

# Reporting

Summary Report

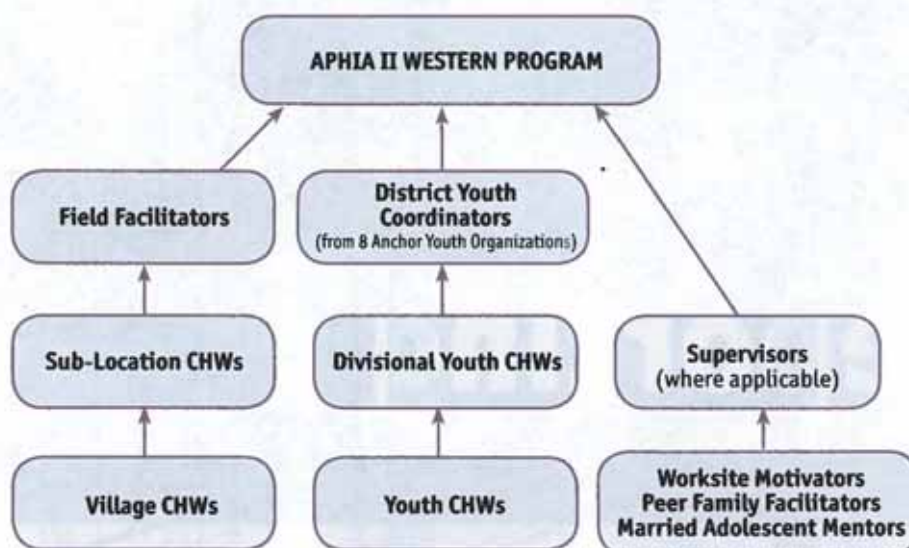
Dialogue

Training Register

No.	Name	Title	Org/Company	Days Attended	Comments
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

## Reporting mechanism: Who reports to who?

The chain of reporting looks like this:



### Why report?

It is important to monitor the reach and impact of the programs within each community, not only to measure success but also to understand areas that may need improvement. The APHIA II Western program is also required to report about its programming to the donor, USAID, on a regular basis. This requires all volunteers and staff to complete monthly reporting forms about their activities.

### When do we report?

1. Every month Village CHWs & Youth CHWs will have informal meetings with those CHWs residing in the same sub-location. The purpose of this meeting is to share ideas, discuss problems and generally support one another. The group can choose the meeting time and place, as well as the facilitator for the meeting. No supervisors need to be present.
2. Every S/L CHW and Divisional Youth CHW will supervise approximately 20 Village CHWs or Youth CHWs. Once a month, these supervisors will conduct a formal meeting with their group of CHWs. During this meeting, monthly summary reports from CHWs will be submitted, discussion of problems or concerns, sharing of experiences or new ideas/activities and additional training will take place.
3. S/L CHWs will then attend a monthly meeting with the Field Facilitators. Divisional Youth CHWs will attend a monthly meeting with the District Youth Coordinators. During this meeting, monthly summary reports from S/L CHWs or Divisional Youth CHWs will be submitted, discussion of problems or concerns, sharing of experiences or new ideas/activities and additional training will take place.
4. Field Facilitators will then attend a monthly meeting with the APHIA staff. District Youth Coordinators will attend a monthly meeting with APHIA staff. Sometimes these meetings may occur together. During these meetings, monthly summary reports from the Field Facilitators and the District Youth Coordinators will be submitted for data entry at APHIA, discussion of problems or concerns, sharing of experiences or new ideas/activities and additional training will take place.

*All of these feedback meetings will take place towards the end of each month and in successive order so that feedback occurs up the chain in a timely fashion on a monthly basis.*



## What are the reporting forms?

The forms that will be used include:

1. Training Register
2. Dialogue Group Profile Form
3. Dialogue Group Reporting Form
4. CHW or Facilitator Monthly Summary Form
5. Success Story Nomination
6. Sub-location or Divisional Youth CHW Monthly Summary Form

## 1. TRAINING REGISTER

### When do you use this form?

The training register form should be completed any time a training workshop is conducted. A training workshop is an intensive review or study of concepts, technical information and knowledge. It could also include building specific skills. Training could take place over 1 day or several days depending on the need. A training workshop is different from a dialogue or discussion group. Potential trainings could occur with women's groups, VHCs, Sub-location CHWs, Divisional Youth CHWs, Village CHWs, Youth CHWs, facility management committees and sub-location health coordinating committees and cover topics like the CHWs manual, action planning or resource mobilization.

### Who fills out this form?

The person(s) who facilitates training under the guise of APHIA II Western should fill out this form. The form should be given to your supervisor directly after the training.

### How do you fill out this form?

At the top of the document, the training facilitator should complete the following information:

TRAINING REGISTER												
Training Course: _____			Dates of Training: _____ to _____			Total no. days: _____						
Topics Covered: _____			Names of Trainers: _____									
Location (venue, u/L district): _____												
Name	Title	Org/Company	Days Attended (Provide initials for proof of attendance)									
			1	2	3	4	5	6	7	8	9	10

List the health content covered in the training, i.e., HIV prevention. Be as specific as possible.

Below these items is a register to capture the name, title, and organization of each individual trained, as well as a space for their initials each day they attend the training.

TRAINING REGISTER													
No.	Name	Title	Org/Company	Days Attended (Provide initials for proof of attendance)									
				1	2	3	4	5	6	7	8	9	10
19													
20													
21													
22													
23													
24													

## 2. DIALOGUE GROUP PROFILE FORM

### When do you use this form?

This form is completed during the first meeting of any dialogue group that intends to meet over an extended period of time. The purpose is to capture basic demographic information about participants in the group.

### Who fills out this form?

This form will be used by anyone who meets with a dialogue group. This will include S/L CHWs, Divisional Youth CHWs, Village CHWs, Youth CHWs, Peer Family Facilitators, Worksite Motivators, Married Adolescent Mentors, etc. Every dialogue group should have a profile form. For example, if a Village CHW has 5 dialogue groups, then he or she will complete 5 profile forms, 1 per group. This form should be given to your supervisor after it is completed.

### How do you fill out this form?

This form should be filled out during a one-on-one conversation with each participant in the dialogue group. Try not to collect this information during a general group session.

At the top, please fill out the following information:

**DIALOGUE GROUP PROFILE FORM**

Name of CHW/Facilitator: \_\_\_\_\_ Sublocation: \_\_\_\_\_

Name of Site (location/work site/institution): \_\_\_\_\_ Village: \_\_\_\_\_

Name or Type of Dialogue Group: \_\_\_\_\_ Total No. of People: \_\_\_\_\_

**Name of the Site:** location where the dialogue group is being held i.e., name of company, church, or institution.

**Name/Type of Dialogue Group:** Women's Group, Worksite, Peer Family, Married Adolescents, Networked group, etc.

List each person's name, age, sex and the highest level of education obtained (P=primary, S=secondary, T=tertiary).

List marital status (S=single, M=married or live-in long time partner, W=widowed), and number of living children.

No	Name	Age			Sex	Education Level			Marital Status			No. of living children	Employment					
		0-14 yrs	15-24 yrs	25+ yrs		P	S	T	S	M	W		Formal	Skilled Worker	Unskilled Worker	Farmer	Petty Trade	Domestic
1																		
2																		
3																		
4																		

☒ Check the most appropriate box for employment.

**Formal** = Permanent engagement at a workplace, preferably in an office with defined duties in relation to one's skills/profession, e.g., office workers, business owners, government officials;

**Skilled Worker** = Persons engaged in work related to their professional skills or training, i.e., artisan, pastor, counsellor, tailor, mechanic, truck driver;

**Unskilled Worker** = Persons with no professional skills or job tailored training, e.g., construction, labour, factory workers, security guard;

**Farmer** = People who grow crops;

**Petty Trade** = People working in a small-scale business or trading, e.g., hawkers, vegetable vendor, tea room, kiosks;

**Domestic** = People who work around a home, e.g., cook, maid, house girl/boy, garden help; or

**Not employed**

### 3. DIALOGUE GROUP REPORTING FORM

#### When do you use this form?

This form should be completed after every dialogue group discussion that is conducted.

It is a way to summarize what was discussed during the session, key questions asked, gaps of information, problems or challenges faced, as well as recommendations for improvements or new activities.

#### Who fills out this form?

This form is completed by anyone who is conducting regular dialogue groups with community members, e.g., Village CHW, Youth CHW, S/L CHW, Divisional Youth CHW, Peer Family Motivator, Worksite Facilitator, Married Adolescent Mentor, or other.

**Please note:** This form is designed to help a group facilitator or CHW take note of what happened during a dialogue group. These forms are **not** submitted to your supervisor, but rather used as reference and summarized at the end of the month in a Monthly Summary Report which is given to your supervisor.

#### How do you fill out this form?

This form should be filled out during and/or directly after the dialogue group discussion.

#### Top Section

At the top of this page fill in your name, district and date.

The diagram shows the top section of the form with the title "DIALOGUE GROUP REPORTING FORM" centered. Below the title are three fields: "Name:", "District:", and "Date:", each followed by a horizontal line for writing.

Next fill in:

The diagram shows the middle section of the form with three fields: "Name/Type of Dialogue Group:", "Sub-location:", and "Village:". Annotations with arrows point to each field: "Name or type of dialogue group, for example, Women's Group or Wamalwa Village Women's Group." points to the first field; "State the sub-location & village for that particular group." points to the second and third fields; and "Name the nearest health facility for the group." points to the "Nearest Health Facility:" field which is located below the first field.

List the topic you discussed with the dialogue group. Be as specific as possible. If you used a session guide from the CHW manual you could write for example – "Reproductive Health Chapter, Session 1" or you could just write "male and female reproductive health systems."

The diagram shows the bottom section of the form with two fields: "Topic/Chapter-Session:" and "Activities Used:", each followed by a horizontal line for writing.

Write the type of activity used during the discussion. Possible activities might include brainstorm, role play, story-telling, timeline, interactive game, quiz, true-false, figureheads, etc.



## Middle Section

This part of the page will help to capture what happened during the discussion group. Please fill in the following information:

**Key Issues Discussed/Questions Asked** Note some of the important things that were discussed by participants during your dialogue group, as well as some of the questions that were being raised.

**Questions Unanswered/More Information Needed** In this space list any questions that participants asked you, but you were unable to answer OR write down what additional information you need about a certain topic. Your supervisor will review this information and in a future meeting provide you with the information you require.

Key Issues Discussed / Questions Asked:

Questions Unanswered or More Information Needed:

Problems/Challenges Faced:

1  
2  
3  
4

Possible Solutions:

1  
2  
3  
4

Recommendations for Improvement / Suggestions for New Activities

### Problems/Challenges Faced & Possible Solutions

In this section, list any problems you faced during the dialogue group. Examples might include people not speaking, people talking out of turn, the group did not focus on the topic at hand, few people showed up to the meeting, one participant was rude to another, etc.

After you list the problem, write out a possible solution to the situation. If you don't know how to solve the problem you might write a solution that involves more training or guidance on facilitating groups or talking with fello CHWs.

This section is meant to help you in your work. What you write here will be reviewed by your supervisor and then he/she can speak with you directly about other possible solutions or tips for solving the problem in the future.

### Recommendations for Improvement/ Suggestions for New Activities

In this space, we would like you to share input on the participatory activities you conduct with the dialogue groups. What activities did not work very well and could use improvement? Please note any suggestions you have for how to improve an activity. Also, you may have created a new activity to do with the group. That is wonderful! Please explain the details in the report so that we can share this idea with other facilitators and CHWs.

## Bottom Section

Record the number of people who attended your discussion group by age and gender.

Total No. People Attending					
0-14 yrs		15-24 yrs		25+ yrs	
M	F	M	F	M	F

Referrals								
VCT	ART	PMCT	ANC	NAL	TB	FP	IMMUNIZATION	CONDOMS

Note the number of people you referred for services during this session. Referrals might happen during a group discussion or before or after a meeting during individual conversation. Please record any referrals you make to available services. In the condom column, write the number of condoms distributed.

## 4. CHW OR FACILITATOR MONTHLY SUMMARY REPORT

### When do you use this form?

This form should be completed at the end of each month and given to your supervisor. It is a summary report of all the dialogue groups you conducted during the month.

### Who fills out this form?

This form is completed by anyone who is conducting regular dialogue groups with community members, e.g. Village CHW, Youth CHW, Peer Family Motivator, Worksite Facilitator, Married Adolescent Mentor or other. (Please note S/L CHW and Divisional Youth CHW will fill out a different summary report.)

Youth CHWs and Village CHWs are paired to work together in 1 village. As a result, the 2 Youth CHWs in a given village should complete 1 form together and turn this summary report in to their supervisor. The 2 Village CHWs should also complete 1 form together and turn it in to their supervisor.

The person(s) filling out the form should use their Dialogue Group Reporting Forms to help complete this form. Essentially, the monthly summary report is a summary of the Dialogue Group Reporting Forms.

### How do you fill out this form?

This form is two pages. The first page is very similar to the Dialogue Group Reporting Form. Essentially, you should review your Dialogue Group Reporting Forms and combine all the information from those forms onto this Monthly Summary Report.

#### First Section

Fill in the name(s) of the CHW(s) or Facilitator(s) and month/year.

**CHW OR FACILITATOR MONTHLY SUMMARY REPORT**

Name of 2 CHWs or Facilitator(s): _____		Month/Year: _____				
We are or I am as: (circle one)	Village CHW(s)	Youth CHW(s)	Peer Family Facilitator	Worksite Motivator	Married Adol Mentor	Other
District:	S/L:	Village:	Organization (if applicable):			

Circle the type of facilitator you are.

Fill in the district, sub-location, village and organization (if applicable).

## Second Section

In the table fill in the following information using your Dialogue Group Reporting Forms:

No.	Group Name/Type	Topic	Total No. of Participants						Referrals									
			0-14 yrs		15-24 yrs		25+ yrs		VCT	ART	PMTCT	ANC	MAL	TB	FP	IMMUNIZ. STATUS	CONDOMS	
			M	F	M	F	M	F										
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
TOTALS																		

Fill in name or type of your dialogue group, (for example Women's Group or Wamalwa Village Women's Group) and topic. For each group list the total number of participants and referrals.

At the bottom of the table is a row for totals. Please add up all the numbers for each column and write in the total figure.

If you are a Village CHW you will report on 5 dialogue groups each month. Since 2 CHWs complete the form, there are 10 spaces – 5 per CHW. If you are another type of facilitator, you may not have 10 groups. You will probably have less. Fill in the lines for the appropriate number of groups you work with.

## Third Section

Summarizing from your Dialogue Group Reporting Forms, fill in the following information (See page 6 for detailed descriptions):

Key Issues Discussed / Questions Asked:	
Questions Unanswered or More Information Needed:	
Problems/Challenges Faced:	Possible Solutions:
1	1
2	2
3	3
4	4
Recommendations for Improvement / Suggestions for New Activities	



## Fourth Section

At the bottom of the second page, there is space to provide information about other activities you may have conducted during the month. This might include additional meetings you attended, health education talks or activities you organized. You may not have any extra activities to report. That's ok. However, Youth CHWs are required to conduct 2 activities a month with youth in their village. This is the space where they can report on that activity.

Other Activities Conducted <i>(This might include youth activities conducted in the village, additional health education talks or meetings, or other activities organized.)</i>	Name of Activity	Description	Total Number of Participants						
			0-14 yrs		15-24 yrs		25+ yrs		
			M	F	M	F	M	F	
Additional Comments:			Total						

At the bottom of the table is a row for totals. Please add up all the numbers for each column and write in the total figure.

## 5. SUCCESS STORY NOMINATION

APHIA II Western wants to capture stories of individuals or groups of people who have made positive, sustainable changes in their lives which impact their own health and that of their family. These stories will be used to demonstrate behaviour change that is occurring at the community level and also for magnification to a larger audience.

Magnification is presenting an individual who has changed behaviour to a larger audience so that many people can witness and celebrate the adoption of a positive behaviour. Seeing and listening to someone who has changed behaviour can motivate others to adopt a new behaviour, creating a multiplier effect. Magnification increases the target audience's awareness of their peers and other individuals who have successfully changed their behaviour. It is called magnification because the successful behaviour change of a few people is magnified to reach many people. Through magnification, the benefits of that change are shared or demonstrated with the target audience, which can lead to behaviour change.

Individuals who have adopted a new behaviour, have been able to sustain it, and are willing to promote the behaviour in their community are ideal success story candidates.

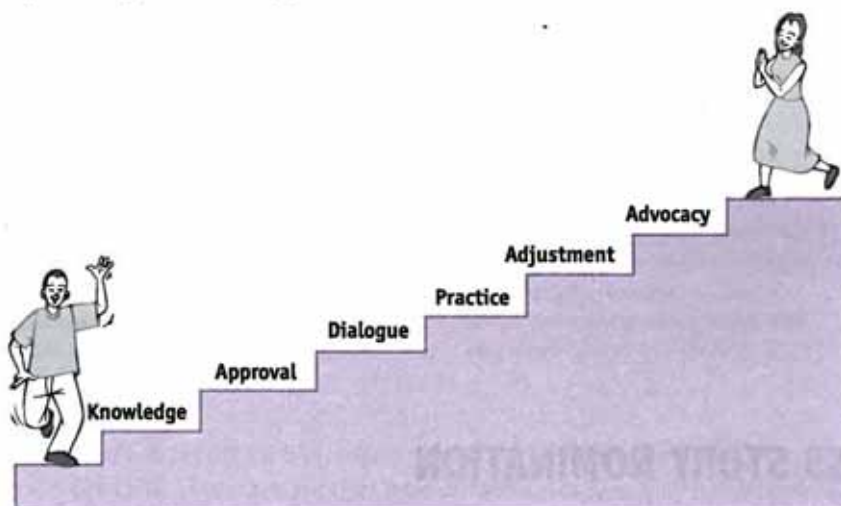
### What qualifies as a success story?

A success story should be about an individual or family who:

- Adopted a new healthy behaviour or changed an old behaviour for a positive result
- Who made an actual change
- Shows evidence of success or positive impact
- Has practiced the changed behaviour over time
- Whose changed behaviour has had an impact on him/herself and potentially other people
- Whose changed behaviour was made with much thought (a conscientious decision)
- Whose behaviour can or has been replicated

Changing behaviour is something that each of us does as a human being. Changing behaviour can be something as simple as eating a new food or it can require more time and effort such as trying to lose weight. We all change behaviour at different times for different reasons. Speaking with one person or listening to/watching a program may trigger a change. Other times, behaviour change takes longer and requires the person to process more information, consider the options and then decide whether or not the change is appropriate for him/her.

There are many theories about behaviour change and how a person goes through this process. What's most important for a success story is identifying someone who has passed through various stages of change and can now be considered practicing or advocating for the new behaviour.



At the **knowledge** state, someone is aware of the practice, understands how it works and can name products, methods, and other practices.

During the **approval** stage a person has a favourable attitude towards the practice. The person thinks the practice works and thinks it is doable. The individual also thinks family, friends and community approve of the practice.

At the **dialogue** step, the person has recognized that the practice or behaviour can meet a personal need. He or she might consult an expert or health care provider. The person might also discuss the behaviour with family members or friends.

Now the person begins to **practice** the new behaviour.

Sometimes, an **adjustment** period is required. The person might experience new challenges as a result of new practice and so they might seek support from friends, other adopters or health care providers to cope. During this period, the person has generally adopted the new behaviour.

Finally, the individual begins **advocacy** for the new behaviour. The person has experienced and acknowledges the benefits of practice, so he/she advocates the practice to others and supports programs in the community.

**Success story nominations should focus on people who are practicing, adjusting and advocating for the new behaviour. Anyone who has not reached those stages should not be considered a success story.**

### When do you use this form?

This form should be used when you feel there is someone in your dialogue groups who has adopted a new healthy behaviour or changed their behaviour for a positive impact. You do not have to nominate someone every month. A person's success occurs over time and requires that you know the person well. You should only fill out this form when you feel you have a strong candidate to nominate. If you have more than 1 candidate to nominate in a month, please fill out additional forms and submit them to your supervisor.



## Who fills out this form?

Anyone who is working with dialogue groups on a regular basis can fill out this form and submit it to their supervisor. This includes Village CHWs, Youth CHWs, S/L CHWs, Divisional Youth CHWs, Field Facilitators, Peer Family Facilitators, Worksite Motivators, Married Adolescent Mentors, etc.

## How do you fill out this form?

Fill in the details for the candidate you are nominating for a success story as follows:

### Top Section

Write name of candidate, gender, age and district, sub-location and village where candidate lives.

Indicate telephone number and/or physical address of candidate.

#### SUCCESS STORY NOMINATION

Name of Candidate: Gender: M / F Age: District: S/L: Village:

Contact Information (Telephone/Physical address/directions):

Background/Description of situation:

What behavior was changed/What action was taken by individual:

How long has the person been practicing the new behavior?

0-1 month

2-6 months

6 mths-1 yr

1 yr +

Don't Know

Describe the story. What is the background or history of the situation?

Describe the specific change in behaviour and how they achieved this new behaviour, e.g. the person went from doing X to doing X by doing X.

Circle the length of time the person has practiced the new behaviour. The longer someone has been practicing the behaviour, the more likely he/she is to sustain it over time.

### Bottom Section

State who or what influenced this person to change their behaviour. Then describe any negative or positive consequences to the behaviour change either for the person or his/her family or friends.

Indicate if the person encouraged others to change their behaviour. If yes, explain how this person has encouraged others to change their behaviour and reference those people the person has interacted with (family, friends, community).

What/who influenced the behavior change?

How did this behavior change impact his/her life or those around him/her?

Has this person advocated or encouraged others to change their behavior?  
If so, how?

YES

NO

Don't Know

Is this person willing to share their experience at a public forum?

YES

NO

Don't Know

Why is this a success story? (check all that apply)

☐

Adopted/changed to a healthy behavior  
New behavior has been practiced over time  
Other

☐

Evidence of positive impact  
Encourages others to change behavior

Comments:

Name of CHW/Facilitator:

Name of Supervisor:

Is the person willing to speak about their behaviour change with others?  
Circle Yes, No, or Don't know.

Please tick all the reasons why you think this is a success story and then write any other comments you would like to share about the nomination and fill in your name and the name of your supervisor.



## 6. SUB-LOCATION CHW, DIVISIONAL YOUTH CHW OR SUPERVISOR MONTHLY SUMMARY REPORT

### When do you use this form?

This form should be completed at the end of each month by a S/L CHW, Divisional Youth CHW or other Supervisor. The purpose of this report is to summarize all the reports this person has received from the Village CHWs, Youth CHWs or Facilitators (Peer Family, Married Adolescent, Worksite) they supervise, as well as to summarize the dialogue groups and health education activities conducted during this month.

### Who fills out this form?

Sub-locational CHW, Divisional Youth CHW or Supervisors of other Facilitators.

### How do you fill out this form?

This form is two pages. The first page is very similar to the Dialogue Group Reporting Form. Please review your Dialogue Group Reporting Forms and combine all the information from those forms onto this Monthly Summary Report. In addition, please review the reporting forms from the Village CHWs, Youth CHWs or Facilitators that you supervise, tally the information and report it here as well. The second page is about health education activities you and the CHWs/Facilitators conducted during the month plus information about supervision and monitoring of the CHWs.

#### PAGE 1 Top Section

Fill in your name, district, sub-location and date.

Name: _____			District: _____			S/L: _____			Month/Year: _____									
No.	Group Name/Type	Topic	Total No. of Participants						Referrals									
			9-14 yrs		15-24 yrs		25+ yrs		VCT	ART	PNCT	ANC	IMR	TS	IP	IMMUNIZATION	CONDOMS	
1			M	F	M	F	M	F										
2																		
3																		
4																		
CHW/Facilitator Dialogue Groups		Total #:																
<b>TOTALS</b>																		

In the first four lines of the table fill in the following information using your Dialogue Group Reporting Forms: name or type of your dialogue group (for example Women's Group or Wamaliwa Village Women's Group), topic, total number of people attending the group by age and referrals.

A S/L CHW should meet with 4 dialogue groups per month: the sub-location health coordinating committee, one community-based organization and 2 women's groups at the sub-locational level. A Divisional Youth CHW meets with one youth group per month.

In the fifth line of the table, please write the total number of dialogue groups reported from the CHWs or facilitators you supervise. Then tally all the numbers from the CHW reports that were submitted that month and write the totals across in that row.

At the bottom of the table is a row for TOTALS. Please add up all the numbers for each column and write in the total figure.

For all the questions below, please summarize from your 4 dialogue groups, as well as the CRM/Facilitator monthly reporting form.	
Major Key Issues Discussed / Questions Asked:	
Questions Unanswered or More Information Needed:	
Problems/Challenges Faced:	Possible Solutions:
1	1
2	2
3	3
4	4
Recommendations for Improvement / Suggestions for New Activities	

### Top Section

At the bottom of the table is a row for TOTALS. Please add up all the numbers for each column and write in the total figure.



## Bottom Section

This section should be completed only by S/L CHWs or Divisional Youth CHWs. Indicate how many CHWs you currently supervise. Then fill in information about your monthly feedback meeting with the CHWs. Each S/L CHW and Divisional Youth CHW will supervise approximately 20 Village CHWs or Youth CHWs. A formal meeting with these CHWs must be conducted every month to collect reports and solicit feedback, as well as discuss problems. Please report on the number of CHWs at the meeting, date of meeting and important issues discussed or reviewed.

**CHWs Supervision & Monitoring only**

1. I currently supervise \_\_\_\_\_ Village CHWs / Youth CHWs (circle one)

2. Monthly Feedback Meeting with CHWs  
No. CHWs attending: \_\_\_\_\_ Date: \_\_\_\_\_

**Key Things Discussed/Issues/Problems:**

3. Nomination(s) for Outstanding Village or Youth CHWs

Name	Village	Reasons Why This Person Should Be Acknowledged

PAGE 2

When appropriate, please take the time to nominate Village or Youth CHWs who are doing outstanding work. These people will be considered in the annual award program for CHWs. You do **not** have to nominate someone every time. Please do so when you think there is a reason to acknowledge someone for their hard work and dedication to the program. Be specific in your reasoning.

## References

Change Theories, *Stages of Change Model page*. The Communication Initiative website. Available at: <http://www.commit.com/changetheories/ctheories/changetheories.56.html>. Accessed May 30, 2007.

Communication for Development Foundation Uganda. *What Changes Behavior? Behavior Change Theories*. Presented at Uganda Red Cross Strategy Development Workshop, June 2003; Kampala, Uganda.

Samuelson M. *Stages of Change: From Theory to Practice. The Art of Health Promotion: Practical Information to Make Programs More Effective*. 1998; 2(5):1-12. Available at: <http://www.hivinfo.org/docs/pdf/stages.pdf>. Accessed May 30, 2007.



# TRAINING REGISTER

Training Course: \_\_\_\_\_ Dates of Training: \_\_\_\_\_ to \_\_\_\_\_ Total no. days: \_\_\_\_\_

Topics Covered: \_\_\_\_\_ Names of Trainers: \_\_\_\_\_

Location (venue, s/l, district): \_\_\_\_\_

	Name	Title	Org./Company	Days Attended (Provide initials for proof of attendance)									
				1	2	3	4	5	6	7	8	9	10
1													
2													
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16													
17													
18													

[illegible]

## DIALOGUE GROUP PROFILE FORM

Name of CHW/Facilitator: \_\_\_\_\_ Sublocation: \_\_\_\_\_  
 Name of Site (location/work site/institution): \_\_\_\_\_ Village: \_\_\_\_\_  
 Name or Type of Dialogue Group: \_\_\_\_\_ Total No. of People: \_\_\_\_\_

No	Name	Age			Sex	Education Level			Marital Status				No. of living children	Employment					
		0-14 yrs	15-24 yrs	25+ yrs		P	S	T	S	M	W	Formal		Skilled Worker	Unskilled Worker	Farmer	Petty Trade	Domestic	Not employed
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			



## DIALOGUE GROUP PROFILE FORM

for dialogue groups, peer family, worksite married adults programs

No	Name	Age			Sex	Education Level			Marital Status			No. of living children	Employment					
		0-14 yrs	15-24 yrs	25+ yrs		P	S	T	S	M	W		Formal	Skilled Worker	Unskilled Worker	Farmer	Petty Trade	Domestic
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		

Date: \_\_\_\_\_

## DIALOGUE GROUP REPORTING FORM

**Name :** \_\_\_\_\_ **District:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name/Type of Dialogue Group:** \_\_\_\_\_ **Sub-location:** \_\_\_\_\_

**Nearest Health Facility:** \_\_\_\_\_ **Village:** \_\_\_\_\_

**Topic/Chapter-Session:** \_\_\_\_\_ **Activities Used:** \_\_\_\_\_

**Key Issues Discussed / Questions Asked:** \_\_\_\_\_

**Questions Unanswered or More Information Needed:** \_\_\_\_\_

**Problems/Challenges Faced:**

1	Possible Solutions:
2	
3	
4	

**Recommendations for Improvement / Suggestions for New Activities**

Total No. Pple Attending						Referrals								
0-14 yrs.		15-24 yrs		25+ yrs		VCT	ART	PHCT	ANC	MAL	TB	FP	IMMUNIZATION	CONDOMS
M	F	M	F	M	F									

# CHW OR FACILITATOR MONTHLY SUMMARY REPORT

<b>Name of 2 CHWs or Facilitator(s):</b> _____		<b>Month/Year:</b> _____	
<b>We are or I am a:</b> (circle one)		<b>Organization (if applicable):</b>	
Village CHW(s)	Youth CHW(s)	Worksite Motivator	Married Adol Mentor
District:	S/L:	Other	
Peer Family Facilitator		Village:	

No.	Group Name/Type	Topic	Total No. of Participants						Referrals								
			0-14 yrs		15-24 yrs		25+ yrs		VCT	ART	PMCT	ANC	MAL	TB	FP	IMMUNIZ- ATION	CONDOMS
			M	F	M	F	M	F									
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
TOTALS																	

Key Issues Discussed / Questions Asked:



## CHW OR FACILITATOR MONTHLY SUMMARY REPORT

<b>Questions Unanswered or More Information Needed:</b>		
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Problems/Challenges Faced:</b>  <div style="display: flex; justify-content: space-between;"> <div>1</div> <div>Possible Solutions:</div> </div> <div style="display: flex; justify-content: space-between;"> <div>2</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>3</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>4</div> <div></div> </div> </td> <td style="width: 50%;"></td> </tr> </table>	<b>Problems/Challenges Faced:</b> <div style="display: flex; justify-content: space-between;"> <div>1</div> <div>Possible Solutions:</div> </div> <div style="display: flex; justify-content: space-between;"> <div>2</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>3</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>4</div> <div></div> </div>	
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<b>Recommendations for Improvement / Suggestions for New Activities</b>		

<b>Other Activities Conducted</b> <i>(This might include youth activities conducted in the village, additional health education talks or meetings, or other activities organized.)</i>	<b>Name of Activity</b>	<b>Description</b>	<b>Total Number of Participants</b>							
<b>Total</b>										

**Additional Comments:**

# SUCCESS STORY NOMINATION

Name of Candidate:	Gender: M / F	Age:	District:	S/L:	Village:
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Contact Information (Telephone/Physical address/directions):

Background/Description of situation:

What behavior was changed/What action was taken by individual:

How long has the person been practicing the new behavior?

0-1 month      2-6 months      6 mths-1 yr      1 yr +      Don't Know

What/who influenced the behavior change?

How did this behavior change impact his/her life or those around him/her?

Has this person advocated or encouraged others to change their behavior?  
If so, how?

YES      NO      Don't Know

Is this person willing to share their experience at a public forum?

YES      NO      Don't Know

Why is this a success story? (check all that apply)

☐ Adopted/changed to a healthy behavior  
☐ New behavior has been practiced over time  
☐ Other \_\_\_\_\_

☐ Evidence of positive impact  
☐ Encourages others to change behavior

Comments:

Name of CHW/Facilitator:

Name of Supervisor:





# SUB-LOCATION CHW, DIVISIONAL YOUTH CHW OR SUPERVISOR MONTHLY SUMMARY REPORT

Health Education/Other Activities Conducted (Please include your own activities and summarize CHW/Facilitator activities.)											
Date	Describe Activity	Audience	Total No. of Participants								Comments
			0-14 yrs		15-24 yrs		25+ yrs				
			M	F	M	F	M	F			
	CHWs/Facilitator Activities:										
			Totals								

CHWs Supervision & Monitoring only

1. I currently supervise \_\_\_\_\_ Village CHWs / Youth CHWs (circle one)      Date: \_\_\_\_\_

2. Monthly Feedback Meeting with CHWs      No. CHWs attending: \_\_\_\_\_

Key Things Discussed/Issues/Problems:

3. Nomination(s) for Outstanding Village or Youth CHWs

Name	Village	Reasons Why This Person Should Be Acknowledged