to be', 'to know', 'to do' and 'to relate' capacity categories • MoH guidelines for roles and responsibilities of community health groups, if any • Resources available for COMM capacity building	• Facilitation skills

Course section and learning objectives: Phase 2: Classroom – Unit 2, and Phase 3: Practicum

1. To know the structure and sequence of the Facilitator's Manual for training COMMs
2. To be able to explain the uses of the term 'capacity', to include 'organisational' and 'technical' capacity, and to explain the agreed usage of 'to be', 'to know', 'to do' and 'to relate' used in this programme
3. To understand and be able to carry out the process of assessing COMMs and developing individualised capacity-building plans for them
4. To be able to identify the various resources available for COMM capacity building and appropriately match resources to the capacity areas that they address

Competency 4
Assess root-cause determinants of health
(For programmes carrying out Session 3b: Root-Cause Analysis, robust version)

Behaviours

- Present national and local health statistics to COMMs and assist in identifying main health issues
- Explain and ensure that COMMs understand the concept of barriers to behaviour change
- Assist COMMs to prioritise health issues for investigation
- Train and mentor COMMs to carry out focus group discussions (FGDs) and key informant interviews (KIIs)
- Assist COMMs to identify most vulnerable populations for inclusion in research
- Assist COMMs to analyse data from FGDs and KIIs to understand root causes of prioritised health issues, and categorise by appropriate level of response

Enabling knowledge	Enabling skills
• Country-specific health statistics and issues • Concepts of behaviour change communication (BCC), barriers to behaviour change, health determinants, doer/non-doer analysis • Country-specific socio-cultural norms	• Facilitation skills • Focus group discussions (FGDs) • Data collection and analysis

Course section and learning objectives: Phase 2: Classroom – Unit 3, and Phase 3: Practicum

1. To understand the content and be able to use the Facilitator's Manual to train and support COMMs in carrying out a root-cause analysis of health issues in the community
2. To gather, present and analyse health data
3. To demonstrate effective FGD techniques

Competency 5 **Plan and carry out COMM capacity building**	
Behaviours • Agree and coordinate logistics with programme staff and COMM members • Prepare all necessary training materials • Use effective adult learning and facilitation skills to carry out the selected sessions of the *Facilitator's Manual for Community Health Committees (COMMs)* • Ensure participant understanding and skills attainment through appropriate forms of verification	
Enabling knowledge • Local protocols for community events • The content of the Facilitator's Manual • Country-specific CHW programme details; e.g. incentive system, referral system, supplies, supervision (for Session 2) • Indicators tracked by CHWs and/or local health facilities (for Session 5) • Country-specific CHW data collection and aggregation mechanisms (for Session 5)	**Enabling skills** • Facilitation skills • Planning, organisation and time management • Basic bookkeeping (for Session 4)
Course section and learning objective: Phase 2: Classroom – Unit 3, and Phase 3: Practicum 1. To understand and be able to use the Facilitator's Manual to train and support COMMs with health-specific capacity building (per the plans developed in the appreciative organisational assessment)	

Competency 6 **Monitor COMM programming activities and results**	
Behaviours • Create a COMM programme logframe based on the specific in-country programming components. • Complete Monitoring Tool A for all training sessions carried out with COMMs and submit quarterly to the identified person for data input. • Train COMMs in the use of Monitoring Tool C, and collect (a copy) from each COMM quarterly. Submit to the identified person for data input. • Periodically support/mentor COMMs as they carry out their activities, and complete Monitoring Tool D. • Receive aggregated monitoring data and make programming adjustments as needed • Share pertinent aggregated monitoring data with COMMs.	
Enabling knowledge • Monitoring and evaluation systems, including logical frameworks (logframes) and indicators	**Enabling skills** • Basic data analysis • Mentoring skills
Course section and learning objectives: Phase 2: Classroom – Unit 4, and Phase 3: Practicum 1. To be able to distinguish among the different levels of monitoring (input, activities, output, outcome) and correctly identify those responsible for achieving each level in COMM programming 2. To be able to accurately complete the monitoring forms for which facilitators are responsible. 3. To understand the minimum standards for COMM programming	

TRAINING PROTOCOLS AND IL&D MEASUREMENT REQUIREMENTS

All COMM ToFs must adhere to the Global Health IL&D Implementation Protocols (Annex B-1), and must include results measurement at the levels of participant satisfaction, learning acquired, and learning applied on the job. All tools needed for these purposes are found in Annex B.

Protocols and Data Reporting

The two forms found in **Annex B-1** and **Annex B-2**, the IL&D Implementation Protocols Checklist and the IL&D Data Form, must be completed by the trainer(s) as the ToF programme progresses, and submitted to the **COMM Champion.** (At the time of writing, this is Michele Gaudrault.)

Some of the requirements of note listed in the Implementation Protocols Checklist include:

- Ensure that the trainers are registered as COMM trainers on GTRN.
- Ensure that the ToF is a registered event on GTRN.
- Ensure that all phases of the programme adhere to the required durations as stipulated in the design on page 2 of this document. The quality of the COMM programmes will be lowered if trainers shorten the courses with respect to the design stipulations.

Country Acceptance and Participant Selection

The return on investment of the COMM ToF partly rests on ensuring that the national office (NO) has gone through the COMM Country Readiness process and is prepared to move forward with COMM programming. The NO must report the results of the country readiness process on the Country Request for COMM ToF Form found in **Annex B-3** before the trainer accepts the ToF.

Similarly, it is of utmost importance that the right participants attend the ToF. The participant selection criteria are found in **Annex B-4**. All interested candidates must complete and return the Facilitator Application Form (also Annex B-4), and trainers will accept or deny candidates based on the criteria. It is important that the candidate's manager signs the form, to verify that the candidate will indeed implement COMM programming and be supported to put the learnings to use on the job.

Learning Objectives

All measurement of learning acquired and learning applied will be against defined learning objectives. For the COMM ToF programme, these objectives are found in **Annex B-5.**

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 own perception is of their learning. This helps to identify problems in programme design and make improvements in programme delivery. Participants complete an evaluation, found in **Annex B-7**, at the end of the classroom and field practicum phases. Results are reported on the IL&D Data Form.

Results Measurement Level 2: Learning Acquired

The trainer has three tools to measure participant learning at relevant time points during the programme: the homework assessment **(Annex B-6)**, written test **(Annex B-8)**, and the practicum skills assessment **(Annex B-9)**. Those programmes carrying out the robust root-cause analysis will also work with a Focus Group Discussion skills assessment **(Annex B-8).** The trainer will input the results into a participant spreadsheet and report the results on the IL&D Data Form.

Results Measurement Level 3: Learning Applied on the Job

Participants will receive an Action Plan found in **Annex B-11** at the end of the training to detail the steps for applying what they've learned to their jobs. Trainers will maintain contact with the participants for a period of six to nine months after the training during this important time of learning consolidation, and will request the Action Plans at the end of this period. At that time, trainers will also request that participants complete and return a Final Questionnaire **(Annex B-12)**. The trainer will report the results of both on the IL&D Data Form.

PRE-PHASE. PREPARATION

TO DO: FOUR TO SIX WEEKS PRIOR TO CLASSROOM EVENT

Implementation Protocols

- ☐ Review the IL&D Implementation Protocols Checklist **(Annex B-1)** and ensure all requirements are met as you proceed through preparation and implementation.

Country Request for Training of Facilitators

- ☐ Send a Country Request for COMM Training of Facilitators (ToF) form **(Annex B-3)** to the national office representative requesting the ToF.
- ☐ Receive and review the completed Country Request for COMM ToF from the NO.

Facilitator Candidate Applications

- ☐ Send COMM Facilitator Application Form (**Annex B-4**) to the national office.
- ☐ Receive completed application forms from all facilitator candidates to participate in the ToF. Candidates may come from World Vision, the MoH and partner organisation(s). The facilitator role requires that candidates be those who will bring the training forward to COMMs (that is, implementers). Review applications for adherence to Participant Selection Criteria **(Annex B-4).**
- ☐ Accept or deny facilitator candidate applications as appropriate. Communicate all concerns to the national office in a timely fashion and seek resolution for any disagreements.

Facilitator's Manual and Homework

- ☐ Send (by email) all sections of the *Facilitator's Manual for Community Health Committees (COMM)* to the training participants (the facilitator candidates). The participants should print and bind them and bring them to the training event.
- ☐ Send Homework to participants **(Annex B-6).** Request that they complete the assignment and return to you no later than two weeks prior to the classroom event. Specify the date.
- ☐ Research the country-specific answers to the homework questions so that you can correctly score the questions later.

Prepare All Materials for Face-to-Face (F2F) Classroom Event

- ☐ Prepare a diagram of the in-country situation on a flipchart (as learnt in the Training of Trainers).
- ☐ Research the relevant statistics for the country in which you will be holding the training, using Tool 3a-1 or Tool 3b-1 depending on which version of the root-cause analysis you are carrying out, following the instructions in Session 3a or 3b entitled 'Present national-level and local-level health statistics to the COMM'.
- ☐ Prepare a flipchart with some of the statistics, following the same instructions.
- ☐ Contact the national office to obtain information about the CHW programme, using the checklist at the beginning of Session 2 (Supporting Community Health Workers). Whenever the national office indicates that there is a form or document, request a copy. Alternatively, you may get in touch with the participants and assign this preparation to them, allocating one checklist item to each participant.
- ☐ Photocopy or print all of the training handouts and tools (summarised in Table 2, Materials and Resources Required). Organise all the handouts.
- ☐ Gather all remaining material (summarised in Table 2, Materials and Resources Required).

MATERIALS AND RESOURCES REQUIRED

Table 2. Materials and Resources Required for the Classroom F2F
1. Printed and bound copies of all sections of the *Facilitator's Manual for Community Health Committees (COMMs)*, one for each participant and trainer (participants bring to training)
2. Flash drives for all key reference materials, one for each participant
3. Flipcharts, paper, markers, adhesive, coloured dots, beans or small stones
4. 130 cards, approximately 4 x 6 inches or 10 x 15 centimetres (100 white and 30 in three different colours) (For Session 3b: Root-Cause Analysis, robust version, if included in ToF)
5. Flipchart-size poster of the 360 Degree Approach Diagram (From the *Introduction to 7-11 Health Information and 360 Degrees of Support for Behaviour Change*)
6. Visual mapping of COMM country context (administrative levels, populations, COMM, etc.), as learnt in Training of Trainers instructions
7. All capacity cards in the 'Overview for the Facilitator', printed on durable, coloured paper
8. Large cards with the logframe Outputs and Outcomes written; one per card
9. Sample health information, magazines, pamphlets and other materials
PowerPoint Presentations for the Classroom F2F
10. PowerPoint 1: Introduction to the COMM Model
11. PowerPoint 2: Instructions for the Monitoring Dance Game
Tools for Classroom Units 1, 2 and 4 (found in this Trainer's Guide)
12. Tool T-1: Sample Agenda for Training of Facilitators
13. Tool T-2: COMM Scenario
14. Tool T-4: Monitoring Dance Game: For the 'Monitoring' Group
Tools for Classroom Unit 3 (found in the various sections of the *Facilitator's Manual for COMM*)
One copy for each participant of each of the following tools from the various sections of the Facilitator's Manual, based on sessions selected for the ToF: • Tool A-1: Checklist of Recommendations for COMM Organisational Functioning • Tool A-2: Checklist of Indicators of Health-Specific Capacity per Session • Tool A-3: COMM Action Planning and Monitoring Tool: Group Functioning • Tool 1-1: COMM Action Planning and Monitoring Tool: Linkages and Networking • Tool 2-7: COMM Action Planning and Monitoring Tool: Supporting CHWs • Tool 3a-6: COMM Action Planning and Monitoring Tool: Situation Analysis • Tool 3b-3: Community Data Form (stapled) • Tool 3b-5: Focus Group Discussion Guide (stapled) • Tool 3b-9: COMM Action Planning and Monitoring Tool: Root-Cause Analysis • Tool 4-3: COMM Action Planning and Monitoring Tool: Responding to Health Issues and Barriers • Tool 5-1: Community Health Tracking Form (stapled) (If Tool 3b-3 is not used) • Tool 5-4: COMM Action Planning and Monitoring Tool: Tracking Community Health Status • Tool 6-2: COMM Action Planning and Monitoring Tool: Reporting Community Health Status
Tools for IL&D Measurement
15. Annex B-5: COMM ToF Learning Objectives
16. Annex B-7: Participant Satisfaction Evaluation
17. Annex B-8: Classroom Written Test (distributed separately)
18. Annex B-8.III: FGD Skills Assessment Tool (for ToFs including Session 3b, Robust Root-Cause Analysis)
19. Annex B-9: Practicum Skills Assessment form (for the field practicum: five copies per participant)
21. Annex B-11: Action Plan for Applying Learning on the Job

PHASE 1. PRE-EVENT READING AND HOMEWORK

1. **Send the COMM ToF design, competencies and learning objectives** (Annex B-5) to the participants.

2. **Send all sections** of the *Facilitator's Manual for Community Health Committees (COMM)* to the participants 4-6 weeks prior to the classroom event. (See bulleted list in number 3 below.) Instruct them to print and bind the complete package and bring with them to the classroom.

3. **Participants will read** the three sections indicated in bold in order to complete the assignment:

    - **Overview for the Facilitator**
    - Appreciative Discovery (Light Assessment)
    - **Introduction to 7-11 Health Content and 360 Degrees of Support for Behaviour Change**
    - Session 1: Linkages and Networking
    - Session 2: Supporting Community Health Workers (CHWs)
    - Session 3a: Root-Cause Analysis (Light Version)
    - Session 3b: Root-Cause Analysis of Health Issues in the Community (Robust Version)
    - Session 4: Responding to Health Issues and Barriers, and Mobilising for Action
    - Session 5: Tracking Community Health Status
    - Session 6: Reporting Community Health Status
    - **Companion Document: *Facilitator's Guide to 7-11 Health Information*.**

    Note: The *Facilitator's Guide to 7-11 Health Information* is distributed as a companion document to the COMM package of materials. This is because it will be used in many contexts and situations, not only with COMMs. Thus it is made available separately for separate use.

    For COMM-specific purposes the *Introduction to 7-11 Health Content and 360 Degrees of Support for Behaviour Change* assists facilitators to know how to introduce these topics to the COMM. Once the topics have been introduced, the facilitator will review the 7-11 content in detail as needed, using the *Facilitator's Guide to 7-11 Health Information.*

4. **Send Annex B-6, Participant Homework Instructions** (two pages), to the participants 4 to 6 weeks prior to the classroom event, request that they complete the assignment and send the written portion to you 2 weeks prior to the event. The assignment involves reading, researching, and answering questions. In addition, they will prepare a 10-minute session for the classroom per the instructions given. Assign one of the 7-11 sections to each participant for this presentation and communicate this to them. For example, you will give the first participant 'Pregnant Woman Intervention 1', the second participant 'Pregnant Woman Intervention 2', and so forth. The participants will prepare a 10-minute learning session on the topic they have been assigned.

5. **Receive** the written assignments (questions), review them, and plan to spend time during the classroom event to go over any information that the participants do not show themselves to be clear about.

6. **Remind** the participants that they should also read the 'Overview for the Facilitator' prior to the classroom. They do not have to read all of the remaining sections of the manual, but of course they can if they want to.

PHASE 2. FACE-TO-FACE CLASSROOM TRAINING

The learning objectives for the classroom portion of the ToF are presented on this page. Guidance for putting together a schedule and agenda is given on the next page. The pages that follow provide instructions for carrying out the Units. With regard to Unit 3, while instructions are provided for all of the Sessions, you will only carry out those that you have included in the classroom agenda.

F2F CLASSROOM TRAINING UNITS AND LEARNING OBJECTIVES

The classroom portion of the ToF (Phase 2 in this guide) is divided into the following four units, each with specific learning objectives. After the four units there is a wrap up, assessment and closing section.

Unit 1: Introduction to the COMM Model

- To understand the COMM model in overview, and how it fits in the overall 7-11 framework
- To know which groups in the country are the COMM and at which administrative level they operate
- To understand the programming components of the COMM model in the country, to include COMM involvement in local-level advocacy initiatives and with community health workers (CHWs) and other community health volunteers

Unit 2: Simulation of the Overview for the Facilitator

- To know the structure and sequence of the *Facilitator's Manual for Community Health Committees (COMMs)*
- To be able to explain the uses of the term 'capacity', to include 'organisational' and 'technical' capacity, and to explain the agreed usage of 'to be', 'to know', 'to do' and 'to relate' used in this programme
- To understand and be able to carry out the process of assessing COMMs and developing individualised capacity-building plans for them
- To be able to identify the various resources available for COMM capacity building and appropriately match resources to the capacity areas that they address

Unit 3: Practicing the COMM Training Sessions

- To understand the content and be able to use the *Facilitator's Manual for Community Health Committees (COMMs)* to train and support COMMs with health-specific capacity building (per the plans developed in the appreciative organisational assessment)
- (For Session 3b: Root-Cause Analysis: Robust Version): To gather, present and analyse health data
- (For Session 3b: Root-Cause Analysis: Robust Version): To demonstrate effective focus group discussion (FGD) techniques

Unit 4: Monitoring COMM Programming

- To be able to distinguish among the different levels of monitoring (input, activities, output, outcome) and correctly identify those responsible for achieving each level
- To understand the minimum standards for COMM programming
- To be able to accurately complete the monitoring forms for which the facilitators are responsible

COMPONENTS OF F2F CLASSROOM TRAININGS OF FACILITATORS

Before structuring the ToF you must know which sessions are relevant in the country where the ToF is taking place.

The full curriculum contained in these materials cannot be carried out in five days. If it is necessary to cover everything, seven classroom days are needed. It is important that trainers understand what is required in different country contexts and structure the ToFs accordingly.

If the ToF is taking place in a context where it is known that COMMs will not carry out the full range of roles covered in these materials then there will be sessions in Unit 3 of the classroom event that will be omitted. In contexts where COMMs will carry out root-cause analyses (a possible role) the trainers should know whether the 'light' or 'robust' version of this activity has been chosen. If the robust version has been selected trainers may decide to phase in this session at a later stage.

The following are guidelines and recommendations for structuring the classroom event:

1. **Units 1, 2, 4** and **Wrap Up:** While choices will be made among the sessions in Unit 3, all other Units are mandatory for all ToFs. All ToFs should include Units 1, 2, 4 and the 'wrap up'. The total time for the mandatory portions of the ToF is 16 hours, or 2.5 training days.
2. **Intro to 7-11:** Should always be included as it involves the homework presentations. 2 hours
3. **Session 2:** If a COMM is supporting CHWs, Session 2 should be included in the ToF. The total time is 6 hours, or one training day.
4. **Session 5:** All COMMs should be involved in tracking community health. Session 5 is high priority and should be included in the ToF. Total time: 3.5 hours.
5. **Session 6** can be carried out in only 1-2 hours of classroom time, with the remaining preparation handled as homework. Given the small amount of classroom time needed, it is recommended to try to fit this in.
6. **Sessions 3a, 4:** If the lighter version of the root-cause analysis will be used then Sessions 3a and 4 go together. The total time is 5.5 hours.
7. **Sessions 3b, 4:** For COMMs carrying out the robust root-cause analysis Sessions 3b and 4 are mandatory. Taken together, these sessions require 16 hours, or 2.5 training days.
8. **Session 1:** This session can be left out of the ToF without much negative effect.

Example Schedule 1: Contexts where COMMs play all roles, and light root-cause analysis is chosen.

	Day 1	Day 2	Day 3	Day 4	Day5
AM	**Unit 1** Introduction	**Unit 2** Simulation Overview Fac.	**Unit 3: Session 6** Presentations **Unit 3: Session 2** Supporting CHWs	**Unit 3: Session 3a** Root-cause light	**Unit 3: Session 4** Action **Unit 3: Session 5** Tracking health
PM	**Unit 2** Simulation Overview Fac.	**Unit 3, Intro 7-11** HW presentation **Unit 3, Session 6** Explain homework	**Unit 3: Session 2** Supporting CHWs	**Unit 3: Session 3a** Root-cause light **Unit 4** Monitoring	**Wrap Up** Action plan, test

Example Schedule 2: Contexts where COMMs play all roles, and the robust root-cause analysis is chosen.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
AM	**Unit 1** Introduction	**Unit 2** Simulation	**Intro 7-11** HW present **Session 2** CHWs	**Session 3** Root cause	**Session 3** Root cause	**Session 3** Root cause **Session 4** Responding	**Session 6** Presentation **Unit 4** Monitoring
PM	**Unit 2** Simulation	**Unit 2** Simulation **Session 6** Explain hw	**Session 2** CHWs	**Session3** Root cause	**Session 3** Root cause	**Session 5** Tracking	**Wrap Up** Action plan, test

PHASE 2. UNIT 1: INTRODUCTION TO THE COMM MODEL

Time: 4 hours

DEVOTIONS (20 MINS)

Handle devotions any way you would like. You may want to assign devotions to different participants each day. It is ideal to have this arrangement made in advance of the training event. Observe the time allotted.

INTRODUCTIONS (20 MINS)

There are many ways you can handle introductions. Use your creativity! One idea is to have the members pair off. Each asks his or her partner three or four simple questions to get acquainted. Then reconvene and have each person introduce his or her partner. This is only one idea.

Try to learn the names of the participants as quickly as possible. It can be helpful to draw a seating diagram for yourself and ask the participants to stay in the same seats for the first day or two.

'HOUSE RULES' (20 MINS)

Ask the participants to brainstorm what they think the rules for the week should be. Write the ideas on a flipchart and hang on the wall where they can be seen clearly throughout the training. You may also want to organise a flipchart labelled 'Parking Lot' where you will write issues that cannot be discussed and resolved at the time, but that will be addressed before the end of the training.

AGENDA AND OBJECTIVES (20 MINS)

Materials: Tool T-1 (adapted to your schedule), **Annex B-5**

Distribute **Tool T-1.** Do not go through every item. Just point out the main parts: the overall organisation of the training (the units). Explain that when you reach Unit 2, you will start working directly with the Facilitator's Manual, replicating what the facilitators will later do with the COMMs.

Distribute **Annex B-5.** Read the objectives one by one, or ask volunteers to read them aloud. Make any clarifications necessary.

EVALUATION CRITERIA (10 MINS)

Tell the participants they will be evaluated. Write the criteria on a flipchart, and post it on the wall:

- homework: 20 per cent
- written test: 40 per cent
- practicum skills test: 40 per cent.

COMM is a certification course, meaning that participants cannot train COMMs until they become certified. Certification requires a passing grade in the classroom, and a practicum training of a COMM, mentored by trainers.

Note that in ToFs including the robust root-cause analysis, the breakdown will change, as follows: Homework 15 per cent, Focus Group Discussion Skills Assessment 25 per cent, Written Test 30 per cent, Practicum 30 per cent.

INTRODUCTION TO COMM (30 MINS)

Materials: PowerPoint presentation and a poster of the 360 Degree Approach Diagram (Found in the *Introduction to 7-11 Health Content and 360 Degrees of Support for Behaviour Change* section)

PowerPoint Presentation 1. The presentation situates the COMM model within the overall 7-11 framework. It explains the 360 degree nature of the framework, the three core models, how the COMM is situated as the core model at the community level, and some basic information about the COMM model. Review the presentation ahead of time and make sure you are ready to present it. If you need to make some changes to the presentation to fit your context, do so.

At the end, make sure that the participants are clear on the meaning of the three circles. The innermost circle represents the individual level and is handled by CHWs or other volunteers. The middle circle represents the community level, and it is here that the COMMs come in. Throughout the training you will be making the distinction between the work of CHWs at the individual level and the work of the COMMs at the community level.

Post the 360 Degree Approach Diagram poster on the wall and highlight where the COMM fits.

IN-COUNTRY COMM DESIGN (1 HOUR)

Materials: A visual diagram of the country context, showing administrative levels and selection of the COMM

Preparation: You will need to prepare for this activity by finding out the following from the national office:

- What has the national office decided about the appropriate groups to play the role of the COMM in this country? What group is the COMM?
- At what administrative level do these groups operate? What is the approximate population of those levels?

During the Training

It is important that the facilitators are clear on the groups they will be working with when implementing the COMM model. You should create a visual similar to the one that you created during your own training of trainers (ToT) course, showing the administrative divisions in the country, the identification of the appropriate group to play the role of the COMM, the level at which this group is found and perhaps its linkages to CHWs.

Remember that if any of the area development programmes (ADPs) are just beginning the Critical Path process as part of the Development Programme Approach (DPA)[1] you will advise those facilitators to wait for the results of the Critical Path process before starting COMM work. This usually takes place in Step 5 of the Critical Path. Remember that the health working group created or identified as part of the Critical Path is the same thing as the COMM, so they must wait to find out which group that will be. Of course, if there is a MoH-linked village health committee in the ADP, that group should always be selected as the health working group or COMM.

Be sure to clarify that COMM is a generic term used for purposes of consistency in training, but in reality any pre-existing title of the selected community group should be retained.

Review all of this information with the facilitators and make sure they are clear on the groups that they will be working with. You may need to take some time to make decisions if there is more than one scenario represented in your country.

[1] See *World Vision's Guidance for Development Programmes,* http://www.wvi.org/guidancefordevelopmentprogrammes.

COMM Programming, overall (30 mins)

Have the participants turn to Section 4 (under Phase 1) in the 'Overview for the Facilitator' that they were requested to print and bring along. The logical framework, or logframe, for the COMM model is presented here.

First, review the column under **Outcome 1** and explain that this column represents the effects of COMM programming on Community Systems Strengthening (CSS) (the 'community' level of the 360 Degree Approach Diagram that you have displayed on the wall). Point to the community level on that poster – the middle circle – so they make this visual connection. The COMM is directly involved in this, and Outputs 1.1, 1.2, 1.3, and 1.4 reflect the kinds of results that you will hope to see from the COMM's work, depending on the specific roles that each COMM is playing.

Next, review the column under **Outcome 2** and explain that this column represents the effects of COMM programming on Health Systems Strengthening (HSS) (the 'environment' level of the poster). Point to this now – the outer circle. The COMM contributes to this by the links that are formed with health facilities, so that the health system reaches further into communities.

If the COMM is also participating in CVA (or other local-level advocacy), this will be another contribution the COMM will make to strengthening the health system, by monitoring health services and advocating for improvements in the system.

Finally, review the column under **Outcome 3** and explain that this represents the effects of COMM work on the CHW system (the 'individual' level of the poster). The COMM contributes to the CHW system by supporting CHWs in various ways, as will be covered in Session 2 in the manual.

If the COMM is directly *supervising* CHWs, it will play an even greater role in strengthening the CHW system. If so, there is a separate training to assist the COMM in its supervisory work.

Depending on the specific roles that the COMMs will play, which will differ by context as you will see later, the COMM can contribute to all of the areas in the logframe, mostly at the community level, but also at the 'environment' and 'individual' levels. Once again, point to the visual 360 Degree Approach Diagram and explain that in order for 7-11 programming to be fully effective, the mother and child must be supported at all of these levels. The participants will learn about the ways that the COMMs will make these contributions as they go through the training.

Overview of the Facilitator's Manual (30 minutes)

Tell the participants that you will now be focusing in on the core of this training: the packaged *Facilitator's Manual for Community Health Committees (COMM)* (hereafter referred to as The Facilitator's Manual) which is made up of multiple sections. Make sure all participants have brought their printed copies and put them in sequence together, as follows:

- Overview for the Facilitator
- Appreciative Discovery (Light Assessment)
- Introduction to 7-11 Health Content and 360 Degrees of Support for Behaviour Change
- Session 1: Linkages and Networking
- Session 2: Supporting Community Health Workers (CHWs)
- Session 3a: Root-Cause Analysis of Health Issues (light version)
- Session 3b: Root-Cause Analysis of Health Issues (robust version)
- Session 4: Responding to Health Issues and Barriers, and Mobilising for Action
- Session 5: Tracking Community Health Status
- Session 6: Reporting Community Health Status
- Companion document: *Facilitator's Guide to 7-11 Health Information.*

Draw their attention to the fact that every session has tools at the end. The numbering of the tools follows the numbering of the Sessions; for example, Tool 1-1 in Session 1 and Tool 5-3 in Session 5.

Explain that the participants will not necessarily carry out all of the sessions with every COMM. The 'Overview for the Facilitator' describes the process that facilitators will follow with COMMs to come up with an individualised capacity-building plan for each group.

Explain that there are additional resources that the facilitators may use depending on the results:

- *Organisational Capacity Building in the Development Programme Approach*
- Timed and Targeted Counselling resources, including CHW supervision materials
- Citizen Voice and Action local-level advocacy materials.

PHASE 2. UNIT 2: SIMULATION OF THE OVERVIEW FOR FACILITATOR

OVERVIEW FOR THE FACILITATOR MANUAL: TRAINING STEPS

Time: 6.5 hours (this time includes conducting the Appreciative Discovery, Light Assessment)

INTRODUCTION

This simulation is a fun way to get the participants into a COMM scenario, and it will give them a chance to experience first-hand the process they will follow to develop an individualised capacity-building programme for each COMM.

Depending on the number of participants you have you will either carry out the simulation as a whole group or break into two groups. The participants will be playing the role of the COMM and you (trainers) will be playing the role of facilitators working with the COMM.

SETTING UP (10 MIN)

Tool T-2, COMM Scenario

Decide on the groups (one or two). Distribute Tool T-2, COMM Scenario, to each group. Explain that for the next few hours you will be taking the participants through a simulation of the process that they will later carry out with COMMs. It is a process of discussing, assessing, and deciding on an appropriate capacity-building plan.

Tell the participants that throughout the simulation they will be imagining that they are a COMM. They will use the information from the COMM Scenario handout as they respond to the activities that you will lead.

Note: It is important to tell the participants to not get too carried away when playing their roles! This very often happens in these types of role plays and simulations, and results in getting off-track with the activities and main messages in the name of humour, and spending far more time than is necessary because of dramatised opposition, problem-posing, worst-case scenario imaginings and so forth. Tell the participants that their role playing should be done in a fun, but straightforward and not highly-dramatised, way.

SECTIONS 1 THROUGH 3 – MEETING 1: GETTING STARTED (45 MIN)

Materials: One set (per group) of the 'membership cards' copied from the 'Overview for the Facilitator' and cut into separate cards. Try to copy or print these onto durable, coloured paper if possible.

Materials: One set (per group) of the 'COMM roles' cards copied from the 'Overview for the Facilitator' and cut into separate cards, on durable, coloured paper if possible.

Materials: Flipchart paper attached to the wall with a visual representing a road

Begin the simulation as if you are carrying out Meeting 1 with the COMM, following the instructions in the 'Overview for the Facilitator'.

Take 10 minutes or so for Section 1, Introductions. The participants will answer your questions and respond to the activity based on the information in their COMM Scenario handout. You should make sure the correct tone gets set at this stage. Do not let the participants get too carried away and keep the simulation fairly controlled.

Move on to Section 2, COMM Membership. The participants will select the membership cards that you lay out by deciding which members they would like to be. They will write their names on the membership cards. They will then post them on the wall diagram, at the beginning of the road, with a colourful Our Membership label. Tip! You could ask each participant to bring a photo of themselves the following day to also paste on the wall!

There will likely be some categories of members missing to complete the full recommended COMM membership profile. You and the participants will agree on what their action plan would be to recruit the missing individuals.

Move on to Section 3, COMM Roles. The participants will select role cards based on the information in the COMM Scenario handout. Again, paste these on the road visual on the wall.

Close the meeting.

Section 4: Logical Framework (15 min)

Materials: An enlarged outline of the logframe on flipchart paper. Individual cards with each Outcome and Output that you will later paste into the appropriate squares of the outline

For this, you will role-play as if you are talking to yourself, or with your co-facilitator. Say to yourself something like the following, 'Okay, now we have finished the first meeting and I know the roles that my COMM is playing. With this information, I know what the project's logical framework is. Let's see. They are playing a linking and networking role, so I can paste this card for Output 1.1 into this square here, and this card for Output 2.1 into this square here.' And so forth.

Section 6: Choose Assessment (5 min)

Again, role-play as if you are talking to yourself, or with your co-facilitator, along the lines of, 'Okay. Now I need to decide which assessment I am going to use with this group. There is the light assessment called Appreciative Discovery as part of my Facilitator's Manual package of materials. I could use that one. There is also the much more complete OCSA that I could do using those other resources we were given. Well, even though this COMM is doing good work, I wouldn't consider this group to be extremely mature yet. For a group of this level of maturity, the light assessment is probably appropriate. That is what we will do. Good. Let me get that section of my manual. Here it is. Appreciative Discovery: Light Assessment. I will follow the instructions here.'

Section 7: Meeting 2: Assessment and Capacity-Building Plan (3 hours)

Explain that now you are going to carry out an Appreciative Discovery with the group to learn about their strengths and abilities, and then make decisions about the capacity building that you may do together.

Carry out the Appreciative Discovery: (Light Assessment) now! Turn to the instructions at the end of this section on page 20 (3 hours).

When you have finished with the Appreciative Discovery, return to this page and continue with Sections 8 through 13.

Sections 8 through 13: Explain the Capacity-Building Plan and Select Capacity Cards (1 hour)

Materials: All capacity cards (Health Information, Health-Specific Capacity, Other, General Organisational Capacity), copied from the relevant pages in the 'Overview for the Facilitator', ideally printed on durable, coloured paper and cut into separate cards.

Materials: Tool 1-1, COMM Action Planning and Monitoring Tool: Linkages and Networking, and Tool 6-2, COMM Action Planning and Monitoring Tool: Reporting Community Health Status, from Sessions 1 and 6 respectively.

Follow the instructions in the 'Overview for the Facilitator' for sections 8 to 13. You will go through the capacity-building card selections with the group one category at a time. They will select cards based on their roles, and based on the results of the assessment. A few points:

- For General Organisational Capacity they will select the 'minimum standards: our own actions' card.
- For General Organisational Capacity they will also request a leadership training. You will role-play talking to yourself, saying that you will use some other resources to help them with this.
- If for either Linkages and Networking or Reporting Community Health Status the group selects the 'our own actions' card instead of the training card, then you will give them Tool 1-1 or Tool 6-2 accordingly. This is where they will record and track their actions.
- For 'Other' capacity, they will select CVA.

Once all the cards have been selected you will help the group to sequence them and come up with a schedule. You will then paste the cards on the wall diagram.

At the end of the road diagram, write 'OCSA' and tell the group that you will carry out a very complete (and fun!) organisational assessment with them after they have been working for 12 to 18 months.

Also! You will fill in **Monitoring Tool A** by recording the names of all the participants and asking them for the relevant information. On the back side you will role play saying to yourself, 'Now I must put N/A under these trainings, because we won't be doing these ones with this COMM. I don't want my supervisor coming back to me asking me why I haven't done them!'

Explain that you now have the capacity-building plan for this COMM and you will work on completing it together.

Wrap up the meeting.

Discussing the Simulation (1.5 hours)

Review the Overview for the Facilitator manual

The participants have now gone through a simulation for carrying out the process outlined in the 'Overview for the Facilitator', as well as for the Appreciative Discovery (Light Assessment). You will now review how they will carry out these same processes with COMMs.

Look over the 'Overview for the Facilitator' manual together, beginning with the Introduction.

- Have participants turn to page 1. Discuss the difference between newly-mobilised versus existing groups.
- Read all of page 3 together (ask for volunteers to read) and make sure the considerations regarding administrative level, membership and the community are all clear.
- Point out the training and facilitation tips on pages 2 and 3
- Point out the 4 phases of their work with COMMs (per the Contents page).

Look through Sections 1 to 3 together (the Introduction, COMM membership, and COMM roles.)

- Explain that these are the steps you followed at the beginning of the simulation.
- Point out that descriptions of the possible COMM Roles are found on pages 10 and 11, for their information.
- Point out also that there is an embedded document with some additional, fun activities that they may choose to carry out with the COMM to review these roles if they wish.

Move to Section 5 starting on page 16. You did not include this in your simulation so you must take some time to review it now.

- Read pages 16 and 17 together and review the diagram on page 18.
- Make sure that the participants are clear on the way that capacity is being described in these resources.
- Make sure the participants understand that they will need to make use of the supplementary *Organisational Capacity Building in the Development Programme Approach* when working with the COMM on 'to be' capacities, and some of the 'to do' and 'to relate' capacities of a more general nature.
- Explain that this training *does not cover* the supplemental organisational capacity-building resources. However, there is an online course on wvcentral that participants should go through to better understand the nine capacity clusters contained therein. Provide them with the necessary information or link to access that course.

Turn to Section 6.

- Reinforce the fact that although they will probably carry out the light assessment in most cases, they should plan to follow up with the OCSA (robust assessment) found in the supplementary resource after the COMM has been working for a while.
- For more information about the difference between the capacities covered in this Facilitator's Manual versus the supplementary resource, you may want to review the comparative table provided as Tool A-4 in the Appreciative Discovery (Light Assessment).
- The supplementary *Organisational Capacity Building in the Development Programme Approach* resource, which includes instructions for carrying out the OCSA, is provided as an embedded document.

Page through Sections 7 to 13 together, answering any questions the participants may have.

Review the monitoring tools in Annex A and mention that you will be talking more about monitoring towards the end of the training.

Look over the minimum standards for implementation on pages 34 and 35 and address any concerns the participants may have.

Review the Appreciative Discovery (Light Assessment)

In the Appreciative Discovery (Light Assessment) document, read the Facilitator Preparation together and review Diagram 1, Appreciative Discovery. Ask participants if they feel the simulation effectively demonstrated the process illustrated in the diagram.

Page through Parts 1, 2 and 3 together and explain that these are the steps you just demonstrated in the simulation and that they will follow with COMMs. Ask if there are any questions.

Read the section Alternative Methodology for Capacity Assessment together. This is another reminder that the OCSA is available as an alternative assessment tool, appropriate for more mature groups. Tool A-4 is the table comparing the two assessments and sets of materials.

APPRECIATIVE DISCOVERY (LIGHT ASSESSMENT) TRAINING STEPS

Time: 3 hours (included in the total 6.5 hours for the simulation)

PART 1: APPRECIATIVE DISCOVERY

ACTIVITY 2: GETTING TO KNOW THE COMM: BACKGROUND INFORMATION (30 MINS)

(Note that Activity 1 is skipped)

Carry out the conversation with the participants as if you were the facilitator wanting to learn more about the COMM. Ask the questions listed in the manual. The participants should answer based on the information on the COMM Scenario handout. For questions that are not addressed in the handout they should try to answer as realistically as possible. They should answer imagining what a COMM might say.

You will not take extensive notes during the question and answer, although you can write down a few pieces of information.

Note that questions 6 and 7 in particular will yield the most information for making capacity-building plans – the questions related to the trainings the COMM has received and its current activities. You can role-play talking to yourself about this, along the lines of 'this is very useful to know. It will help us decide on our capacity-building plan.'

ACTIVITY 3: TIMELINE (30 MINS)

Now distribute flipchart paper and markers to the group and follow the instructions in the Facilitator's Manual to explain the timeline activity. If your group is large you might split it in half and have one half work on 'the first year of the COMM's existence' and the other half on 'the second year of the COMM's existence', for example. Debrief the timeline as a way of learning more about the COMM's history, experience and strengths.

ACTIVITY 4: IDENTIFY THE COMMS' EXISTING CAPACITIES (30 MINS)

Now the group will draw a tree outline on flipchart paper. Follow the instructions in the Facilitator's Manual. The group should identify the existing 'fruits' in terms of capacities that they already demonstrate. They can draw these in any way they wish on the tree.

Consolidate these activities by explaining that the three activities were designed to help understand the strengths that the COMM already has, based on trainings it has received and experience it already has.

PART 2: REVIEW MINIMUM RECOMMENDATIONS FOR GROUP FUNCTIONING AND DEVELOP ACTION PLAN FOR STRENGTHENING AS NEEDED

ACTIVITY 1: REVIEW RECOMMENDATIONS FOR EFFECTIVE GROUP FUNCTIONING (15 MIN)

Materials: Tool A-1. Either distributed as a handout or copied to a flipchart

Carry out a discussion on the recommendations for internal group functioning listed in Tool A-1. To what extent does this COMM already meet these standards? What challenges might there be in following these recommendations? Explain that you will need to work together to ensure that these elements are in place prior to beginning any trainings. Follow the instructions in the Facilitator's Manual.

ACTIVITY 2: INTRODUCE THE ACTION PLANNING TOOL (15 MINS)

Handout: Tool A-3, COMM Action Planning and Monitoring Tool: Group Functioning

Distribute the handout to the participants. Explain that the COMM will complete these forms themselves; one form for each type of activity it is carrying out. The facilitators will request to see the forms once per quarter so that they can keep track of the COMMs' progress.

ACTIVITY 3: DEVELOP AN ACTION PLAN (20 MINS)

Follow the instructions in the Facilitator's Manual, using flipchart paper and having the participants suggest the activities that the COMM will need to carry out to strengthen their internal group functioning per the recommendations. You may have volunteers write on the flipchart instead of writing yourself.

As the Action Plan is being developed on the flipchart, the participants should copy it onto their individual copy of Tool A-3, COMM Action Planning and Monitoring Tool: Group Functioning.

PART 3: DETERMINE ADDITIONAL HEALTH-SPECIFIC CAPACITY AREAS

ACTIVITIES 1 AND 2: INTRODUCE THE CHECKLIST OF TECHNICAL SKILLS PER SESSION AND DECIDE ON SESSIONS TOGETHER (30 MINS)

Handout: Tool A-2, Checklist of Indicators of Health-Specific Capacity per Session

Carry out Activities 1 and 2 following the instructions in the Facilitator's Manual. Remember that when reviewing the indicators for health-specific capacity, COMMs will only focus on indicators corresponding to their roles. You will want to make this clear in your role play.

Tell the group that you have now finished the assessment and will move on to developing a capacity-building plan.

Return to Sections 8 through 13 starting on page 18 of this guide now.

PHASE 2. UNIT 3: PRACTICING THE COMM TRAINING SESSIONS

Note: Carry out only those sessions included in your ToF schedule, in the sequence decided in the schedule.

INTRODUCTION TO 7-11 HEALTH CONTENT AND 360 DEGREES OF SUPPORT FOR BEHAVIOUR CHANGE

Time: 2 hours

NOTES FOR THE FACILITATOR (10 MINS)

Have participants open the *Introduction to 7-11 Health Content and 360 Degrees of Support for Behaviour Change* section of the Faciltator's Manual. Ask a volunteer to read the Notes for the Facilitator. Make sure the participants are clear that when they carry out this session with COMMs they will need to use the companion document *Facilitator's Guide to 7-11 Health Information*.

ACTIVITY 1 (1 HOUR 45 MINS)

You will take time now for the participants to present their 10 minute in-class learning session, as they were assigned to prepare for homework prior to the classroom event.

The way you structure this will depend on the number of trainers and participants in the class. Most likely, you will divide into groups per trainer (two groups if you have two trainers, three if you have three, and so on). Within the groups, each participant will be given 10 minutes for his or her session, while the remaining participants act as COMM members. The presenter should demonstrate a solid grasp of the health content and be able to answer the group members' questions with confidence.

Note that you should tell those participants acting as COMM members to avoid becoming overly dramatic in their questions or objections to what the presenter is saying. This is common in these types of in-class role plays! Participants will often try to complicate issues to an unnecessary degree, in the guise of 'that is what community members might say!' Help the participants to keep things on track.

You must strictly limit this session to two hours overall, as there simply is not enough classroom time available to spend any longer on it. You will want to get through as much of the health content as possible and make sure that every participant gets his or her 10 minutes, but beyond that you will need to address all outstanding questions and issues at a later time, either after class hours or in your ongoing engagement with the participants.

ACTIVITY 2 (IF TIME PERMITS)

If you have any remaining time in the two-hour slot, you and your co-trainers should go through Activity 2, explaining the three concentric circles representing the 360 degrees of support for behaviour change, and reminding the group that the COMM's main responsibility is at the community level – the middle circle. If there is no time for this, the participants should read the activity on their own.

SESSION 1: LINKAGES AND NETWORKING

Time: 2 hours

NOTES FOR THE FACILITATOR (20 MINS)

Turn to Session 1. Look at the icon together. Ask a volunteer to read the Notes for the Facilitator.

Then look at the Facilitator Reference: COMM Linkages and Networking text box. Explain that it has four numbers, and that each number represents an important link that the COMM should have to: (1) the health facility, (2) the community at large, (3) supporting NGOs, and (4) CHWs. Explain that the facilitators may need to provide specific assistance to the COMMs to help them to forge these links, and that the text box provides them with some ideas for this. Ask for volunteers to read the points in the text box aloud. Answer any questions.

ACTIVITIES 1 TO 4 (1 HOUR)

Materials: Flipcharts, paper, sticky notes, coloured dots

For Activities 1 to 3, divide the participants into groups of five or six, ideally by the geographic areas where they are based. You will give instructions for all three activities first to the large group, and then the small groups will work through the three activities. It is helpful to have a visual to show the participants what the end product may look like (use or adapt Diagram 2 in the Facilitator's Manual for this exercise, if you wish).

- Have each group draw a large circle in the middle of a piece of flipchart paper. This circle represents the COMM.
- Brainstorm as a group to identify the COMM's linkages. Draw new circles around the paper to represent each person, stakeholder or organisation and write their names inside the circles.
- Show the strength of each link by connecting its circle to the COMM circle using thick and thin lines. The degree of thickness or thinness of the lines can vary depending on how strong or weak the linkages are. If an identified group is not yet linked to COMM, do not connect its circle to the COMM's circle. This is a new opportunity for the COMM to link to.
- Prioritise the weak or missing linkages by putting red (top priority), yellow (medium priority) and green (low priority) dots next to each linkage.
- Conclude the exercise by writing some action items on large index cards in support of building or strengthening top priority linkages. Stick the cards next to the linkage they apply to. These cards will be used later in the training when developing the COMM's Action Plan.

When the groups have finished, have them present their diagrams to the large group.

Refer to the Facilitator's Manual for the instructions for Activities 1 to 3. Ask the participants if they feel confident in carrying out these activities with a COMM, and if they feel they will be able to help the COMM strengthen any linkages it identifies as weak or non-existent. Discuss.

Note: Activity 4 (role playing) will not be completed in this training of facilitators.

ACTIVITIES 5: CREATE AN ACTION PLAN AND USE IT TO MONITOR PROGRESS (30 MINS)

Handout: Tool 1-1, COMM Action Planning and Monitoring Tool: Linkages and Networking

Distribute Tool 1-1. The participants should remain in their small groups. Each group has identified actions that the COMM can take to strengthen weak linkages or create new ones with the important stakeholders in the community. The groups should transfer their actions to this tool.

SESSION 2: SUPPORTING COMMUNITY HEALTH WORKERS (CHWS)

Time: 6 hours (one training day)

NOTES FOR THE FACILITATOR (20 MINS)

Before beginning Session 2, make sure the participants understand what role the COMMs in their areas have with respect to CHWs. Are they linked with CHWs? Do they supervise the CHWs? Do they meet with them regularly? The current situation is the foundation from which they will build.

Ask for a volunteer to read the Notes for the Facilitator and then you should give a short explanation of what the CHW Assessment and Improvement Matrix is.

FACILITATOR PREPARATION (20 MINS)

Have a volunteer read the Facilitator Preparation. Explain that this preparation has already been done. (Remember, you did this yourself by contacting the national office to ask for this information, or you assigned this task to the participants, under Trainer's Preparation for the Training Event.)

Do not review the information and the forms now. You will do that as you go through the activities.

Make sure the participants are aware of the importance of ensuring that there are two or three CHWs present when they carry out this session with their COMM.

ACTIVITY 1: DIAGRAM THE CHW RELATIONSHIPS (45 MINS)

This activity will take the form of a discussion. Follow the instructions for this activity and discuss the current situation with CHWs in order to reach consensus on the diagram.

Then discuss the concepts of accountability and support. It is common for this topic to generate passionate discussion. To make it real for the participants, you may also ask them to talk about their own relationships with their supervisors. How would they categorise these relationships? Are they mostly about accountability, with the supervisor acting as 'police', or are their supervisors supportive of them? Ideally, a supervisor can demonstrate both qualities when appropriate.

The main point of this activity is to emphasise that (1) the community has a major role to play in both CHW accountability and CHW support, and (2) this is often lacking in CHW programmes. The COMM will be the mechanism that will enable community involvement.

ACTIVITY 2: CREATE A WALL OR FLOOR MATRIX (10 MINS)

Follow the instructions in the Facilitator's Manual and lay out the matrix structure on the floor or wall.

Activities 3 to 12 Completing the Matrix (4 hours)

Handouts: Copies of all forms collected as part of preparation.

Tool 2-1: Matrix of Responsibilities

Tool 2-2: Sample Outline of Written Agreement (if there is no MoH version in country)

Tool 2-3: Generic Stock Control Sheet (if there is no MoH version in country)

Tool 2-4: COMM – CHW Role-Play Cards

Tool 2-5: CHW Referral and Counter-Referral Forms (if there are no MoH versions in country).

Follow the instructions in the Facilitator's Manual to review each of the elements of responsibility one by one. Begin by discussing and clarifying the current situation, based on the preparation that you or the participants did. If you did the preparation yourself, you will probably find that the participants can give further detail based on what they know. Review the forms and procedures you were able to collect as they come up in the activities.

For each area of responsibility the ultimate aim is to clarify the roles of the COMM, the supervisor and the MoH, and to write these into the matrix. This will mostly take the form of discussion and agreement, although some of the activities include additional exercises (such as practising filling out a stock control form, or role playing a referral process).

Variation: If you assigned the preparation to the participants, then have each participant lead the activity corresponding to his or her assignment. This is the preferred method but will depend on your ability to be in contact with the participants prior to the training.

Activity 13: Create an Action Plan and Use It to Monitor Progress (30 mins)

Handout: Tool 2-7, COMM Action Planning and Monitoring Tool: Supporting CHWs

Distribute the handout. As a group, refer back to the matrix, looking at each area of responsibility and agree what activities the COMM will need to do to translate its responsibilities into concrete action. Write these activities in the Action Plan.

Activity 14: Knowledge Assessment for Session 2 (10 mins)

Carry out Activity 14, following the instructions in the Facilitator's Manual.

SESSION 3A: ROOT-CAUSE ANALYSIS (LIGHT VERSION): IDENTIFYING HEALTH ISSUES FOR ACTION WITH THE COMMUNITY

Time: 5 to 6 hours

Note: If you carry out Session 3a, do not carry out Session 3b

GENERAL GUIDANCE FOR TRAINER

In this Session you should spend classroom time carrying out Steps 1, 2 and 5 as described below. For Steps 3, 4 and 6 you may simply have the participants read through the instructions in the Facilitator's Manual, have a brief discussion, and answer any questions they may have.

NOTES FOR THE FACILITATOR (10 MINS)

Turn to Session 3a: Root-Cause Analysis (light version): Identifying Health Issues for Action with the Community. Have the participants page through to see the overall structure of this session. Draw their attention to the fact that the session is divided into six steps and have them locate each step. Explain that this is a different structure from other sessions because, unlike the other sessions, not all of the activities with the COMM will happen in the classroom and thus it is necessary to distinguish these various steps. Ask for volunteers to read aloud the Notes for the Facilitator.

Step 1: Prepare the COMM for Community Consultation

FACILITATOR PREPARATION FOR STEP 1 (20 MINS)

Ask a volunteer to read the first two paragraphs in the Facilitator Preparation for Step 1 text box.

Have the participants look at Tool 3a-1, Key Health and Nutrition Concerns. Read some of the indicators together and look at the ranges; explain the low (L), medium (M) and high (H) levels of concern (green, yellow and red). Explain that these are overall (high-level) indicators that give a good picture of the general health situation in a country. Explain that as part of their preparation for training COMMs, they will collect national-level statistics for as many of these indicators as possible. They will write the selected indicators on flipchart paper, in a list, with the number representing the red (critical) limit, and the percentages next to each one.

ACTIVITY 1: DETERMINE WHAT THE GROUP MEMBERS ALREADY KNOW (10 MINS)

Carry out this activity, following the instructions in the Facilitator's Manual.

ACTIVITY 2: SETTING THE CONTEXT WITH BASIC MATERNAL AND CHILD HEALTH INDICATORS (40 MINS)

Materials: Flipchart pages prepared with statistics, per instructions

You will use your prepared flipchart pages for this activity, with the indicators you have chosen as important. It is most effective if you cover up the percentages and the colour coding.

Go indicator by indicator and ask the group to guess what level of concern the country is at for each one (red, yellow or green). Then uncover the percentage and colour. If you were able to collect statistics for both national and local levels, help the participants to see if there is any difference.

Have the group refer to Tool 3a-1 again. Ask the participants if they can prepare these statistics as they have just seen you do it, in order to carry out this exercise with their COMMs.

Activities 3 and 4: Our Priorities, and Ideas about the Root Causes of the Prioritised Issues (45 mins)

Divide the participants into small groups. Introduce Activities 3 and 4 and have the groups practice carrying them out as if they were COMM members. For Activity 4 they can work with just one of the issues they identify (not all); developing a Bubble Map to consider the underlying causes of the issue. Circulate among the groups and assist as needed. Follow up with the small groups reporting back in the large group, as time allows.

Activity 4B: If Relevant, Supplement with Select 7-11 Health Practices (30 min)

Keeping the participants in their groups, have each group select any one of the 7-11 topics and practice carrying out this activity, referring to Tool 3a-2 and filling in a flipchart table per the instructions in the Facilitator's Manual. Follow up with the small groups reporting back in plenary, as time allows.

Activity 5: Considering Birth Registration (15 min)

Ask a volunteer to read aloud and spend a few minutes discussing the issue of birth registration, and review the processes to register births in the country. Ask participants for their views concerning the importance of birth registration, and whether it is important to intentionally bring it up with the COMM for their consideration. Refer to the *Facilitator's Guide to 7-11 Health Information* as needed.

Activity 6: Including the Most Vulnerable (1 hour)

You may want to assign the three exercises in Activity 6 to participants to lead with the rest of the group. If so, you should ask for volunteers for this the day before, so that they can prepare as homework.

Have the volunteers lead the exercises as if the rest of the group were COMM members. Debrief with a discussion on this important issue of the most vulnerable and discuss how they, as facilitators, can assist and ensure that COMMs are indeed including the vulnerable in their activities.

Activity 7 and 8: The Health Issues of the Most Vulnerable and Identifying the Most Vulnerable for the Workshop (15 minutes)

You do not need to spend class time carrying out the activity in full but you should spend a few minutes making the point that the most vulnerable may have different health issues and priorities from other community members. Look at the flipcharts from Activities 4 and 4b and ask if the participants think that more vulnerable community members would have come up with different results, and what some of those results or answers might be. Then, read through Activity 8 and answer the questions.

Step 2: Create an Action Plan and Use It to Monitor Progress

Activity 1: Introduce the Action Planning Tool (10 mins)

Handout: Tool 3a-6, COMM Action Planning and Monitoring Tool: Situation Analysis: Identifying Health Issues for Action with the Community.

Distribute the handout and review it with the participants. Ask for volunteers to read the Notes for the Facilitator and Activity 1 below it. Make sure that the group understands that the COMM should fill out this form on a regular basis, and that the facilitators should receive copies of the form every quarter.

Activity 2: Develop an Action Plan (30 mins) (Optional: Time Permitting)

Follow the instructions in the Facilitator's Manual, using flipchart paper and having the participants suggest the activities that the COMM will need to carry out in order to complete the various workshops, interviews and community meetings leading to identifying health issues for action. You may have volunteers write on the flipchart instead of writing yourself.

As the Action Plan is being developed on the flipchart, the participants should copy it onto their individual copy of Tool 3a-6.

Step 3: Community Workshops to Gather Information and Views (5 min)

Read through this step and discuss with participants, ensuring they are clear and will be able to assist COMMs in preparing for and carrying out the community workshops. If you feel they need class time to simulate some of the activities, use your judgment and build that in.

Step 4: Health Facility Interview (5 min)

First have the participants locate Tool 3a-7, Local Health Facility Interview Guide, and review this tool together. Answer any questions.

Then, read through this step and discuss with participants, ensuring they are clear and will be able to assist COMMs in preparing for and carrying out the health facility interview. If you feel that some class time is needed for participants to simulate the interview, use your judgment and build that in.

Step 5: Analysing and Preparing the Information

Activity 1: Reviewing and Preparing Information for Presentation (5 mins)

Ask for a volunteer to read the activity and answer any questions the participants may have.

Activity 2: Thinking Ahead to Who Can Respond (30 Mins)

Follow the instructions in the Facilitator's Manual to help the COMM distinguish between different *types* of problems (barriers) and identify those who may be best able to respond. You should be very familiar with the 360 degrees framework in order to carry out this activity.

You should work with the products that the participants developed in Step 1, the Bubble Maps and 7-11 analyses. Using this information the participants can practice identifying the appropriate levels of response (individual, community, environment) and think through who might be able to respond in each case.

Step 6: Community Debriefing and Planning Meeting (5 min)

Read through this step and discuss with participants, ensuring they are clear and will be able to assist COMMs in preparing for and carrying out the large community debriefing and planning meeting. If you feel they need class time to simulate some of the activities, use your judgment and build that in.

SESSION 3B: ROOT-CAUSE ANALYSIS OF HEALTH ISSUES IN THE COMMUNITY (ROBUST VERSION)

Time: 15 hours (2 ½ training days)

Note: If you carry out Session 3b, do not carry out Session 3a

NOTES FOR THE FACILITATOR (15 MINS)

Turn to Session 3b, Root-Cause Analysis of Health Issues in the Community (Robust Version). Look at the icon. Have the participants page through to see the overall structure of this session. Draw their attention to the fact that this session is divided into seven steps and have them locate each step. Explain that this is a different structure from other sessions because the robust root-cause analysis is fairly complex and needs to be broken down in this way. Ask for volunteers to read aloud the Notes for the Facilitator that reviews the structure of the session.

Step 1: Recognising Barriers to Positive Health Practices

ACTIVITIES 1 TO 4 (45 MINS)

Carry out Activities 1 to 4 following the instructions in the manual. In Activity 2, emphasise the **main message** after each of the examples.

- The main message of example 1 is that barriers are common and often prevent us from doing what we want to do or from reaching our destination. Make this point!
- The main message of example 2 is to apply this idea of barriers to some of the health practices that we want to see. Explain that although we hope that mothers can change what they are doing to improve their own health and that of their children, there will often be barriers that prevent them from doing so. It is important to understand what these barriers are. You can use examples of exclusive breastfeeding, hand washing with soap, or any other possibilities.
- The main message of example 3 is that the CHWs can counsel the families in their homes to help them overcome some barriers. Nevertheless, there will be some barriers that the CHWs will not be able to address in the home, and these are the ones that they should inform the COMM about.

When you come to Activity 4, ask for volunteers to read the points aloud.

ACTIVITY 5: KNOWLEDGE ASSESSMENT FOR SESSION 3B, STEP 1 (15 MINS)

Step 2: Present National and Local-Level Health Statistics to the COMM

FACILITATOR PREPARATION FOR STEP 2 (20 MINS)

Ask a volunteer to read the first two paragraphs in the Facilitator Preparation for Step 2 text box.

Have the participants look at Tool 3b-1, Key Health and Nutrition Concerns. Read some of the indicators together and look at the ranges. Explain the low (L), medium (M) and high (H) levels of concern (green, yellow and red). Explain that these are overall (high-level) indicators that give a good picture of the general health situation in a country. Explain that as part of their preparation for training COMMs, they will collect national-level statistics for as many of these indicators as possible.

Explain that they will write the selected indicators on flipchart paper, in a list, with the number representing the red (critical) limit, and the percentages next to each one.

Have a volunteer read the remainder of the text box regarding Tool 3b-3, Community Data Form. Explain that for this training, one of the trainers has already prepared this information and that you will be working with it in the activities to follow. You will look at Tool 3b-3 more closely later.

Activity 1: Determine What the Group Members Already Know (10 mins)

Carry out this activity, following the instructions in the Facilitator's Manual. Write the group's answers on a flipchart paper (not the one you prepared ahead of time), and hang it on the wall.

Activity 2: Setting the Context with Maternal and Child Health Indicators (40 mins)

Materials: Flipchart pages prepared with statistics, per instructions

You will use your prepared flipchart pages for this activity, with the indicators you have chosen. It is most effective if you cover up the percentages and the colour coding.

Go indicator by indicator and ask the group to guess what level of concern the country is at for each one (red, yellow or green). Then uncover the percentage and colour. If you were able to collect statistics for both national and local levels, help the participants to see if there is any difference.

Have the group refer to Tool 3b-1 again. Ask the participants if they can prepare these statistics as they have just seen you do it, in order to carry out this exercise with their COMMs.

Activity 3: Making a Human Graph (optional) (15 mins)

Materials: Cards, 10 in each of three colours (such as blue, green and red)

Decide ahead of time on **three** indicators to use for this activity (such as stunting, diarrhoea and malaria). You should select indicators from 10 to 90 per cent. (Don't choose an indicator in a 0.2 per cent range, for example, as that cannot be effectively demonstrated).

Represent indicator 1 with blue cards. If that indicator is at 40 per cent in your country, draw an X on **four** of the 10 blue cards. The second indicator will be green (for example). If that indicator is at 70 per cent, draw an X on **seven** of the green cards. Do the same for the third indicator, with the red cards.

Distribute all the cards (those with Xs and those without) randomly among the participants. Some people will receive more than one card.

Call those with blue cards to form two lines: one line for those cards with an X, and one line for those cards without. Explain that the first line represents the percentage of people in the country with indicator 1. Then call those with green cards to form two lines. And finally, call those with red cards.

Think of creative ways of having the participants form the lines. For stunting, for example, the ones with an X on their cards can squat down, as though they are short, while the line without an X will remain standing up. Use your creativity!

Ask the group if they think this is a good way to represent percentages and to explain statistics to the COMM. Ask if they feel prepared to carry out the activity. Discuss any concerns they may have and answer their questions.

Activity 4: Knowledge Assessment for Session 3b, Step 2 (15 mins)

Carry out Activity 4, following the instructions in the Facilitator's Manual.

Step 3: Train the COMM to Carry Out Focus Group Discussions

NOTES FOR THE FACILITATOR (5 MINS)

Ask a volunteer to read the Notes for the Facilitator.

ACTIVITY 2: REVIEW TOOL 3B-3: COMMUNITY DATA FORM AND TOOL 3B-4: LOCAL HEALTH FACILITY INTERVIEW GUIDE (2 HOURS)

(Note that Activity 1 is skipped)

Handouts: Tool 3b-3: Community Data Form, Tool 3b-4: Local Health Facility Interview Guide

Distribute copies of Tool 3b-3 to the participants. Make sure Tool 3b-3 is stapled so the pages don't get mixed up.

Read through some of the indicators together. Ask the participants if they recognise the general categories of indicators. The answer is that these are the 7-11 categories of desired behaviours. These are the behaviours and practices that *contribute to* the overall, high-level indicators that were presented previously. Many of the overall indicators that they saw in the previous activity could be improved if more people practised these behaviours. (Use this opportunity to reinforce the point that the reason why people might not practise these behaviours is because of barriers.)

Follow the instructions in the Facilitator's Manual and review Tool 3b-3 column by column. Although the form looks complicated at first, when you explain it column by column it should become clear. Point out that you will *not* be working with the columns labelled Q1, Q2, Q3 and Q4 in this session.

Now distribute Tool 3b-4 and follow the instructions in the Facilitator's Manual to review this form, which lists questions for a health facility interview that the COMM may carry out. Look this over for a few minutes together. When you are finished, tell the participants to put the form away, as you will only work with it later. The focus for now will be on Tool 3b-3.

ACTIVITY 3: SPEAKING WITH CLINIC STAFF: COMMUNITY DATA FORM AND FACILITY INTERVIEW GUIDE (30 MINS)

Ask for a volunteer to read the two notes. Help the group to think about the actual COMMs in their areas, and which of those COMMs should be the ones to carry out the clinic interviews. As the notes indicate, not every COMM will do this. Spend some time discussing the logistics of these clinic interviews.

Read the first paragraph following the notes. You may decide to divide the participants into groups to have them practise with Tool 3b-3, as if they are a COMM asking the clinic staff the questions. Make sure they know where the answers should be written (in the column labelled Part 2 Local Level: Health Facility). They can practise writing 'most', 'some', 'few', and so on.

ACTIVITY 4: SELECTING BEHAVIOURS TO RESEARCH (30 MINS)

Make sure the facilitators understand that when they are training a COMM, they will not move forward with the training until the COMM has had a chance to carry out the interviews with the clinic staff. Remember that not all COMMs will carry out the clinic interviews. Imagine an area with four COMMs (COMM A, B, C and D). Imagine that only COMM A will interview the clinic. For COMMs B, C and D, who will not interview the clinic, the facilitator will nevertheless pause in the training until he or she can provide those COMMs with the information that COMM A collected.

Divide the participants into small groups. Make sure that the flipcharts with the national-level overall indicators that you presented at the beginning are posted on the wall.

Ask each group to go through Tool 3b-3 and select three indicators for which it wishes to collect information. The groups should base their selection partly on the presentation you gave (the most serious indicators on the wall) and partly on their thoughts about the most important health issues

in their areas. Return to the whole group and combine the indicators from each group. You should come up with a final list of approximately 10 indicators that the class as a whole has selected.

Overnight: On your electronic copy of Tool 3b-3, delete the rows for the indicators not selected, keeping only the 10 selected by the class. Print and staple one copy of this new version for each participant.

ACTIVITY 5: LEARNING ABOUT FOCUS GROUP DISCUSSIONS (5 HOURS)

Explain to the participants that the COMMs will fill in the column labelled Part 3 on Tool 3b-3 by carrying out focus group discussions (FGDs) with members of the community. They will now learn about FGDs so that they may train the COMM to do this. This activity has various topics.

1. Discuss Advantages and Disadvantages of Focus Group Discussions (15 mins)

Follow the instructions in the Facilitator's Manual.

2. Introduce the FGD Guide (45 mins)

Handout: Tool 3b-5, Focus Group Discussion Guide (stapled)

Pass out copies of Tool 3b-5, Focus Group Discussion Guide to the participants. This is the guide that the COMMs will use to carry out FGDs to gain information for Tool 3b-3. Follow the instructions in the Facilitator's Manual as you are reviewing the interview guide. Be sure to make the following points:

- There are questions related to the *general* situation in the community and questions related to people's situations individually. Have the participants look for some examples.
- Discuss probing questions, and have the participants look for some examples.

Have the participants work in their small groups. Remind them they selected 10 indicators on Tool 3b-3. They should now go through the FGD Guide and identify those questions that correspond to the indicators they are interested in. They should scratch out all questions not selected and then return the FGD Guide to you.

Overnight (or at lunch): On your electronic copy of the Focus Group Discussion Guide create a new version for the class, deleting the rows for the questions the group did not select. Print and staple copies of the revised Focus Group Discussion Guide to distribute later.

3. FGD Techniques: Introductions and Informed Consent (30 mins)

Follow the instructions in the Facilitator's Manual to review this information with the participants. You and your co-trainers should then role play the opening of an FGD, demonstrating all of the points of a good introduction and informed consent.

4. FGD Techniques: Questioning (30 mins)

Follow the instructions in the Facilitator's Manual. This section has several parts:

- Review the bullet points about questioning techniques and discuss.
- Do 'An exercise to practise probing questions'.
- Role play with your co-trainers a good FGD (10-15 minutes). You should practise ahead of time. Remember that one of the reasons for doing FGDs is to get more information about the *how* and the *why* behind the behaviours, statistics or issues that we observe. Ask **probing questions** in the role play to make sure the participants can see that you are not looking only for 'yes' or 'no' answers, but rather that you are trying to understand.

Explain to the group that the role of the person asking the questions is to **listen** to the replies. We all have opinions, and sometimes we might be tempted to bring our opinions into the discussion. **We cannot do this**. This is not correct technique for a FGD. Tell the class that if one participant starts giving his or her opinion, they need to correct the person.

5. FGD Techniques: Group Management (10 mins)

Read through this with the participants and have a short discussion.

6. FGD Techniques: Note Taking (40 mins)

Materials: Sticky notes or pieces of paper cut into small squares

Follow the instructions in the Facilitator's Manual. This section involves a role play in which you and your co-trainers model a FGD and the participants take notes. Emphasise the following:

- Write general information in a notebook.
- Write barriers on sticky notes (or cut pieces of paper), one barrier per paper.

7. Practise with the Interview Guide: In the Classroom (2 hours)

Handout: Revised version of Tool 3b-3, Community Data Form (stapled)

Handout: Revised version of Tool 3b-5, Focus Group Discussion Guide (stapled)

Handout: Annex B-8.III, FGD Skills Assessment Tool

Preparation: Before the session, update and copy **revised** versions of Tool 3b-3, Community Data Form, and Tool 3b-5, Focus Group Discussion Guide, for each group.

Distribute these revised versions to the participants at this time. Each person will have a revised version of Tool 3b-3 with the 10 indicators to explore, and a revised version of the Tool 3b-5 with only those questions related to the 10 selected indicators. These are the questions they will ask in the FGDs.

Also distribute Annex B-8.III, FGD Skills Assessment Tool, and explain that when it comes time for their own skills assessment on the last day of the classroom training this is the tool that they will be assessed against. As such, they should become familiar with the assessment items now and seek to achieve them as they practice.

The participants should work in their groups, and you should explain the roles that they will play, as follows:

- One person asks the interview questions.
- Another person takes notes (general information in a notebook, and barriers on sticky notes).
- A third person observes carefully in order to help with probing questions. These three people play the parts of COMM members carrying out the FGD.
- The remaining group members will act as community members (pregnant women, women with children under 2, and so on) and respond to the questions. They should go beyond simple yes or no answers, offering discussion and explanations.

Explain that you will work with the note taker's notes in later steps, so they should try to make the FGDs as realistic as possible and to collect imaginary information that can be used in the later steps.

One trainer should sit with each group to observe the process and make any corrections needed. Have the participants rotate roles so that every person has a chance to ask the questions. You want to try to observe everyone.

Take as much time as necessary to make sure the participants can effectively carry out the FGD. This is necessary if they are going to be able to train the COMM to do this.

8. Practise with the Interview Guide: In the Community

Read number 8 together. Explain that although you *will not* do this in this training, the facilitators should be sure to do this when they are training their COMMs.

Activity 6: Preparing to Carry Out FGDs (1 hour)

Review the information in Points 1 and 2 in the Facilitator's Manual regarding the 'who', 'how many' and 'where' questions about the FGDs. Help the participants think through the logistics of their own COMMs, referring to Figure 1, titled Diagram of FGD Locations, in the Facilitator's Manual Session 3b.

This diagram shows us that it is possible to complete the 20 recommended FGDs by splitting the COMM members into teams of three and going to the six communities covered by the COMM. Not every category of FGD will be carried out in every community, but that is acceptable.

Activity 7: Knowledge Assessment for Session 3b, Step 3 (10 mins)

Carry out Activity 7, following the instructions in the Facilitator's Manual, or use your creativity to handle it in a different way, like a game or competition.

Step 4: Train the COMM to Learn from Key Stakeholders

Optional Activities A to D (20 mins)

Read through these activities together. Explain that you will not do them in this training, but that the facilitators should make these suggestions to the COMMs that they train and help them to decide if any of these optional activities are relevant in their cases. If so, they will help the COMMs to add these activities to their Action Plans in the next step.

Step 5: Create an Action Plan and Use It to Monitor Progress

Activity 1: Introduce the Action Planning Tool (10 mins)

Handout: Tool 3b-9, COMM Action Planning and Monitoring Tool: Root-Cause Analysis

Distribute the handout and review it with the participants. Ask for volunteers to read the Notes for the Facilitator and Activity 1 below it. Make sure that the group understands that the COMM should fill out this form on a regular basis, and that the facilitators should receive copies of the form every quarter.

Activity 2: Develop an Action Plan (30 mins)

Follow the instructions in the Facilitator's Manual, using flipchart paper and having the participants suggest the activities that the COMM will need to carry out in order to complete the root-cause analysis. You may have volunteers write on the flipchart instead of writing yourself.

As the Action Plan is being developed on the flipchart, the participants should copy it onto their individual copy of Tool 3b-9, COMM Action Planning and Monitoring Tool: Root-Cause Analysis.

Step 6: Analysing the Information

Activity 1: Emphasise Confidentiality (15 mins)

Ask a volunteer to read Activity 1. Have a short discussion about the importance of confidentiality.

Activity 2: Consolidate the Information and Write on Cards (45 mins)

Materials: Cards and coloured dots or stickers

Follow the instructions in the Facilitator's Manual:

- Write each behaviour or indicator on one card.

- You may wish to divide the participants into groups and give each group a set of the cards. Each group should try to put the cards in order from those behaviours practised the most to those practised the least. They will then come back to the whole group and try to reach final agreement as a large group. This can be a useful exercise because it promotes discussion and deliberation – the need to give reasons for the order that the groups have chosen.

Have a spokesperson for each group share what his or her group learned about each behaviour during its practise FGDs (use the imaginary information collected in this step). Whenever a barrier is mentioned, write it on a card and place it next to the respective behaviour.

Activity 3: Who Can Respond to the Barriers? (45 mins)

Follow the instructions in the Facilitator's Manual. The participants will place coloured stickers on the barriers to represent either the CHWs or the COMM – whichever is best able to respond to the barrier. It will be clear in this activity that CHWs will be doing much of the work during their household visits. The COMM will respond only to those barriers that the CHWs are unable to address.

At times the group may need other colours of stickers if the COMM cannot address the barrier either. Sometimes it will be necessary to elevate issues to NGOs or the MoH itself, for example.

Look at Figure 2 in the Facilitator's Manual. The result should look something like this (with more behaviours – not only four, as shown in the photo).

Activity 4: Prioritising Tasks (30 mins)

Follow the instructions in the Facilitator's Manual. If you have three small groups, for example, then all the participants should look at the three issues (one from each group) for the COMM to address and prioritise them. If you have four small groups, you will have four issues to prioritise. And so forth. Work in the large group around the cards on the floor to set the priorities.

Activity 5: Complete Tool 3b-3: Community Data Form and Tool 3b-4: Local Health Facility Interview Guide (Homework)

You may take some class time to complete this form or ask the participants to complete it as homework. Make sure the participants know which columns they are to fill in now (the column labelled Part 3: Local Level: Focus Group Discussions, and any observations they have in the 'comments' column).

Activity 6: Knowledge Assessment for Session 3b, Step 6 (10 mins)

Carry out Activity 6 following the instructions in the Facilitator's Manual.

Step 7: Debrief with the Community (10 min)

Read this step together and clarify any questions the participants may have.

SESSION 4: RESPONDING TO HEALTH ISSUES AND BARRIERS, AND MOBILISING FOR ACTION

Time: 1 hour 15 minutes

ACTIVITY 1: REVIEW WAYS OF RESPONDING TO HEALTH ISSUES AND BARRIERS: THE COMM'S IDEAS AND ACTIVITY 2: OTHER IDEAS (30 MINS)

Ask for a volunteer to read Activity 1. Then review the ideas the group put forth during Session 2.

Now spend some time on the 'Other Ideas' given in Activity 2. Different volunteers can read different parts. The point of these activities is to emphasise the different ways that COMMs may respond to some of the problems they have identified. These possibilities include:

- community sensitisation
- community mobilisation
- enlisting others to help
- local-level advocacy.

Once you have read through this information and made these points, divide the participants into their small groups. Have the groups brainstorm for additional possible activities based on this new information, adding to their original set of activities. This will lead directly into Activity 3.

Note: The Facilitator's Manual also includes a special activity only for COMMs that are managing a fund.

ACTIVITY 3: CREATE AN ACTION PLAN AND USE TO MONITOR PROGRESS (30 MINS)

Handout: Tool 4-3, COMM Action Planning and Monitoring Tool: Responding to Health Issues

Divide the participants into small groups. In the last session the class prioritised the health issues and barriers for the COMM to address.

Give each group one of the issues. Its task will be to write an Action Plan for addressing this issue. The group members should think of specific actions to be taken. For example, if they are planning to organise a community meeting, do they need to ask the local leader first?

Each group should write its Action Plan on flipchart paper. When all have finished, have each group report back to the whole group.

Now distribute Tool 4-3, COMM Action Planning and Monitoring Tool: Responding to Health Issues. Point out the goals that appear a few lines from the top, and emphasise that the COMM will only tick those boxes when the goals have been achieved. Remind the participants that, as facilitators, they should receive a copy of this form each quarter. Either now, during class time, or as homework, have the participants transfer their Action Plans from the flipcharts to this form.

ACTIVITY 4: KNOWLEDGE ASSESSMENT FOR SESSION 4 (15 MINS)

Carry out Activity 4, following the instructions in the Facilitator's Manual, or use your creativity to handle it another way, such as a game or a competition.

SESSION 5: TRACKING COMMUNITY HEALTH STATUS

Time: 3.5 hours

NOTES FOR THE FACILITATOR (15 MINS)

Ask for volunteers to read the text box (Notes for the Facilitator). Make the point that the COMM will track three different types of health status information:

1. Health behaviours and barriers. If the COMM carried out a root-cause analysis, this is a follow up from that. If it did not, it will begin to gather this information for the first time. In either case, the COMM will track this through information received from CHWs and possibly from health clinics (numbers 1 and 2 in the text box).
2. Disease outbreaks. This is something they will learn about in this session (number 3 in the box).
3. Adverse events. This is also something they will learn in this session (number 4 in the box).

ACTIVITY 1: GATHERING INFORMATION FROM CHWS (1 HOUR, 15 MINS)

Handout: Tool 5-1, Community Health Tracking Form

Materials: Beans or small stones

Ask for a volunteer to read the Facilitator Preparation and explain that COMMs that have done the robust root-cause analysis will continue to work with Tool 3b-3 that they used at that time, while COMMs that have not will need to learn the slightly modified Tool 5-1. This means that the facilitators need to know how to use both of these tools.

Distribute copies of Tool 5-1 and review it together. You will notice that the only difference between this tool and Tool 3b-3 is that this tool only focuses on quarterly information.

Clarify with the participants that they will delete rows in Tool 5-1 for indicators not tracked by CHWs. The facilitators will keep only those indicators that correspond to data the CHWs in their area collect.

Ask for a volunteer to read the Notes for the Facilitator and determine with the participants the scenario for their context. Ask: 'Is aggregated CHW data available?' If so, how can the facilitators access it, and how can the COMMs access it?' Based on the answers, you will carry out this activity using either Scenario 1 or Scenario 2.

Scenario 1: If you decide with the participants that this data is available and can be accessed, then you will work with Scenario 1. In this case, ask for a volunteer to read Scenario 1**.** You should try to have an example of the aggregated data form available for this training. The participants should know that they will also need to have an example when they train the COMMs.

If you carried out Session 3b with the participants, ask them to look at their copies of Tool 3b-3, Community Data Form, which they filled in then. Remind them that they filled in data on this tool based on information from imaginary FGDs, and that this information was recorded in the column labelled Part 3. They perhaps also added data in the last column for comments. Now draw their attention to the columns labelled Q1, Q2, Q3 and Q4. If the COMMs can access the aggregated data from CHWs on a regular basis, then they will simply record the information each quarter. Usually this information will be expressed as percentages (%). Take a few minutes for the participants to practise filling in some imaginary percentages next to the indicators for Q1. Then have them fill in Tool 5-1 as well. There is no difference! In both cases you are working with the Q1 column.

If you did not carry out Session 3b with the participants then you will work only with Tool 5-1, filling in data in the Q1 column in the same way.

Scenario 2: If aggregated CHW data is not going to be available, then you will work with Scenario 2. In preparation, select three indicators and write them on a flipchart, leaving a column for Q1.

Ask five or six volunteers to come to the front of the class and imagine that they are CHWs. Give each person a small pile of beans. Begin with the first indicator. Ask them to estimate the per cent of (imaginary) families they are visiting who are practising the behaviour and to separate the beans in their two hands – the beans in the left hand for the families who are practising, and the beans in the right hand for those that are not. Then collect all the beans from the left hands in one pile, and all the beans from the right hands in another pile. Have the class as a whole look at the two piles and estimate the overall percentage of families practising the behaviour. Write this figure in the column for Q1. Write on the flipchart and have the participants fill in their copy of Tool 3b-3 or Tool 5-1. Repeat the exercise for the remaining two indicators.

If you feel the group needs additional practice, divide them into their small groups and ask them to practise the exercise for additional indicators, with some members playing the role of CHWs and separating piles of beans accordingly.

Activity 2: Gathering Information from the Health Clinic (15 mins)

Read this activity aloud and answer any questions. Remember that not all COMMs will be collecting information from clinics, and that the facilitators will have to serve as the conduits, sharing the information that one COMM has gathered, with the other COMMs from the same area.

Activity 3: Tracking and Reporting Disease Outbreaks (30 mins)

Carry out Activity 3 following the instructions in the Facilitator's Manual, with the participants playing the part of COMM members. When you have completed the activity and the discussion, the participants should meet in their small groups for just a few minutes to decide if there is anything the group needs to add to its Action Plan based on the discussion.

Activity 4: Investigating Adverse Events (45 mins)

Materials: Tool 5-3, Adverse Event Investigation Role Play – 1 copy, cut into slips

Carry out Activity 4 following the instructions in the Facilitator's Manual, with the participants playing the role of COMM members. This activity has several parts:

- Go over the Introduction (paragraph 1 under Activity 4).
- Review Tool 5-2, Chain of Care Flowchart. In plenary, go through the two scenarios, referring to the flowchart and asking the class to identify where the breakdown occurred.
- Carry out the role play (Tool 5-3, Adverse Event Investigation Role Play). Give a slip of paper to each of seven people. The remaining participants will play the role of COMM members who will talk to each of the seven people. At the end of the role play they should have a good understanding of what led to the death of Ruth's baby. When you have finished the role play, point out the instructions in Tool 5-3. They will follow these instructions when they do this activity with their COMMs.
- Conclude following the instructions in the last paragraph of Activity 4.

Activity 5: Create an Action Plan and Use It to Monitor Progress (15 mins)

Handout: Tool 5-4, COMM Action Planning and Monitoring Tool: Tracking Community Health

Distribute the handout. Follow the instructions in the Facilitator's Manual. Discuss in plenary the activities that the COMM will need to do to meet the goals of this section. Have the participants fill in their handouts accordingly. Refer them to the instructions for carrying this out with the COMM.

Activity 6: Knowledge Assessment for Session 5 (15 mins)

Carry out Activity 6, following the instructions in the Facilitator's Manual.

SESSION 6: REPORTING COMMUNITY HEALTH STATUS

Time: 2.5 hours

PART 1: DEBRIEFING MEETINGS

ACTIVITIES 1 TO 4: EXPLAIN HOMEWORK (30 MINS)

Note: Explain the homework on Day 2 or 3 of the training, The Debriefing Meeting and homework presentations will occur later in the schedule.

Ask for volunteers to read aloud Activities 1 to 4 of Session 6, Part 1. Explain that you will not be carrying out these activities in the classroom, but the facilitators will carry them out with their COMMs. Then, explain the homework assignment, as follows.

Homework: The participants will practise a debriefing meeting for homework and prepare to present it on Day 5. Have the participants refer to the Sample Agenda for a Debriefing Meeting (Session 6, Part 1, Activity 4) and explain that as a large group (they will not break into small groups) the participants will practise carrying out a debriefing meeting. They will need to select roles to play amongst themselves. Some of the roles will be:

- COMM chairperson
- COMM members
- CHWs
- community members
- MoH representative.

They may roughly follow the agenda, perhaps as follows:

- The chairperson opens the meeting, welcomes any new visitors and reviews the minutes of previous meeting. The chairperson should write a very brief sample of minutes.
- One of the COMM members talks about the COMM's Action Plan, reviewing the activities that the COMM has planned for the quarter and those coming up. The person may use the Action Plan his or her group has been practising with throughout the training. He or she may choose to copy a few activities from the Action Plan onto a flipchart and present them.
- Another COMM member talks about one (imagined) barrier and the (imagined) action that the COMM undertook to address it.
- Another COMM member presents data on a few select indicators (from Tool 3b-3 or 5-1. These should be presented visually.
- Another COMM member presents the Community Health Board.
- Two or three CHWs report on their work, talking about some of their successes when visiting households and some of the difficulties they are facing.
- The chairperson opens the floor for grievances, if any.
- The chairperson then leads a discussion about how to address new or unaddressed barriers.
- A community member makes an announcement about something happening in the community.

These are possible ideas. The group should use its creativity and try to carry out a realistic meeting, with good discussion and questions and answers. The participants should prepare and practise the debriefing meeting as homework. They will present it later in the week.

ACTIVITY 5: THE DEBRIEFING MEETING (1 HOUR 15 MINS)

The participants prepared a debriefing meeting for homework. Now they will act out the meeting in class. When the role play is finished, discuss for a few minutes and make any clarifications necessary.

PART 2: REPORTING: COMMUNITY HEALTH BOARD

ACTIVITIES 1 TO 4: EXPLAIN COMMUNITY HEALTH BOARD HOMEWORK (30 MINS)

Note: The CBH homework will be explained on Day 2 or 3, and the presentations will be made later in the training schedule.

Materials: Information, Education and Communication (IEC) materials: pamphlets, posters, other

Homework: The participants will do most of this as homework. Explain that they will work in groups of four to five people. Each small group will be responsible for creating a Community Health Board. They should decide on the size. It could be the size of one piece of flipchart paper, or perhaps two or even four pieces of flipchart paper taped together. Cork boards would be even more effective, but it is not important if you cannot obtain them.

Review ways to represent statistical information visually.

For an example, use the indicator 'Stunting = 30 per cent.' On a piece of flipchart paper, draw ten stick figures. Three of the stick figures should be short, and the other seven taller. Explain that the three short figures represent the percentage of children who are stunted (three out of ten, or 30 per cent). Emphasise that visual representations can be very effective. Although you have made a very simple drawing, the groups may be more creative with their visual representations.

Assign two indicators to each group to represent on their Community Health Boards, distributing the indicators listed below among the groups. (Note, these are arbitrary indicators and are not meant to reflect the country situation where the training is being held.) The COMM is to show the difference in the indicators from the time the project started to the status after the first three months of work:

- Exclusive breastfeeding: Beginning: 55 per cent, Q1: 60 per cent
- Hand washing with soap: Beginning: 20 per cent, Q1: 20 per cent
- Pregnant women attend four antenatal care visits: Beginning: 60 per cent, Q1: 55 per cent
- Families own long-lasting mosquito bed nets: Beginning: 20 per cent, Q1: 30 per cent
- Mothers who gave the newborn colostrum: Beginning: 70 per cent, Q1: 80 per cent
- Families who registered child's birth: Beginning 30 per cent, Q1: 30 per cent.

Other than a visual depiction of the change in the indicators, the groups should decide on what else they will include on their Community Health Board. Prepare a flipchart with the list of ideas bulleted under Activity 1. Show this list to the participants and ask if there is anything else they would add.

Pass out the IEC material and magazines, pamphlets, and so forth, and tell the groups that they can also work with these visuals.

The groups will either present their Community Health Boards during the debriefing meeting simulation (see above), or you can organise a gallery walk (see below).

OPTION: GALLERY WALK

Invite the groups to hang on the wall the Community Health Boards they prepared. The participants can walk around, looking at all the boards. When they have finished the gallery walk, ask them to discuss what they have seen.

ACTIVITY 5: KNOWLEDGE ASSESSMENT FOR SESSION 6, PART 2 (15 MINS)

Carry out Activity 5, following the instructions in the Facilitator's Manual.

PHASE 2. UNIT 4: MONITORING COMM PROGRAMMING

Time: 2.5 hours

A MONITORING ANALOGY: THE DANCE GAME (30 MINS)

Handout: Tool T-3, The Monitoring Dance Game

This is an entertaining way of consolidating the concepts of Monitoring Part 1: Activities, Outputs and Outcome below. You will use PowerPoint 2: Instructions for the Monitoring the Dance Game to explain the instructions. Go through the slides, have the participants divide into groups as instructed, and carry out the steps of the Dance Game. As noted, one group will be monitoring the process, and this will form the basis for your discussion at the end. Give Handout 3: The Monitoring Dance Game to the group that will be doing the monitoring. Once you have completed the activity, explain that you will be making the parallels to monitoring in the next exercise.

MONITORING PART 1: INPUTS, ACTIVITIES, OUTPUTS, OUTCOMES (45 MINS)

Step 1: The Categories

On four cards write the following words: **Inputs, Activities, Outputs, Outcomes**. Line up the four cards horizontally on the floor.

Step 2: Make the Connection to the Dance Game

Pass out four cards to four of the participants. Ask them to identify the parts of the Dance Game that correspond to the categories and write each one on a card. They will place these cards on the floor above each respective category. The answers are as follows:

- Input: Develop the dance.
- Activity: Teach the dance to the COMM.
- Output: The COMM performs the dance.
- Outcome: The community laughs.

Step 3: Who Is Responsible?

Pass out four cards to four of the participants. Ask them to identify 'who' among World Vision, the COMM and the community is responsible for each category. They will place these cards on the floor above each respective category. The answers are as follows:

- Input: World Vision
- Activity: World Vision
- Output: COMM
- Outcome: community.

Step 4: What Are the Inputs?

Pass out three cards to three of the participants. Ask them to identify the inputs necessary for COMM programming and to write each one on a card. They will place these cards vertically under Inputs. (See Table 3 at the end of this section. The answers are in the column for Inputs – staff, budget and the COMM curriculum.)

Step 5: What Are the Activities?

World Vision's activities with regard to COMM programming consist mainly of carrying out the various trainings. Distribute cards to participants and ask them to write each of the trainings on separate cards. (See Table 3 at the end of this section. The answers are in the column for Activities.) The participants should place all these cards on the floor vertically beneath Activities.

Step 6: What Are the Outputs?

Ask the participants to turn to section 4 in the 'Overview for the Facilitator' and refer to the logical framework. Distribute nine cards to participants and ask them to write one output on each card, per the logframe. The answers:

1.1 linkages and coordination among community health stakeholders strengthened

1.2 root-cause analysis of community health issues assessed and community health status tracked

1.3 community activities implemented to address identified health issues

1.4 community health status and activities regularly reported to all stakeholders

1.5 COMM demonstrates strong internal capacity

2.1 linkages and coordination with health facilities and providers strengthened

2.2 local-level advocacy initiatives supported and implemented

3.1 support, oversight and promotion provided to CHW programmes

3.2 CHWs receive supportive supervision from COMM.

The participants should place all these cards on the floor vertically beneath Outputs.

Step 7: Which Activities Lie Behind Each Output?

Ask the participants to look at the column of cards under Activities and match the cards with the corresponding cards under Outputs. They can slide the Activities cards over and clump them next to the corresponding Output cards. The answers are:

Output 1.1: Matches with Session 1: Linkages and Networking

Output 1.2: Matches with Sessions 3a or 3b, and 5: Root-Cause Analysis and Tracking Community Health Status

Output 1.3: Matches with Session 4: Responding to Health Issues and Barriers, and Mobilising for Action

Output 1.4: Matches with Sessions 6: Reporting Community Health Status

Output 1.5: Matches with General Organisational Capacity Building

Output 2.1: Matches with Session 1: Linkages and Networking

Output 2.2: Matches with CVA

Output 3.1: Matches with Session 2: Supporting Community Health Workers (CHWs)

Output 3.2: Matches with Timed and Targeted Counselling (ttC) and CHW Supervision.

Step 8: What Are the Outcomes?

Distribute three cards to three participants. Have them look at their logframes again, write the outcomes on each card, and place the cards on the floor vertically beneath the Outcome category.

Outcome 1: improved and enabling community context for positive health outcomes

Outcome 2: improved policy and service environment for positive health outcomes

Outcome 3: strengthened CHW programmes

Step 9: Which Outputs Lead to Which Outcomes?

Ask the participants to look at the cards under Outputs and match them with the corresponding cards under Outcomes. They can slide the output cards over and clump them next to the corresponding outcome cards. (Answers: Outputs 1.1, 1.2, 1.3, 1.4 and 1.5 correspond to Outcome 1; Outputs 2.1 and 2.2 correspond to Outcome 2; and Outputs 3.1 and 3.2 correspond to Outcome 3.)

Your floor should now look like Table 3, The Floor Diagram, below. Each entry should be written on an individual card and placed on floor as shown in the table.

Table 3. The Floor Diagram

World Vision	World Vision	COMM	Community
Develop dance	Teach dance to COMM	Perform dance	Laugh
Inputs	**Activities**	**Outputs**	**Outcomes**
Budget Staff COMM curriculum	Appreciative Discovery and CB Plan 7-11 Health Information S1: Linkages and Networking S2: Supporting CHWs S3a, 3b: Root-Cause Analysis S4: Responding to Issues/Action S5: Tracking Community Health Status S5: Reporting Community Health Status General organisational capacity building CVA ttC CHW supervision	Output 1.1 Output 1.2 Output 1.3 Output 1.4 Output 1.5 Output 2.1 Output 2.2 Output 3.1 Output 3.2 (Note: Write the complete outputs, not only the numbers.)	Outcome 1 Outcome 2 Outcome 3 (Note: Write the full outcomes, not only the numbers.)
	Tool A (yes/no) Tool B (quality assurance: QA)	Tool C (yes/no) Tool D (QA)	

MONITORING PART 2: TOOLS AND MINIMUM STANDARDS (1 HOUR)

Monitoring Tools A and B

Handout: Monitoring Tool A (optional; for optional activity below)

Have the participants open their 'Overview for the Facilitator' manuals to the annex, where Monitoring Tools A, B, C and D are found.

Explain that now that we know what activities World Vision staff should be carrying out, it will be important to *monitor* whether or not these things are happening. We have monitoring tools to help us to do this. Monitoring Tools A and B help us to track World Vision Activities. Return to the diagram on the floor. Vertically under the Activities column place two cards, labelled Tool A and Tool B.

Monitoring Tool A helps us to track all of the capacity building that the facilitator carries out with the COMM. Tool A is filled out by the facilitator.

Optional Activity: Have the participants imagine that the small groups they worked in during this training represented COMMs, and tell them to fill out Monitoring Tool A accordingly. They will write the names of the members of their small group, and then tick the sessions and trainings that each person participated in throughout the week. This is the same way that they, as facilitators, will fill out the form when working with actual COMMs. Ask the participants if the tool is clear, and if they will be able to fill it out on their own in the field. Answer any questions.

Explain that Tool A gives us only 'yes/no' information about whether the capacity-building sessions were carried out. It does not tell us about the quality of the capacity building. For that, we need Tool B: Observation and Mentoring of Facilitator.

Monitoring Tool B is filled out by the facilitator's supervisor. The supervisor will use Tool B when observing a capacity-building session carried out by the facilitator. Although the facilitators will not be responsible for filling this tool out themselves, it is useful for them to be familiar with it because it makes them aware of the characteristics of a good capacity-building session. These are the characteristics that their supervisors will be looking for when observing them for the quality of the sessions. Ask them how they feel in terms of their own ability to do well under that sort of observation.

Minimum Standards

Have the participants turn to section 16 in Phase 4 of the 'Overview for the Facilitator' document, where the 'Minimum Standards for COMM Implementation' is found.

Now point again to the World Vision Activities (displayed on the floor). Explain that when the facilitator is carrying out these activities, there are certain minimum standards that we would hope to see achieved. This is because the activities underlie the outputs, as we have seen. If the activities are not carried out according to certain standards (that is to say, if they are carried out poorly), then there is less of a chance that the outputs will be achieved.

Have the participants look at the minimum standards and read together through Part One: World Vision Staff Responsibilities. The facilitators are responsible to make sure these activities go as planned. After the participants have reviewed the minimum standards, ask them how they feel about them and how feasible they think it will be for them, as facilitators, to meet the standards.

Monitoring Tools C and D

Have the participants return to the annex in the 'Overview for the Facilitator', looking at Monitoring Tools C and D.

Explain that now that we know what Outputs we hope for the COMM to accomplish, it will be important to monitor if these things are happening. We have monitoring tools to help with this.

Throughout the training you have been using the *COMM Action Planning and Monitoring Tools* as the COMM develops its action plans for its various responsibilities. The COMM will work regularly with these tools as a way of tracking its own progress. **Monitoring Tool C and the COMM Action Planning and Monitoring Tools are the same.** Remind the participants that each action planning and monitoring tool has a list of one or more goals that the COMM will tick when complete. We can consider these goals to be 'indicators' that the outputs have been achieved. It is the accomplishment of these goals that the project will track. Have the participants look through each of the Monitoring Tools C. Make a list of the goals on a flipchart (or ask participants to do so) and ask which output each goal corresponds to. The answers follow:

- Linkages with supporting organisation and partners are established and strong (Output 1.1)
- In the past six months we organised at least one debriefing meeting to which all community members were invited and at least 10 community members attended (Output 1.1)
- We sent a representative to the health facility committee meeting this quarter (Output 1.1)
- We have completed the full root-cause analysis (Output 1.2) or We have identified and prioritised health issues for action together with the community (Output 1.2)
- We received data from CHWs this quarter and used it to update our community health tracking forms (Output 1.2)
- If any adverse events, we investigated their cause and took necessary action (Output 1.2)
- If any outbreaks this quarter, we reported them to the health authorities (Output 1.2)
- We fill out this Action Plan and review it every quarter (Output 1.3)
- We have completed the activities we planned for this quarter (Output 1.3)
- We held a debriefing meeting this quarter (Output 1.4)
- We created or updated a Community Health Board this quarter (Output 1.4).
- Our internal capacity meets standard recommendations (Output 1.5)
- Linkages with the local health facility are established and strong (Output 2.1)
- We provided support and oversight of the CHW programme in locally-agreed ways this quarter (Output 3.1)
- We met with the CHWs this quarter (Output 3.1)
- We promoted the CHW programme this quarter through one or more community meetings (Output 3.1)
- Number of CHWs supported (Output 3.1)

The facilitators will collect copies of the COMM's Action Planning and Monitoring Tools (Monitoring Tool C) every quarter and give them to the person within the project responsible for inputting the data. The project will keep track of the numbers of COMMs that are successful in achieving the goals and indicators. The person responsible for this data input will work with a spreadsheet that will calculate totals and percentages of COMMs achieving the goals and indicators across the project.

Explain that the COMM Action Plan (Monitoring Tool C) gives us only 'yes/no' information about whether the COMM has done these things. It does not tell us about the quality of the COMM's work. This is what 'Monitoring Tool D: COMM Supportive Supervision Form' is for.

Monitoring Tool D is filled out by the facilitator. It is a tool that the facilitators can use when visiting COMMs to provide support and assistance. It is a checklist used for assessing how well the COMM is performing in each area. The facilitator will probably not be able to observe all of the areas listed on Monitoring Tool D during any one visit, but he or she can fill in the tool based on what he or she is able to observe and find out. Look over Monitoring Tool D together and answer any questions.

PHASE 2. WRAP UP, TEST, (SKILLS ASSESSMENT), CLOSING

Time: 2 hours, 15 minutes

(4 hours, 45 minutes for ToFs including robust root-cause analysis)

DISCUSSING THE PRACTICUM (30 MINS)

Have a discussion about the field practicum that they will need to complete in order to become fully certified. The practicum will involve dividing the participants into groups, with each group carrying out a five-day training of a COMM with the mentoring support of at least one of the trainers. Discuss the plans and logistics of the practicum. It is ideal if the practicum is planned for the week directly following the classroom event, but if it is not, make sure that you return to complete this requirement no later than two months after the classroom.

NEXT STEPS, AND ACTION PLAN (30 MINS)

Handout: Action Plan for Applying Learning on the Job (Annex B-11)

Remind the participants of the process for working with COMMs that is outlined in the 'Overview for the Facilitator' manual. Explain that, together with their managers, they should develop a work plan for bringing these activities forward, in other words, for beginning to implement the model.

Additionally, as part of the IL&D measurement system, trainers are required to track 'Learning Applied on the Job'. While there are various possible ways of doing this, the Action Plan (Annex B-11) has been selected as the tool for the COMM ToF programme. Distribute the Action Plan to the participants. Explain that this is different from the work plan they will develop with their managers. The Action Plan is meant to help them reflect on their success in applying what they have learned on the job, and to record their experiences doing so. Spend some time discussing the objectives and the steps for the Action Plan.

Explain that you will stay in touch during the next 6-9 months and will be available to answer questions the participants may have as they begin to put their learning into practice on the job. At the end of that period, you will request that they submit their completed Action Plans to you.

WRITTEN TEST (1 HOUR) (1.5 HOURS FOR TOFS INCLUDING ROBUST ROOT-CAUSE ANALYSIS)

Handout: Written Test (Annex B-8: not included in this guide; issued during Training of Trainers)

Pass out the written test and give the participants one hour to complete it. Remind them to write their names on the test.

Use the test scoring guidance (also distributed separately) to calculate each participant's grade. A passing score is a grade of 70 per cent. Enter the data into the spreadsheet and record the results on the IL&D Data Form (Annex B-2, row 15).

FGD SKILLS ASSESSMENT (FOR TOFS INCLUDING ROBUST ROOT-CAUSE ANALYSIS) (2+ HOURS)

Materials: FGD Skills Assessment Tool (Annex B-8.III). Trainers complete one per participant. Trainers may choose to have participants also assess fellow participants, in which case more copies will be needed.

Materials: Cards with FGD topic titles (such as *Exclusive Breastfeeding*, or *Iron-Folate Supplementation*) for participants to randomly select for their simulated FGD assignment.

Materials: Pre-selected 'barriers' to the practice of the behaviour(s) corresponding to the topics (for example, 'believes she doesn't have enough milk', or 'does not like the side effects of the iron-folate tablets'), written on cards, to be given to the group members playing the roles of FGD participants in the simulation. There should be one set of barriers for each simulation or topic.

Handout: Tool 3b-5, Focus Group Discussion Guide. (Note: ask the participants to use the copies received earlier and bring them to the skills assessment.)

The trainers will need to decide how best to structure the skills assessment so as to have an opportunity to observe each participant for a sufficient length of time to be able to score using the FGD Skills Assessment Tool found in Annex B-8.

An effective method is to divide into groups of 5 or 6, with one trainer working with each group. Each course participant will carry out a simulated FGD in turn, with the other course participants playing the roles of FGD participants. Sit in a circle and organise this as a 'round robin', proceeding around the circle until each participant has had a turn to simulate. The time allotted to each participant should be no less than 10 minutes; ideally 15 minutes.

You should assign each participant one section or topic from Tool 3b-5, Focus Group Discussion Guide. These assignments can be made randomly by writing topic names on cards and having the participants select cards, for example. Those playing the roles of FGD participants will receive 'barrier cards' (the barriers preventing them from practicing the recommended behaviours). The one carrying out the simulated FGD will need to discover these barriers by using probing questions, and should demonstrate all of the other effective FGD techniques throughout the simulation.

It may become too complex to attempt to also assess the effective note-taking techniques (information in notebooks and barriers on sticky notes), as the one doing the questioning will not also take notes and you will not easily be able to assess two people and both skills at the same time. You will likely limit the assessment to only those skills found on the FGD Skills Assessment Tool. In this case, you do not need to assign a person to take notes.

If you do decide to assess the note-taking, however, then each simulation will be carried out by two people, one asking the questions and one taking notes, rotating in 'round robin' fashion. You should add items to the FGD Skills Assessment Tool regarding the note-taking procedures, in this case.

Plan the time accordingly based on numbers of participants per group and time allotted to each participant. You will likely need to allow at least two hours, if not more, to complete the full FGD skills assessment.

Participant Satisfaction Evaluation (20 min)

Handout: Participant Satisfaction Form (Annex B-7)

Pass out the form and give participants 20 minutes to complete it. Remind them that this form is confidential and they should not put their names on it.

Record the results of the Participant Satisfaction Evaluation on the IL&D Data Form (Annex B-2).

Close (Trainers decide)

Close the classroom training, following whatever protocols are appropriate for the context.

Congratulations!

PHASE 3. FIELD PRACTICUM

SCHEDULING THE PRACTICUM

In the ideal scenario, the practicum will follow immediately after the classroom event, for two back-to-back weeks. If this is not possible, the COMM ToF design nevertheless stipulates that there should be **no more than a two month gap** between the classroom and the practicum. The exact timing will depend on the trainers' availability, the availability of the NO and of COMM members.

The schedule for the field practicum will depend in part on the content covered in the ToF. The example practicum schedule below shows a possible sequencing and timeframe in situations where the light root-cause analysis is being used and not the robust version. If the robust root-cause analysis is included in the ToF, then the practicum schedule will need to be extended. A sample schedule for that scenario is not provided here. Trainers will need to work it out on a country-by-country basis.

Example practicum schedule 1

Practicum Day 1	Practicum Day 2	Practicum Day 3	Practicum Day 4	Practicum Day 5
From Overview for Facilitator: Phase 1: Getting Started w/ COMM Phase 2: Preparing for Capacity Building	**From Overview for Facilitator:** Phase 2: Preparing for Capacity Building **Intro to 7-11**	**Session 2:** Supporting CHWs	**Session 3a:** Root-Cause Analysis (light) **Session 4:** Responding to Issues	**Session 5:** Tracking health **Session 6:** Reporting health

A second possibility is to intersperse classroom days with field practicum days over a nine or ten day period, as shown in the example schedule 2.

Example practicum schedule 2

	Class Day 1	Class Day 2	Practicum Day 1	Practicum Day2	Class Day 3
AM	**Unit 1** Introduction	**Unit 2** Simulation Overview Facilitator	**Practicum Part 1** From Overview for Facilitator: Phase 1: Getting Started w/ COMM Phase 2: Preparing for Capacity Building	**Practicum Part1** Phase 2: Preparing for Capacity Building (continued) Intro to 7-11	**Session 6** Presentations **Session 2** Supporting CHWs
PM	**Unit 2** Simulation Overview Facil.	**Unit 3** **Intro to 7-11** HW presentations **Session 6** Explain homework			**Session 2** Supporting CHWs

	Practicum Day 3	Class Day 4	Practicum Day 4	Practicum Day5	Class Day 5
AM	**Practicum Part 2** Session 2: Supporting CHWs	**Session 3a** Root-Cause (light)	**Practicum Part 3** Session 3a: Root-Cause (light) Session 4: Respond	**Practicum Part3** Session 5: Track Session 6: Report	**Unit 4** Monitoring **Wrap Up** Action plan, test
PM		**Session 4** Responding **Session 5** Tracking health			

If COMMs or community members cannot make themselves available for five full days running, an alternative will need to be sorted out; perhaps by limiting to half days over a longer period of time, or working with more than one group so as to only request one or two days' time from each. In the latter scenario the groups would not benefit from cumulative capacity building, and some groups would jump in in the middle. It may not be possible to avoid this, however, and respectful explanations should be given to group members.

The Structure of the Practicum

During the field practicum the trainers will split into groups; each group with an equal number of the participants, and each group working with one real COMM. The participants will be responsible to allocate activities amongst themselves to lead with the COMM, following a schedule provided by the trainers. The participants should follow the instructions in the respective sections of the Facilitator's Manual. While you sometimes skipped certain activities when training the facilitators, the facilitators should not skip activities when training COMMs. The trainers will observe and mentor the participants.

Note on Post-Event Training of COMMs

It is important to understand that the actual training of COMMs that facilitators will go on to do as part of their regular work will not need to follow the schedule and structure of the practicum! Those COMMs participating in the practicum should be made to understand that they are assisting World Vision as the facilitators practice their skills for the first time, and that is the reason for the condensed timeframe. Later, facilitators and COMMs will put together capacity-building schedules per the appreciative discovery they carry out together and the decisions they make then, and the capacity building will likely be carried out in shorter sessions over a longer period of time.

Scoring Participants' Performance in the Practicum

Refer to **Annex B-9** for the tool to score participants' performance in the practicum. The classroom event only offered the opportunity to assess understanding, and perhaps an indication of skill level through simulation, but the practicum is the opportunity to assess the participants' ability to put the knowledge and skills into practice. Input the participants' scores for the practicum in the spreadsheet, and record the overall results in the IL&D Data Sheet (**Annex B-2**, row 18).

Participants' Final Scores

Now that the participants have completed Phases 1 to 3 of the course, you can calculate their final scores to determine whether or not they are now Certified Facilitators. Use **Annex B-10** for this, filling in the Homework, Written Test, and Practicum Skills Test scores. Remember the weight that each score is given:

- Homework: 20 per cent
- Written test: 40 per cent
- Practicum skills test: 40 per cent.

In ToFs including the robust root-cause analysis, the breakdown will change, as follows: Homework 15 per cent, Focus Group Discussion Skills Assessment 25 per cent, Written Test 30 per cent, Practicum 30 per cent.

Figure out the final score using **Annex B-10**. In order to be certified as a COMM Facilitator, the participant must achieve a total score of 70 per cent or higher.

For those participants achieving certification, you will be maintaining contact with them for the next 6-9 months as they begin to apply their learning on the job. This is Phase 4 of the programme. Those participants not achieving certification at this time will need to be further mentored in additional field practicum or COMM training experiences in order to upgrade their skills.

Record the results in the IL&D Data Form (**Annex B-2**, row 19), and inform participants of their results, sending them copies of Annex B-10.

PHASE 4. APPLYING LEARNING ON THE JOB

For the follow up phase, you may want to divide the participants into groups, with each trainer taking responsibility for a group. This will enable more individualised follow-up, which will be important considering that in most cases you will be handling this follow up virtually.

FOLLOW UP AT ONE MONTH

Send an email to all participants one month after the end of Phase 3. During this time, they should have agreed on a work plan with their managers for bringing COMM programming forward in the field. Ask for the status of this, and offer your availability to answer any questions they may have. If participants have not yet put together a work plan, remind them to do so and inform that you will check in again at two months.

FOLLOW UP AT TWO MONTHS

Send emails to all participants who had not yet put a work plan together at the one-month mark, to check on the status at this point. For those who may still yet not have done this, send an email to the participant's manager, requesting his or her assistance. Let the participant(s) know you will be doing this, and copy them on the communication.

FOLLOW UP AT THREE MONTHS

Send an email to all participants at the end of three months. Now that they are all underway with COMM programming, remind them to refer to the Action Plans they developed on the last day of the classroom. They should be reflecting on how they are finding the work to be going and what successes and challenges they may be experiencing. Offer to answer any questions they may have.

VIRTUAL MEETING AT FOUR MONTHS

Arrange to have a virtual meeting with the participants after four months. Each participant can give a brief update on his or her work with COMMs and discussion can ensue on challenges they may be having. Use this opportunity to try to troubleshoot, giving advice and guidance as possible.

EMAIL AT SIX MONTHS

Check in with the participants and answer any questions they may have. Remind them that their Action Plans will be due at the end of nine months.

VIRTUAL MEETING AT EIGHT MONTHS

This will be your final communication with the participants prior to requesting their Action Plans. Use this opportunity to address remaining issues and challenges they may be having.

COLLECT ACTION PLANS AT NINE MONTHS

You will record the results of the Action Plans on the IL&D Data Form.

DISTRIBUTE AND COLLECT FINAL QUESTIONNAIRES

The final questionnaire, **Annex B-12**, is sent to both the participants and their managers to get a reflective evaluation as to the success of applying the learnings on the job. Record the results of the Questionnaires on the IL&D Data Form.

SUBMIT FORMS TO COMM CHAMPION

Submit the Implementation Protocols Checklist and IL&D Data Form to the COMM Champion.

Congratulations! Great job!

ANNEX A: TOOLS

TOOL T-1. SAMPLE AGENDA FOR TRAINING OF FACILITATORS

Note: This is a sample agenda for a ToF that includes the light rather than the robust version of the root-cause analysis. Trainers must adapt according to country context and facilitators' needs. It may not be necessary to go through all of the activities as outlined here. This sample schedule does not include all parts of all the sessions. See page 11 in this document for explanations as to why some sessions may be left out of the ToF agenda. See the session instructions in this document for explanations as to why some activities may be skipped.

Day 1

Time	Title	Time	Materials
8:00–8:20	Devotions	20 min.	
8:20–8:40	Introduction	20 min.	
8:40–9:00	House Rules	20 min.	
9:00–9:20	Agenda and Objectives	20 min.	Tool T-1 and Annex B-5
9:20–9:30	Evaluation Criteria	10 min.	
UNIT 1: INTRODUCTION TO THE COMM MODEL			
9:30–10:00	Introduction to COMM	30 min.	PPT 1, 360 degree poster
10:00–10:30	**Break**	**30 min.**	
10:30–11:30	In-Country COMM Design	1 hour	Diagram of country context
11:30–12:00	COMM Programming, Overall	30 min.	
12:00–12:30	Overview for the Facilitator's Manual	30 min.	
12:30–1:30	**Lunch**	**1 hour**	
UNIT 2: SIMULATION OF THE OVERVIEW FOR THE FACILITATOR			
OVERVIEW FOR THE FACILITATOR			
1:30–2:30	Setting up, and Sections 1 to 3: Meeting 1	1 hour	Tool T-2, Cards from manual
2:30–2:50	Sections 4 and 6: Logical Framework and Choose Assessment	20 min	Enlarged logframe outline
APPRECIATIVE DISCOVERY (LIGHT ASSESSMENT)			
2:50–3:20	Part 1, Activity 2[2]: Getting to know the COMM	30 min	
3:20–3:45	**Break**	**30 min.**	
3:45–4:15	Part 1, Activity 3: Timeline	30 min	
4:15–4:45	Part 1, Activity 4: COMM's Existing Capacities	30 min	

[2] Activity 1 will be included by facilitators when training the COMM, but it is not necessary for this training of facilitators.

(Tool T-1 continued)

Day 2

Time	Title	Time	Materials
UNIT 2: SIMULATION OF THE OVERVIEW FOR THE FACILITATOR (continued)			
APPRECIATIVE DISCOVERY (LIGHT ASSESSMENT)			
8:20–8:40	Part 2, Activity 1: Review Recommendations for Effective Group Functioning	15 min.	Tool A-1
8:40–8:55	Part 2, Activity 2: Introduce the Action Planning Tool	15 min.	Tool A-3
8:55–9:15	Part 2, Activity 3: Develop an Action Plan	20 min	
9:15–9:45	Part 3: Activities 1 and 2: Introduce Checklist and Decide on Sessions Together	30 min	Tool A-2
9:45–10:15	**Break**	**30 min**	
OVERVIEW FOR THE FACILITATOR (CONTINUED)			
10:15–11:15	Overview for the Facilitator: Sections 8 to13: Explain Capacity-Building Plan and Select Capacity Cards	1 hour	Capacity cards from manual
11:15–12:45	Overview for the Facilitator: Discussing the Simulation	1 hour 15 min	
12:45–1:45	**Lunch**	**1 hour**	
UNIT 3: PRACTICING THE COMM TRAINING SESSIONS			
INTRODUCTION TO 7-11 HEALTH CONTENT AND 360 DEGREES OF SUPPORT			
1:45–2:00	Notes for the Facilitator	10 min	
2:00–3:45	Activity 1: Homework presentations	1 hour 45 min	
3:45–4:15	**Break**	**30 min.**	
SESSION 6: REPORTING COMMUNITY HEALTH STATUS			
4:15–4:45	Activities 1 to 4: Explain Homework: Debriefing Meeting and Community Health Board	30 min.	

(Tool T-1 continued)

Day 3

Time	Title	Time	Materials
UNIT 3: PRACTICING THE COMM TRAINING SESSIONS (continued)			
SESSION 6: REPORTING COMMUNITY HEALTH STATUS			
8:20–9:30	Homework presentation (debriefing meeting)	1 hour 10 min	
SESSION 2: SUPPORTING COMMUNITY HEALTH WORKERS			
9:30–9:50	Notes for the Facilitator	20 min	
9:50–10:10	Facilitator Preparation	20 min	
10:10–10:55	Activity 1: Diagram the CHW Relationships	45 min	
10:55–11:05	Activity 2: Create a Wall or Floor Matrix	10 min	
11:05–11:30	**Break**	**25 min**	
11:30–1:00	Activities 3-12: Completing the Matrix	1 hour 30 min	
1:00–2:00	**Lunch**	**1 hour**	
2:00–4:30	Activities 3-12: Completing the Matrix (continued)	2 hours 30 min	
4:30–5:00	Activity 13: Create an Action Plan	30 min	Tool 2-7

(Tool T-1 continued)

Day 4

Time	Title	Time	Materials
UNIT 3: PRACTICING THE COMM TRAINING SESSIONS (continued)			
SESSION 3A: ROOT-CAUSE ANALYSIS (LIGHT VERSION): IDENTIFYING HEALTH ISSUES FOR ACTION WITH THE COMMUNITY			
8:15–8:45	Step 1: Notes for the Facilitator and Facilitator Preparation	30 min	
8:45–9:30	Step 1: Activities 1, 2: Determine what the Group Members Already Know and Setting the Context with Indicators	45 min	Flipcharts with prepared statistics
9:30–10:15	Step 1: Activities 3, 4: Our Priorities, and Ideas about the Root Causes of the Prioritised Issues	45 min	
10:15–10:45	**Break**	**30 min**	
10:45–11:15	Step 1: Activity 4B: Supplement with Select 7-11 Health Practices	30 min	
11:15–11:30	Step 1: Activity 5: Considering Birth Registration	15 min	
11:30–12:30	Step 1: Activity 6: Including the Most Vulnerable	1 hour	
12:30–12:45	Step 1: Activities 7, 8: The Health Issues of the Most Vulnerable and Identifying Most Vulnerable for Workshop	15 mins	
12:45–1:00	Step 2: Activity 1: Introduce the Action Planning Tool	15 mins	Tool 3a-6
1:00–2:00	**Lunch**	**1 hour**	
2:00–2:30	Step 5: Activities 1, 2: Reviewing and Preparing Information for Presentation, and Thinking Ahead to who can Respond	30 mins	
UNIT 4: MONITORING COMM PROGRAMMING			
2:30–3:00	A Monitoring Analogy: The Dance Game	30 min	Tool T-3
3:00–3:45	Monitoring Part 1: Inputs, Activities, Outputs, Outcomes	45 min	Cards
3:45–4:00	**Break**	**15 min**	
4:00–5:00	Monitoring Part 2: Tools and Minimum Standards	1 hour	Monitoring Tool A

(Tool T-1 continued)

Day 5

Time	Title	Time	Materials
UNIT 3: PRACTICING THE COMM TRAINING SESSIONS (continued)			
SESSION 4: RESPONDING TO HEALTH ISSUES AND BARRIERS, AND MOBILISING FOR ACTION			
8:15–8:30	Activities 1, 2: Review Ways of Responding to Health Issues and Barriers	30 min	
8:30–9:00	Activity 3: Create an Action Plan, Use to Monitor Progress	30 min	Tool 4-3
SESSION 5: TRACKING COMMUNITY HEALTH STATUS			
9:00–9:15	Notes for the Facilitator	15 min	
9:15–10:30	Activity 1: Gathering information from CHWs	1 hour 15 min	Tool 5-1
10:30–11:00	**Break**	**30 min**	
11:00–11:15	Activity 2: Gathering Information from Health Clinics	15 min	
11:15–11:45	Activity 3: Tracking and Reporting Disease Outbreaks	30 min	
11:45–12:30	Activity 4: Investigating Adverse Events	45 min	Tool 5-3
12:30–12:45	Activity 5: Create an Action Plan	15 min	Tool 5-4
12:45–1:00	Activity 6: Knowledge Assessment for Session 5	15 min	
1:00–2:00	**Lunch**	**1 hour**	
WRAP UP, WRITTEN TEST AND CLOSING			
2:00–2:30	Discussing the Practicum	30 min	
2:30–3:00	Next Steps, and Action Plan	30 min	Annex B-11
3:00–4:00	Written Test	1 hour	Annex B-8
4:00–4:15	Participant Satisfaction Evaluation	15 min	Annex B-7
4:15	**Closing**		

TOOL T-2. COMM SCENARIO

Instructions: The participants will use the information in this scenario when participating in the simulation of the Overview for the Facilitator (Unit 2 of the classroom training).

COMM BACKGROUND INFORMATION

You are members of a Community Health Committee that was formed about 18 months ago. At that time, two staff from the local clinic organised a meeting in the sub-district with about 200 people in attendance, and explained that the Ministry of Health wanted to form these groups throughout the country. Your sub-district has a population of about 6,000 and is made up of five communities, each with a population of between1,000 to 1,500. The clinic staff said that there must be representatives from each of the five communities in the committee and that the members should be elected by those present at this sub-district meeting. They said that the job of the committee would be to oversee CHWs and report on their work, to track and report on the general health situation in the five communities, and to assist the clinic when they ran outreach campaigns for growth monitoring and immunisation.

FORMING THE COMMITTEE

At the sub-district meeting nominations were made and votes cast, and all of you here today were voted in as members of the Community Health Committee. (You will tell the trainer what your membership category is when you carry out that activity with him or her.) You have given your committee a name. (What is it?) Although you are members now, you don't know how long you will remain as members, and you don't know if you are supposed to have new elections at some point.

GROUP STRUCTURE

Among yourselves you decided that your group needed a chairperson, a secretary and a 'sub-district liaison officer' and you agreed by open consensus on who those should be. You don't have plans to rotate their positions.

TRAINING

About six weeks after you were formed, the clinic staff returned and ran a two-day training. The training covered an introduction to the work of the CHWs, how to develop an action plan, and some health information like PMTCT, breastfeeding, child feeding and antenatal care.

ACTIVITIES

The group is supposed to meet every month, together with the CHWs. So far you've met seven times (so not every month). Not all of the members, nor all of the CHWs are present at all the meetings, but those who are present copy down data from the CHWs and keep it in the group's records. The group has also assisted by sending some members to three outreach campaigns, conducted in three of the five communities.

The only other things that are noteworthy in the group's history is that the first secretary passed away and the group had to choose a new one. Also, about six months ago there was major flooding in 4 of the 5 communities. The group met to decide what to do, and all members decided to contribute some food to families who were displaced. When one member went to visit one family, she found that the woman was in labour and so she helped to deliver the baby, with no training! The baby was healthy and that was exciting.

CLINIC SUPPORT

The clinic staff came to visit at the time of the flooding, to check to see if there were any serious disease outbreaks. The group didn't think there were, but you didn't know for sure. The staff took the CHW data you had recorded. They promised to photocopy it and give it back to you, but they haven't yet.

The clinic staff also contacts the Chairperson whenever there is going to be an outreach campaign and asks the group members to alert families and to be present at the event.

Other than that, you haven't had further interaction with the clinic staff, and the last time you saw them was six months ago, at the time of the flooding.

LINKAGES

You are not linked to any other community group or organisation, although you recently heard that World Vision will be coming to do some work with you.

NEW TRAININGS

When it comes time to select the trainings you would like to go through with World Vision, you are interested in trainings that will help you to do the things the clinic staff have asked you to do. You would also like a leadership training. You don't feel you need a training to form linkages with others, but you would like some help in doing that. You heard that World Vision has started advocacy in other communities and you are also interested in that.

TOOL T-3. MONITORING DANCE GAME: FOR THE 'MONITORING' GROUP

1. Target population and COMM go out of the room
    1. Did all members go out of the room? Yes____ No____
    2. Did members leave immediately? Yes____ No____
    3. Did anyone return during the demonstration? Yes____ No____
2. World Vision and partners come up with a funny dance
    1. Did they begin working immediately to create a funny dance? Yes____ No____
    2. Is everyone working well together? Yes____ No____
    3. Did they finalise creating a funny dance within seven minutes? Yes____ No____
3. Seven minutes from start the COMM members come back
    1. Did they come back on time (seven minutes after start)? Yes____ No____
    2. Did everyone come back? Yes____ No____
4. World Vision and partners teach the COMM the dance
    1. Did the COMM learn the dance in seven minutes? Yes____ No____
5. The target population comes back 15 minutes from start
    1. Did they come back on time (15 minutes after start)? Yes____ No____
    2. Did everyone come back? Yes____ No____
6. COMM performs dance
    1. Did all COMM members dance? Yes____ No____
    2. Did COMM members dance the dance taught by World Vision or partners? Yes____ No____
7. Target population laughs
    1. Are all members laughing? Yes____ No____
    2. Are all laughing with real laughter? Yes____ No____
    3. For how long did they laugh? _____

ANNEX B: IL&D PROTOCOLS AND MEASUREMENT TOOLKIT

1. IL&D Implementation Protocols Checklist

Responsible: COMM Trainers

1. COMM trainers will ensure that COMM Trainings of Facilitator (ToF) programmes adhere to the implementation protocols in this checklist.
2. COMM trainers will submit the Implementation Protocols Checklist to the COMM Champion.

Protocol Areas		**Y/N**
Planning		
1.	There is clear leadership support and buy-in for the proposed COMM ToF.	
2.	The COMM ToF must be relevant to the health programming of the national office. Ideally, COMM will form part of the NO's health Technical Approach. The NO has completed the COMM Country Readiness process and submits the Country Request for COMM ToF form to the trainers.	
3.	World Vision has the relevant expertise and resources to provide the COMM ToF.	
4.	The ToF event is registered on GTRN, and all stakeholders are informed with sufficient lead time.	
5.	The location and dates have been selected to maximise participation and minimise disruption to operations. COMM ToFs must be country-specific, and carried out in the country in question. Trainers do *not* join participants from more than one country together in a regional COMM ToF.	
6.	All pre-event materials and 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 ToF is carried out by certified COMM trainers, registered on GTRN.	
8.	Participants are selected according to the criteria stipulated in the COMM 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 COMM ToF for their participating staff and have committed to enabling the participants to apply their new learning in their jobs, by signing the participant application form.	

(IL&D Implementation Protocols Checklist continued)

Implementation and Application		
10.	The face-to-face classroom and practicum events should not exceed 30 participants, with a minimum ratio of 1 trainer to each 15 participants.	
11.	The various phases of the COMM ToF programme follow the timeframes stipulated in the design. (Note: programmes may run for longer than stipulated in the design if needed, but should not be shorter.)	
12.	The L&D programme follows the basic parameters of the programme design in terms of approaches and methods, while allowing for some flexibility and exercise of trainer judgment and creativity.	
13.	Trainers retain responsibility for the learners for six to nine 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 NO level to help ensure participants are supported and monitored in applying their new learning.	
15.	Participants are recognised or rewarded for their IL&D achievement in appropriate ways.	
Evaluation		
16.	The IL&D programme is evaluated at different levels, using the *Global Health IL&D Measurement Framework* and the tools developed as part of design. Measurement includes participant satisfaction, learner knowledge and skills acquisition (learning acquired) and performance change (learning applied on the job).	
17.	Learning about the IL&D is documented and shared to support organisational learning and continuous improvement.	

2. IL&D Data Form

Responsible: COMM Trainers

1. COMM trainers will complete this IL&D Data Form and submit to the COMM Champion.
2. Sections for Inputs, Participant Satisfaction and Learning Acquired and Consolidated should be completed immediately at the end of the classroom event. The section for Learning Applied on the Job will be completed six to nine months later.

No.	Question	Answer
Inputs		
1	How many trainers for the COMM ToF?	
2	How many of the trainers are certified COMM trainers?	
3	How many participants enrolled in the COMM ToF programme?	
4	How many males? How many females?	
5	How many participants participated in event for informational purposes only? *(Should be less than 20 per cent)*	
6	How many participants enrolled with the intention to apply learnings to the job? *(Should be at least 80 per cent)*	
7	How many participants met the participant selection criteria?	
8	How many participants completed the full COMM ToF programme?	
9	Length of Phase 2 classroom portion: days	
10	Length of Phase 3 practicum portion: days	
Outputs: Participant Satisfaction		
11	# of participants who give overall favourable ratings on participant satisfaction assessments (to define)	
12	# of participants who state in the satisfaction assessment that the COMM learning objectives have been met	
13	# of participants who state in the satisfaction assessment that the COMM ToF programme is relevant to their job	
Outputs: Learning Acquired and Consolidated		
14	# of participants with no absenteeism during the COMM ToF programme	
15	# of participants who completed the Phase 2 classroom event with a passing score using a suitable post-event assessment aligned with the learning objectives	
16	Does the COMM ToF programme require a practicum component?	Yes
17	If yes to 16, how much time elapsed between the classroom event and the practicum?	
18	If yes to 16, # of participants who completed the practicum experience with a passing score using a suitable post-test assessment/skills assessment	
19	# of participants achieving **COMM Facilitator Certification** per homework, learning acquired and learning consolidated results.	
Outcome: Learning Applied on the Job (complete six to nine months after learning event)		
20	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)	
21	Of those participants participating for job implementation, how many completed 100% of their Action Plan by the time specified (between 6-9 months)?	
22	Of those participants participating for job implementation, how many gave overall positive ratings on the Learning Applied Questionnaire?	
23	Of those participants participating for job implementation, how many are working for World Vision in a role where the IL&D-related learnings can potentially be used 12 months following the event?	

3. Country Request for COMM Training of Facilitators (ToF)

From: National Office: _____

To: World Vision COMM Trainer Pool

Country Request for COMM Training of Facilitators (ToF)	
Country	
National Health Director	Name:
Contact Person Requesting the ToF	Name: Position:
Desired Classroom Training Dates (Please give two options)	Option 1: Week of: Option 2: Week of:
Trainers Requested (Optional) (Your national office will be advised who the training team will be. If you wish to request a trainer(s) from among the WV COMM trainer pool, indicate here.)	Request trainer 1: Request trainer 2: Request trainer 3:
Funding Source (ADP budgets, grant programming, etc.)	
Estimated Number of Participants (Facilitator candidates) in ToF	
Participants Are From These Organisations: (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	
Number of ADPs to Implement COMM (estimate)	
Number of COMMs to be trained by facilitators (estimate)	

*Participants in the training should be those with the responsibility **to carry COMM trainings forward** with COMMs. Participants should not attend this training if the training of COMMs is not part of their job description.

Complete the country readiness checklist on the following pages. All checklist items must be complete in order for a ToF request to be accepted.

COUNTRY READINESS CHECKLIST

☐ **1. Administrative level at which COMMs will operate has been identified**

☐ List the administrative groupings in your country from smallest to largest (community, zone, district, province, etc.)

☐ Administrative level for COMMs: _____

☐ Estimated population (range) of this administrative level: _____

☐ At what administrative level do ADPs operate? _____

☐ Estimated population (range) of this administrative level, if different _____

☐ **2. Is the Development Programme Approach (DPA – formerly IPM) being implemented in those ADPs that will be carrying out the COMM?**

☐ yes, in all

☐ yes, some but not all

☐ no.

Note: If there are ADPs implementing DPA that have **not yet reached Step 5** of the Critical Path, these ADPs will wait for Step 5 of the Critical Path process before identifying the COMM, and **Question 3** should be **skipped**. Name the ADPs for which this is the case.

For all other ADPs, go to Question 3.

☐ **3. The appropriate group to play the role of the COMM has been identified. Select from among the possibilities below.**

☐ The appropriate group to play the role of the COMM has been identified and is consistent for all ADPs in the country. Explain in the space below which group is the COMM (MoH-linked village health committee, health working group, etc.).

☐ The appropriate groups to play the role of the COMM have been identified, but these groups vary from ADP to ADP. (Village health committees may not be present in all ADPs. Where they are present, they are identified as the COMM. Where they are not, a different group is identified.) Explain in the space below.

☐ There are no appropriate groups to play the role of the COMM, and the COMMs will have to be mobilised in the ADPs. Explain.

☐ If you know the number of the COMM scenario per the Guidance Document, *COMM Project Model: Description and Guidance for Design* write it here:

☐ **4. The relationship of the COMM to CHWs (volunteers) has been established. Select from among the possibilities below**

- ☐ There are MoH-linked CHWs in the COMM areas, and the CHWs are supervised by the MoH. The COMM will have a **support relationship, not a supervisory relationship,** with the CHWs.
- ☐ There are MoH-linked CHWs in the COMM areas, but they are lacking supervision. The COMM will have a **supervisory relationship** with the CHWs.
- ☐ There are other cadres of volunteers in the COMM areas (not MoH-linked CHWs), and they have supervisors. The COMM will have a **support relationship, not a supervisory relationship,** with the volunteers.
- ☐ There are other cadres of volunteers in the COMM areas (not MoH-linked CHWs), but they are lacking supervision. The COMM will have a **supervisory relationship** with the volunteers.
- ☐ There are no CHWs or other health-related volunteers in the COMM areas.

☐ **5. Is Citizen Voice and Action (CVA) being carried out in the COMM areas?**

- ☐ yes, in all
- ☐ yes, in some but not all
- ☐ not yet, but this is planned in the near term
- ☐ not yet, but this is planned in the medium term
- ☐ no, and there are no current plans for CVA.

4. Participant Selection Criteria and COMM Facilitator Application Form

COMM Training of Facilitators Programme:

Participant Selection Criteria

1. Participants in the COMM Training of Facilitators (ToF) programme should be those individuals responsible for carrying COMM programming forward in the field; that is to say, they should be implementers, either with World Vision, the Ministry of Health or a partner organisation.

   (A small number of slots may be given to non-implementers such as national office-level staff, health grant project managers, and others, but this may not exceed 20 per cent.)

2. Participants have manager approval to participate, and agreement of manager to bring COMM programming forward in the field.

3. Participants commit to participating in all four phases of the programme to include pre-event reading and homework, a five- to seven-day classroom event, a four- to five-day field practicum, and nine months of follow-up communication with the trainers.

4. Participants agree that trainers will share assessment results with manager

5. Participants agree to complete an Action Plan at end of Phase 3 to commit to COMM programming on the job.

6. Participants have a high level of spoken and written English.

7. Participants have a reasonable intention of remaining in current position for at least two years.

COMM Training of Facilitators Facilitator Application Form	
LAST / FAMILY NAME:	
GIVEN NAMES:	
OFFICE (Global Centre, regional office, support office, national office):	
JOB TITLE:	
EMAIL ADDRESS:	
TELEPHONE:	
SUPERVISOR'S NAME:	
SUPERVISOR'S TITLE:	
JOB DUTIES:	**Briefly describe your job duties as they relate to your candidacy for this training.** **Note:** Your job duties **must include working with and training community health groups (COMM)** in order for you to qualify to participate in this ToF.
SELECTION CRITERIA:	**Briefly describe your skills and experience and relate why you are a good candidate for this training; pay special attention to prior capacity building and facilitation experience.**

(COMM ToF Facilitator Application form continued)

AVAILABILITY:	**Specify the time commitment that you will be able to make in working with and training COMMs.**

I, _____, understand that by submitting my candidacy for this training, and if selected, I agree to:

- Participate fully in the classroom and practicum portions of the ToF programme, including all assessments, tests and activities.
- Complete the pre-reads and homework assignments prior to the start of the classroom training.
- Arrive before the start of the classroom training event and leave only after the event has concluded.
- Be assessed in the classroom portion in a participatory forum on mastery of skills and methodology, and be assessed through a post-test on my mastery of content.
- Participate in the follow-up practicum portion of the training, carrying out training of a COMM with other facilitator candidates, under the mentoring supervision of the course trainers, at a date and location to be determined.
- Arrive before the start of the practicum event and leave only after the event has concluded (dates to be determined).
- Release the results of my participation to my direct supervisor and People and Culture (P&C) for permanent record and consideration in my performance evaluation and career plan.
- Commit to carrying out future trainings of COMMs as specified in my job description and annual work plans.

Further, I understand that if not all conditions are met, I may not receive certification as a facilitator in COMM programming.

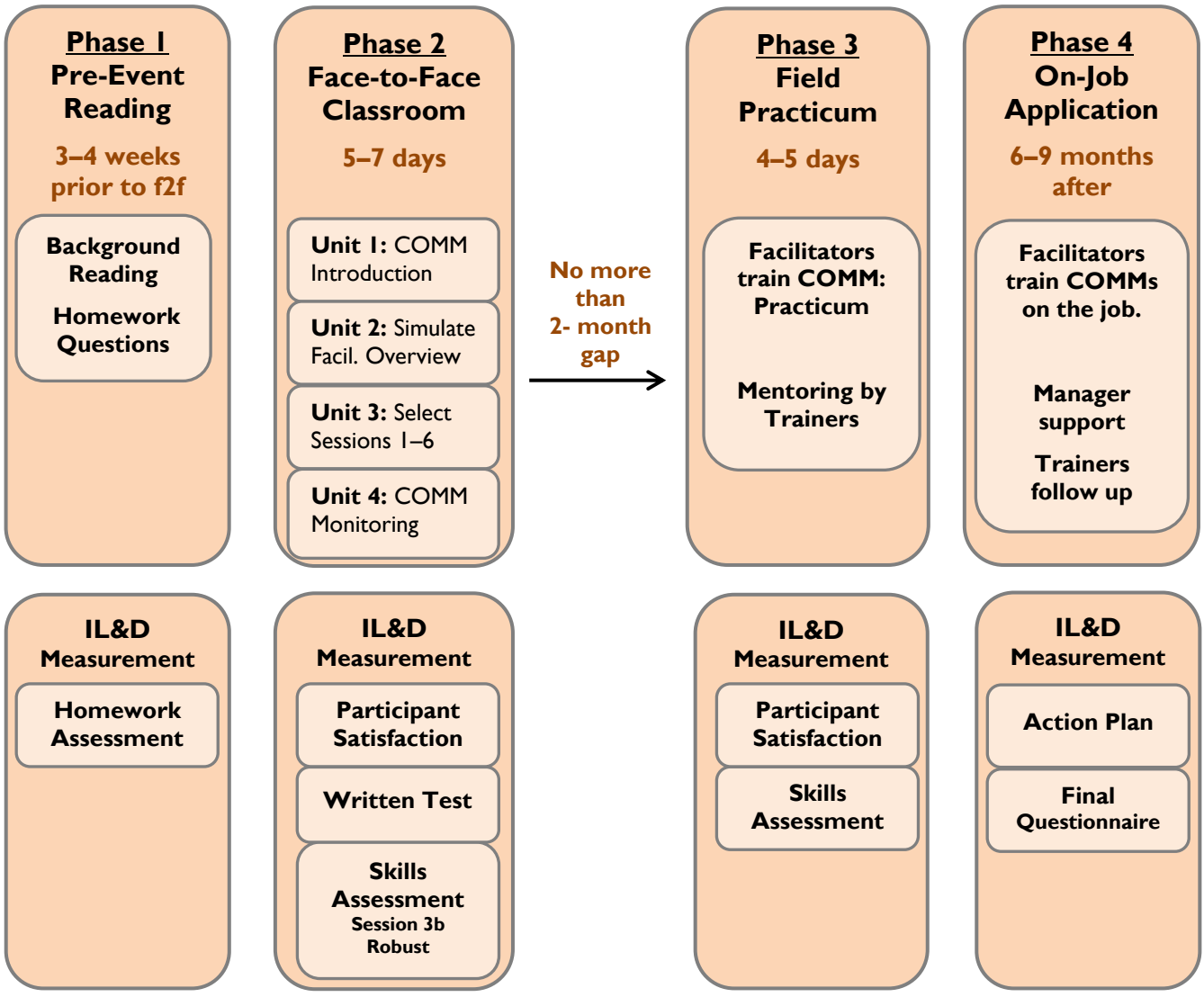
Signed:	**Date:**
Supervisor's Signature:	**Date:**

5: COMM ToF Design, Competencies and Learning Objectives

COMM Training of Facilitators Certification Programme Design

The COMM Training of Facilitators (ToF) is a certification programme. The full end-to-end ToF is comprised of four phases. These are diagrammed below, with the requisite duration of each.

To ensure the individual learning and development (IL&D) of the participants and qualification for certification, the programme includes measurement of learning acquired and learning applied at the relevant time points during the four phases.



COMM Facilitator Competency Framework

The training is designed around the development of essential competencies for the facilitators, which are observed during and after training through assessment. The 'competencies at a glance' relate to:

1. Health technical content
2. Country-specific community health systems
3. Appreciative organizational assessment
4. Root-cause determinants of health *(for programmes including Session 3b: robust version)*
5. COMM capacity building
6. Program monitoring

<table>
<tr><th colspan="2">Competency 1
Transmit factual health information to community groups and members</th></tr>
<tr><td colspan="2">Behaviours:
• Create and carry out learning activities around the information found in the Facilitator's Guide to 7-11 Health Information (or other resources if involved in other stages of the health life cycle)
• Accurately answer questions from COMM members
• Ensure participant understanding through appropriate forms of verification</td></tr>
<tr><td>Enabling knowledge
• The full range of 7-11 health content
• Other health information as necessary, per the areas prioritized by COMM and/or MoH</td><td>Enabling skills
• Facilitation skills</td></tr>
<tr><td colspan="2">Course section and learning objective: Phase 1: Pre-event reading and homework
1. To understand and be able to explain to COMM members the factual health information related to the '7-11' MNCH practices</td></tr>
</table>

<table>
<tr><th colspan="2">Competency 2
Appropriately engage COMM within context of local community health systems</th></tr>
<tr><td colspan="2">Behaviours:
• Identify the appropriate administrative level at which to carry out COMM programming
• Identify the appropriate group through which to carry out COMM programming
• Assist COMMs to clarify their roles and relationships with CHWs per MoH guidelines
• Assist COMMs to identify local health stakeholders for linkages and networking
• Assist COMMs to maximize relationships with health facilities and MoH staff
• Appropriately integrate COMM programming into overall 7-11 programming</td></tr>
<tr><td>Enabling knowledge
• Knowledge of community health groups and stakeholders
• Understanding of MoH policy and guidelines vis-à-vis health committees and CHWs, and/or other health volunteers
• Understand the 'fit' of COMM programming within the overall 7-11 framework</td><td>Enabling skills
• Brokering relationships among stakeholders
• Analytical skills</td></tr>
<tr><td colspan="2">Course section and learning objectives: Phase II: Classroom - Unit 1
1. To understand the COMM model in overview, and how it fits in the overall '7-11' framework
2. To know which groups in the country are the COMM and at which administrative level (community, district or other) they operate
3. To understand the programming components of the COMM model in the country, to include COMM involvement in local-level advocacy initiatives and with community health workers</td></tr>
</table>

Competency 3
Carry out appreciative organizational assessments

Behaviours:

- Clarify the COMM's roles and responsibilities per local context
- Assist COMMs in identifying their strengths, assets and capabilities
- Assist COMMs in assessing capacity gaps to fulfil roles and responsibilities
- Develop capacity building plans with COMMs, to including sequencing and timeframe

Enabling knowledge	**Enabling skills**
• Definitions of capacity, distinctions between technical and organizational capacity, and WV's 'To Be', 'To Know', 'To Do' and 'To Relate' capacity categories • MoH guidelines for roles and responsibilities of community health groups, if any • Resources available for COMM capacity building	• Facilitation skills

Course section and learning objectives: Phase II: Classroom - Unit 2, and Phase III: Practicum

1. To know the structure and sequence of the Facilitator's Manual for training COMMs
2. To be able to explain the uses of the term 'capacity', to include 'organisational' and 'technical' capacity, and to explain the agreed usage of 'To Be', 'To Know', 'To Do' and 'To Relate' used in this program
3. To understand and be able to carry out the process of assessing COMMs and developing individualized capacity building plans for them
4. To be able to identify the various resources available for COMM capacity building and appropriately match resources to the capacity areas that they address

Competency 4
Assess root-cause determinants of health
(For programmes carrying out Session 3b: Root-cause Analysis –robust version)

Behaviours:

- Present national and local health statistics to COMMs and assist in identifying main health issues
- Explain and ensure that COMMs understand the concept of barriers to behaviour change
- Assist COMMs to prioritize health issues for investigation
- Train and mentor COMMs to carry out focus group discussions (FGDs) and key informant interviews (KIIs)
- Assist COMMs to identify most vulnerable populations for inclusion in research
- Assist COMMs to analyse data from FGDs and KIIs to understand root causes of prioritized health issues, and categorize by appropriate level of response

Enabling knowledge	**Enabling skills**
• Country-specific health statistics and issues • Concepts of behaviour change communication (BCC), barriers to behaviour change, health determinants, doer/non-doer analysis • Country-specific socio-cultural norms	• Facilitation skills • Focus group discussions (FGDs) • Data collection and analysis

Course section and learning objectives: Phase II: Classroom - Unit 3, and Phase III: Practicum

1. To understand the content and be able to use the Facilitator's Manual to train and support COMMs in carrying out a root cause analysis of health issues in the community
2. To gather, present and analyse health data
3. To demonstrate effective FGD techniques

Competency 5
Plan and carry out COMM capacity building

Behaviours:

- Agree and coordinate logistics with program staff and COMM members
- Prepare all necessary training materials
- Use effective adult learning and facilitation skills to carry out the selected sessions of the *Facilitator's Manual for Community Health Committees (COMMs)*
- Ensure participant understanding and skills attainment through appropriate forms of verification

Enabling knowledge	**Enabling skills**
• Local protocols for community events • The content of the Facilitator's Manual • Country-specific CHW program details; e.g. incentive system, referral system, supplies, supervision (for Session 2) • Indicators tracked by CHWs and/or local health facilities (for Session 5) • Country-specific CHW data collection and aggregation mechanisms (for Session 5)	• Facilitation skills • Planning, organization and time management • Basic bookkeeping (for Session 4)

Course section and learning objective: Phase II: Classroom - Unit 3, and Phase III: Practicum

1. To understand and be able to use the Facilitator's Manual to train and support COMMs with health-specific capacity building (per the plans developed in the appreciative organisational assessment).

Competency 6
Monitor COMM programming activities and results

Behaviours:

- Create a COMM program 'logframe' based on the specific in-country programming components
- Complete Monitoring Tool A for all training sessions carried out with COMMs and submit quarterly to identified individual for data input
- Train COMMs in the use of Monitoring Tool C, and collect (a copy) from each COMM quarterly. Submit to identified person for data input
- Periodically support/mentor COMMs as they carry out their activities, and complete Monitoring Tool D
- Receive aggregated monitoring data and make programming adjustments as needed
- Share pertinent aggregated monitoring data with COMMs

Enabling knowledge	**Enabling skills**
• Monitoring and evaluation systems, including logical frameworks ('logframes') and indicators	• Basic data analysis • Mentoring skills

Course section and learning objectives: Phase II: Classroom - Unit 4, and Phase III: Practicum

1. To be able to distinguish among the different levels of monitoring (input, activities, output, outcome) and correctly identify those responsible for achieving each level in COMM programming
2. To be able to accurately complete the monitoring forms for which facilitators are responsible.
3. To understand the minimum standards for COMM programming

SUMMARY OF COMM TOF LEARNING OBJECTIVES

GENERAL OBJECTIVES

1. To understand and be able to explain to COMMs the factual health information related to the 7-11 maternal, newborn and child health (MNCH) practices.
2. To understand the COMM model in overview, and how it fits in the overall 7-11 framework.
3. To know which groups in the country are the COMM and at which administrative level they operate.
4. To understand the programming components of the COMM model in the country, to include COMM involvement in local-level advocacy initiatives and with community health workers (CHWs) and other community health volunteers.
5. To know the structure and sequence of the *Facilitator's Manual for Community Health Committees (COMMs).*
6. To be able to explain the uses of the term 'capacity', to include 'organisational' and 'technical' capacity, and to explain the agreed usage of 'to be', 'to know', 'to do' and 'to relate' used in this programme.
7. To understand and be able to carry out the process of assessing COMMs and developing individualised capacity-building plans for them.
8. To be able to identify the various resources available for COMM capacity building and appropriately match resources to the capacity areas that they address.
9. To understand the content and be able to use the *Facilitator's Manual for Community Health Committees (COMMs)* to train and support COMMs with health-specific capacity building (per the plans developed in the appreciative organisational assessment).
10. To be able to distinguish among the different levels of monitoring (input, activities, output, outcome) and correctly identify those responsible for achieving each level.
11. To be able to accurately complete the monitoring forms for which they are responsible
12. To understand the minimum standards for COMM programming.

ADDITIONAL OBJECTIVES FOR ROBUST ROOT-CAUSE ANALYSIS

1. To be able to use the *Facilitator's Manual for Community Health Committees (COMMs)* to train and support COMMs in carrying out a root-cause analysis of health issues in the community.
2. To gather, present and analyse health data.
3. To demonstrate effective focus group discussion (FGD) techniques.

6. Participant Homework

Homework Instructions for the Trainer

Overview

Total Percentage

Homework (including the in-class 10 minute session) makes up 20 per cent of the participants' overall grade.*

Competency

Competency 1: Transmit factual health information to community groups and members

Learning Objective Assessed

- To understand and be able to explain to COMMs the factual health information related to the 7-11 maternal, newborn and child health (MNCH) practices

*The homework makes up 15 per cent of the overall grade in ToFs that include the robust root-cause analysis.

Discussion

There is no closed-book test of the participants' retention of the 7-11 health information. This is intentional, as it is not productive in this case to 'teach to a test' or to force participants to memorise the information. When working with COMMs they will always have the *Facilitator's Guide to 7-11 Health Information* to refer to if needed.

Of more importance is to assess whether the participants can investigate and find out the contextual information for their country per Ministry of Health guidelines and policies, so as to be prepared to answer such questions specifically. You will also assess their preparation in developing a learning session, and their competence at simulating the activity and transmitting the information.

Homework Scoring Key

Item	Scoring Key
Timeliness of homework submission: total possible points	**10 points**
If homework questions sent two weeks prior to classroom event……	10 points
If homework questions submitted on first day of classroom event…..	5 points
If homework questions submitted before the end of the classroom week….	2 points
Homework question scoring	**55 points**
Correct answers: 5 points each x 11 questions = maximum: • Note: Trainers must find out the answers to the questions per the country where the ToF is being held in order to mark the questions	55 points
In-class 10 minute session scoring	**35 points**
Session preparation (participant is prepared)	5 points
Facilitation skills	10 points
Content mastery	20 points

Record Scores

Print one copy of Annex B-10, COMM Training of Facilitator Result, for each participant. Enter the homework scores in the appropriate boxes.

COMM ToF Homework Instructions for the Participant

1. Print the *Facilitator's Manual for Community Health Committees (COMMs)*

Print the complete package of materials sent to you by the trainer, bind and bring with you to the classroom:

- Overview for the Facilitator
- Appreciative Discovery (Light Assessment)
- Introduction to 7-11 Health Content and 360 Degrees of Support for Behaviour Change
- Session 1: Linkages and Networking
- Session 2: Supporting Community Health Workers (CHWs)
- Session 3a: Root-Cause Analysis (light version) Or:
- Session 3b: Root-Cause Analysis (robust version)
- Session 4: Responding to Health Issues and Barriers, and Mobilising for Action
- Session 5: Tracking Community Health Status
- Session 6: Reporting Community Health Status
- Companion Document: *Facilitator's Guide to 7-11 Health Information*.

2. Read

You will not read the full package of materials. Read the following prior to the classroom:

- Overview for the Facilitator
- Introduction to 7-11 Health Content and 360 Degrees of Support for Behaviour Change
- Companion Document: *Facilitator's Guide to 7-11 Health Information*.

3. Answer Homework Questions

Answer the questions on the next page and return to your trainer **no later than two weeks prior** to the classroom event.

4. Prepare Session

You will be given 10 minutes during the classroom training to facilitate a question and answer session based on the information in one of the sections of the *Facilitator's Guide to 7-11 Health Information*. Your trainer will assign a section to you (such as Pregnant Woman Intervention 1 or Child Intervention 5, for example). The other class members will play the role of COMM members, and they may ask you questions. You can use your manual(s) as needed during the session, just as if you were working with an actual COMM. It is up to you how you carry out your session, either as a straight question and answer session, a game, group work, or something else. But remember, you will only have 10 minutes. Be prepared!

5. Ask Questions

Do you have any questions about the material you have read? Please forward any questions to your trainer no later than two weeks prior to the event, so that they may be handled during the class.

HOMEWORK QUESTIONS

Refer to the *Facilitator's Guide to 7-11 Health Information* for general information regarding the topics referred to in the questions below, and then investigate to find out the specific answers for your country. You may need to ask your supervisor, a clinic staff or other colleagues. You can write answers on a separate page or type directly into the electronic copy. Return to your trainer **no later than two weeks prior** to the classroom event.

1. Find out what the food groups are in your country and give at least two examples of common local foods for each group.

2. Find out where people in the communities you are (or will be) working usually get their salt. Try to find out if this source of salt is iodized. Provide this information below.

3. Are any foods in your country fortified with iron? If so, which?

4. Find out what the Ministry of Health (MoH) guidelines are in your country for iron-folate tablets for pregnant women. How frequently does the MoH recommend that pregnant women take these tablets?

5. Find out what the MoH guidelines are for IPTp for pregnant women.

6. Find out what the MoH guidelines are for Tetanus vaccination for pregnant women.

7. Find out what the MoH guidelines are for deworming for pregnant women and children.

8. Find out what the MoH guidelines are for vitamin A and iron supplements for children.

9. Find out what kind of family planning methods are usually available in the health facilities servicing the communities where you work.

10. Does the MoH have policies for any of the following in your country?
    - Misoprostol for post-partum haemorrhage
    - Chlorhexidine for cord care
    - Community Case Management (CCM) (this means a policy allowing Community Health Workers to diagnose and treat certain common illnesses)
    - Zinc treatment for diarrhoea
    - Community Management of Acute Malnutrition (CMAM).

11. What is the procedure for birth registration in your country?

7. Participant Satisfaction Evaluation: Daily, and End of Event

Participant Daily Feedback Form
1. What issues presented today still remain confusing or unclear?
2. Which topics are most useful?
3. It would help me if you would:
4. The pacing of the programme is: ☐ Just Right ☐ Too Slow ☐ Too Fast
5. The degree of involvement of participants is: ☐ Just Right ☐ Not Enough ☐ Too Much
6. One item that is very important for me that you should cover tomorrow is:
7. Comments

Evaluation of COMM Training of Facilitators (ToF) – for End of Classroom Event					
Circle one rating number for each item	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
1. The programme objectives were clear.	1	2	3	4	5
2. The objectives were achieved.	1	2	3	4	5
3. The pre-event homework exercise was valuable preparation for this training.	1	2	3	4	5
4. The mix of small-group work, large-group sessions and exercises in this training was just about right.	1	2	3	4	5
5. I feel prepared to work with COMMs using the Facilitator's Manual.	1	2	3	4	5
6. Overall, what I learned in this training will be useful in my work.	1	2	3	4	5
7. The training materials are easy to use.	1	2	3	4	5
8. The trainers have a good grasp of the training content.	1	2	3	4	5
9. The trainers show good ability to inform, hold interest and get concepts across.	1	2	3	4	5
10. The time allotted for this training was just about right.	1	2	3	4	5
Which of the following might keep you from using the skills you learned? (Check all that apply) ☐ I still do not feel prepared ☐ My Manager or national office management do not agree with my carrying out COMM programming ☐ There isn't strong enough support or commitment within the MoH for COMM programming ☐ I don't have sufficient budget to carry out COMM programming at this time ☐ If I carry out COMM programming, I won't meet my other performance objectives ☐ Other:					
The overall rating I would give this training is:	Not useful ☐	Useful ☐	Very useful ☐	Extremely useful ☐	

Comments:

8. Classroom Written Test and Scoring

Note: The test itself and the test answers (scoring key) are not included in this manual. They will be distributed separately to trainers during their ToT.

Overview

Total Percentage

The written classroom test makes up 40 per cent of the participants' overall grade.*

Competencies

Competency 2: Appropriately engage COMMs within the context of the community health systems
Competency 3: Carry out appreciative organisational assessments and capacity-building plans
Competency 5: Plan and carry out COMM capacity building
Competency 6: Monitor COMM programming activities and results

Learning Objectives Assessed

- To know which groups in the country are COMM and at which administrative level they operate
- To understand the programming components of the COMM model in the country, to include COMM involvement in local-level advocacy and with community health workers as relevant
- To know the structure and sequence of the Facilitator's Manual for training COMMs
- To be able to explain the uses of the term 'capacity', to include 'organisational' and 'technical' capacity, and to explain the agreed usage of 'to be', 'to know', 'to do' and 'to relate'
- To understand (and be able to carry out) the process of assessing COMMs and developing individualised capacity-building plans for them
- To understand the content of (and be able to use) the Facilitator's Manual to train and support COMMs with health-specific capacity building
- To be able to distinguish among the different levels of monitoring (input, activities, output, outcome) and correctly identify those responsible for achieving each level

Instructions

Make copies of the test you received during your ToT and give participants one hour to complete it. Use the scoring key also provided to you to calculate the scores, out of a possible 100. It is a good idea to have two scorers per participant (two trainers) and then average the two scores in order to minimise any potential trainer bias.

As an alternative, you may decide to administer the test as an oral exam, dividing participants into groups; each group with a trainer. The trainer will pose the questions to be answered by the team. All participants must contribute. You will not get as exact a score in this way, but it may be more acceptable to professional staff who may object to formal testing. Give an individual score to each participant per their contributions and answers, with written comments to back your decisions.

Record Scores

Enter the written test score in box B5 in Annex B-10, Version A. Multiply by 0.4 and enter the result in box D5. Note, use Version B in Annex B-10 for those ToFs that include the robust root-cause analysis. Boxes and multiplication factor will differ.

Enter the overall classroom results for all participants in Annex B-2, IL&D Data Form, row 15. A 'pass' for the classroom event is achieved with a score of 70 or more in both the homework and written test, for ToFs not including the robust root-cause analysis.

** The written test makes up 30 per cent of the overall grade in ToFs that include the robust root-cause analysis.*

ADDITIONAL ASSESSMENT FOR TOFS THAT INCLUDE THE ROBUST ROOT-CAUSE ANALYSIS

I. ADDITIONAL WRITTEN TEST QUESTIONS

Only use this assessment in ToFs that include the robust root-cause analysis.

OVERVIEW

TOTAL PERCENTAGE

The written classroom test makes up 30 per cent of the participants' overall grade in ToFs including the robust root-cause analysis.

COMPETENCY

Competency 4: Assess root-cause determinants of health

LEARNING OBJECTIVES ASSESSED

- To understand the content and be able to use the Facilitator's Manual to train and support COMMs in carrying out a root-cause analysis of health issues in the community
- To gather, present and analyse health data

INSTRUCTIONS

There are five additional questions in the written test for ToFs that include the robust root-cause analysis. You were provided with these additional test questions and the corresponding scoring guidance during your ToT.

You can administer the total 15-question test all at once, but you should allow 90 minutes rather than 60 minutes for participants to write.

The 15 questions are worth 6.66 points each. Use the scoring guidance and calculate scores accordingly. A passing score for the written test is 70 or higher**.** Again, it is good to have two scorers (trainers) per participant, and to take the average of the two scores to minimise possible trainer bias.

RECORD SCORES

Use Annex B-10, Version B. Enter the written test score in box B6. Multiply by 0.3 and enter the result in box D6.

II. Supplementary Classroom Skills Assessment

Only use this assessment in ToFs that include the robust root-cause analysis.

Overview

Total Percentage

Focus group discussion (FGD) skills assessment makes up 25 per cent of participants' overall grade, in those ToFs including the robust root-cause analysis.

Competency

Competency 4: Assess root-cause determinants of health

Learning Objective Assessed

- To demonstrate effective FGD techniques

Instructions

Print one copy of the tool on the next page for each participant. You will assess the participants' skills at carrying out a focus group discussion through a simulation exercise.

Instructions for carrying out the simulation are found in Phase 2: Wrap Up, Test, (Skills Assessment), Closing.

While you as trainer can be the only assessor, you may also want to involve other participants in assessing their colleagues. In that case, provide copies of the tool to the participants and give instructions for filling it in. You should decide if your scores should be weighted higher than the scores given by the participants, or if you will maintain equal weighting of scores.

Calculating Scores

The maximum possible score is 20. Multiply the score by 5 to get a final score out of 100. A score of 70 or higher is needed to pass the focus group discussion skills assessment.

Record Scores

Use Annex B-10, Version B. Enter the FGD Skills Assessment score in box B5. Multiply by 0.25 and enter the result in Box D5.

Enter final classroom results for all participants in Annex B-2, IL&D Data Form, row 15 when you have completed both the written test and the skills assessment. A 'pass' for the classroom event is achieved with a score of 70 or higher in the homework, the written test, and the FGD skills assessment.

III. FGD Skills Assessment Tool

Only use this assessment in ToFs that include the robust root-cause analysis.

Participant Name: _____

0 = not done, or done incorrectly
1 = action is done correctly to some extent
2 = action is done correctly and well

	Assigned Topic: **Name of Assessor:**		**Total Score**	
	Item	Circle score for each item		
1	Explains the purpose of the focus group discussion and explains that all information is confidential	0	1	2
2	Obtains informed consent from all participants (including allowing participants to leave if they do not wish to participate)	0	1	2
3	Maintains neutrality – does not show signs of agreeing or disagreeing with answers	0	1	2
4	Does not give advice or information, and does not answer technical questions (unless there is a life-threatening situation)	0	1	2
5	Demonstrates excellent listening skills	0	1	2
6	Ensures that the discussion does not become dominated by only 1 or 2 people	0	1	2
7	Is effective at drawing out the quieter participants	0	1	2
8	Asks probing and follow up questions appropriately	0	1	2
9	Identifies barriers	0	1	2
10	By the end, has effectively gathered information enabling a good understanding of the issues	0	1	2
	Comments			

9. Practicum Skills Assessment

Overview

Total Percentage

The average of all the skills scoring during the practicum will give the score for the Phase 3: Practicum. The Practicum makes up 40 per cent of the participant's overall grade.*

Competencies

Competency 3: Carry out appreciative organisational assessments and capacity-building plans
Competency 4: Plan and carry out COMM capacity building

Learning Objectives Assessed

- To know the structure and sequence of the *Facilitator's Manual for Community Health Committees (COMMs)*
- To be able to identify the various resources available for COMM capacity building and appropriately match resources to the capacity areas that they address
- To understand and be able to carry out the process of assessing COMMs and developing individualised capacity-building plans for them
- To understand the content and be able to use the Facilitator's Manual to train and support COMMs with health-specific capacity building, per the plans developed in the appreciative discovery

Instructions

Print copies of the tool on the next page for each participant. Fill out one section each time the participant facilitates or co-facilitates a session or activity during the practicum.

While you as trainer can be the only assessor, you may also want to involve other participants in assessing their colleagues. In that case, provide copies of the tool and give instructions for filling it in. You should decide if your scores should be weighted higher than the scores given by the participants, or if you will maintain equal weighting of scores.

Scoring Key

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

Calculating Scores

The maximum possible score for any one session or activity is 20. Take the average of all the scores for all the sessions assessed to get a final score out of 20. Multiply that result by 5 to get a final score out of 100. A score of 70 or higher is needed to pass the practicum.

Record Scores

Enter the final practicum score (out of 100) in box B6 in Annex B-10, Version A. Multiply by 0.4 and enter the result in Box D6. Note, use Version B in Annex B-10 for ToFs including robust root-cause analysis. Boxes and multiplication factor will differ. Enter final results for all participants in Annex B-2, IL&D Data Form, row 18.

**The Practicum makes up 30 per cent of the overall grade in ToFs including the robust root-cause analysis.*

PARTICIPANT PRACTICUM SKILLS ASSESSMENT TOOL

Participant Name: _____

	Session or Activity **Name of Assessor**					**Total Score**
	Item	Circle score for each item (5 = highest)				
1	Mastery of content	1☹	2	3😐	4	5☺
2	Gets content across effectively	1☹	2	3😐	4	5☺
3	Facilitates participation and interaction	1☹	2	3😐	4	5☺
4	Positive communication (respect, body language, patience, smiling, listening)	1☹	2	3😐	4	5☺
	Comments:					

	Session or Activity **Name of Assessor**					**Total Score**
	Item	Circle score for each item				
1	Mastery of content	1☹	2	3😐	4	5☺
2	Gets content across effectively	1☹	2	3😐	4	5☺
3	Facilitates participation and interaction	1☹	2	3😐	4	5☺
4	Positive communication (respect, body language, patience, smiling, listening)	1☹	2	3😐	4	5☺
	Comments:					

10. COMM Training of Facilitator Result Sheets

Version A: Not Including Robust Root-Cause Analysis

Name of Participant: _____

Name of Trainer: _____

Participant Scores

		B	C	D
1	**Part 1: Total Homework** (20 per cent)		Multiply by 0.2	
2	Timeliness *(total points possible = 10)*			
3	Questions *(total points possible = 55)*			
4	In-class session *(total points possible = 35)*			
5	**Part 2: Written Test** (40 per cent)		Multiply by 0.4	
6	**Part 3: Practicum** (40 per cent)		Multiply by 0.4	
7			**Final Score**	

Instructions

1. Enter the homework scores achieved for timeliness, questions, and in-class session in boxes B2, B3 and B4.
2. Add B2, B3 and B4 and enter the total in B1. Total possible score for B1 = 100
3. Multiply B1 by 0.2 and enter the result in D1
4. Enter the score for the written test in B5
5. Multiply B5 by 0.4 and enter the result in D5
6. Enter the score for the practicum in B6
7. Multiply B6 by 0.4 and enter the result in D6
8. Add D1, D5 and D6 and enter the score in D7. Total possible score for D7 = 100

Results

Above 80: Certified COMM Facilitator, highly commended

From 70–79: Certified COMM Facilitator

Below 70: Not certified at this time; further practicum experience required

COMM TRAINING OF FACILITATOR RESULT SHEET

VERSION B: INCLUDING ROBUST ROOT-CAUSE ANALYSIS

Name of Participant: _____

Name of Trainer: _____

		B	C	D
1	**Part 1: Total Homework** (15 per cent)		Multiply by 0.15	
2	Timeliness *(total points possible = 10)*			
3	Questions *(total points possible = 55)*			
4	In-class session *(total points possible = 35)*			
5	**Part 2: FGD Skills Assessment** (25 per cent)		Multiply by 0.25	
6	**Part 3: Written Test** (30 per cent)		Multiply by 0.3	
7	**Part 4: Practicum** (30 per cent)		Multiply by 0.3	
8			**Final Score**	

Instructions

1. Enter the homework scores achieved for timeliness, questions, and in-class session in boxes B2, B3 and B4.
2. Add B2, B3 and B4 and enter the total in B1. Total possible score for B1 = 100
3. Multiply B1 by 0.15 and enter the result in D1
4. Enter the score for the FGD skills assessment in B5
5. Multiply B5 by 0.25 and enter the result in D5
6. Enter the score for the written test in B6
7. Multiply B6 by 0.3 and enter the result in D6
8. Enter the score for the practicum in B7
9. Multiply B7 by 0.3 and enter the result in D
10. Add D1, D5, D6 and D7 and enter the score in D8. Total possible score for D8 = 100

Results

Above 80: Certified COMM Facilitator, highly commended

From 70–79: Certified COMM Facilitator

Below 70: Not certified at this time; further practicum experience required

11. Action Plan for Applying Learning on the Job

Action Plan for the COMM Training of Facilitators Programme

Name: _____ **Job Title:** _____

Training Dates: _____ **Follow up Date:** _____

Trainer: _____

Instructions: At the end of the formal training, you will set objectives and make plans for carrying out COMM programming. The course objectives for applying learning on the job are listed below. You can also include objectives related to your personal development as a facilitator, or for your professional development as it relates to community work in general!

You will implement the plan over a six to nine month period in your work setting. Your trainer will be available to assist you with questions as needed; to mentor you as you begin to apply your learnings. At the end of the period, you will be asked to return your completed Action Plan so that your documented achievements can be kept on record.

Objectives for Applying Learning on the Job

1. To understand and be able to explain to COMMs the factual health information related to the 7-11 maternal, newborn and child health (MNCH) practices
2. To understand and be able to carry out the process of assessing COMMs (appreciative discovery) and developing individualised capacity-building plans for them
3. To understand the content and be able to use the *Facilitator's Manual for Community Health Committees (COMMs)* to train and support COMMs with health-specific capacity building (per the plans developed in the appreciative discovery)
4. To be able to complete the monitoring forms for which I am responsible
5. To use effective facilitation skills when carrying out trainings and activities with COMMs

My own objective: (How would I like to grow?) ☺

My own objective: (How else would I like to grow?) ☺

(Action Plan for Applying Learning on the Job continued)

Specific Steps
1.
2.
3.
4.
Comments and Results (to be completed at end of the period) • What have you done? • How much progress have you made? • What are you going to do next? • What have been your important lessons learned?

Signature: _____

Manager's Signature: _____

12. Final ToF Programme Questionnaire

Questionnaire for COMM Training of Facilitators Programme

Listed below are the on-the-job objectives of the COMM training programme, with space for your personalised objectives as well. After reflecting on the programme, please indicate your degree of success in achieving these objectives.

Objectives for Applying Learning on the Job	No success	Very little success	Limited Success	Generally Successful	Completely Successful
1. To understand and be able to explain to COMMs the factual health information related to the 7-11 MNCH practices	☐	☐	☐	☐	☐
2. To understand and be able to carry out the process of assessing COMMs (appreciative discovery) and developing individualised capacity-building plans for them	☐	☐	☐	☐	☐
3. To understand the content and be able to use the *Facilitator's Manual for Community Health Committees (COMMs)* to train and support COMMs with health-specific capacity building	☐	☐	☐	☐	☐
4. To accurately complete the COMM monitoring forms	☐	☐	☐	☐	☐
5. To use effective facilitation skills when carrying out trainings and activities with COMMs	☐	☐	☐	☐	☐
My own objective 1:	☐	☐	☐	☐	☐
My own objective 2:	☐	☐	☐	☐	☐

1. Did you implement an on-the-job Action Plan as part of the COMM training programme? _____

   If yes, please complete and return your Action Plan with this questionnaire.

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

   _____

   _____

   _____

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

   _____

   _____

   _____

4. Any other comments (continue on back if needed)

FOR FURTHER INFORMATION

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