

## 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 <small>(Provide initials for proof of attendance)</small>									
				1	2	3	4	5	6	7	8	9	10
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													

## TRAINING REGISTER

No.	Name	Title	Org/Company	Days Attended <small>(Provide initials for proof of attendance)</small>									
				1	2	3	4	5	6	7	8	9	10
19													
20													
21													
22													
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35													
36													
37													
38													
39													
40													

## 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																			

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



## DIALOGUE GROUP PROFILE FORM

for dialogue groups, peer family, worksite married adols 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	Not employed
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
- 2
- 3
- 4

**Possible Solutions:**

- 1
- 2
- 3
- 4

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

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

Referrals							
VCT	ART	PMCT	ANC	MAL	TB	FP	IMMUNIZATION

## CHW OR FACILITATOR MONTHLY SUMMARY REPORT

Name of 2 CHWs or Facilitator(s): \_\_\_\_\_

Month/Year: \_\_\_\_\_

We are or I am a:

(circle one)

Village CHW(s)

Youth CHW(s)

Peer Family Facilitator

Worksite Motivator

Married Adol Mentor

Other

District:

S/L:

Village:

Organization (if applicable).

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	IMMUNI- ZATION	CONDOMS	
			M	F	M	F	M	F										
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
<b>TOTALS</b>																		

Key Issues Discussed / Questions Asked:

## CHW OR FACILITATOR MONTHLY SUMMARY REPORT

**Questions Unanswered or More Information Needed:**

**Problems/Challenges Faced:**

**Possible Solutions:**

1  
2  
3  
4

1  
2  
3  
4

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

**Other Activities Conducted**

*(This might include youth activities conducted in the village, additional health education talks or meetings, or other activities organized.)*

**Name of Activity**

**Description**

**Total Number of Participants**

0-14 yrs		15-24 yrs		25+ yrs	
M	F	M	F	M	F
<b>Total</b>					

**Additional Comments:**



## 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

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

<b>Name:</b>			<b>District:</b>						<b>S/L:</b>		<b>Month/Year:</b>	
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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	IMMUNI- ZATION	CONDOMS	
			M	F	M	F	M	F										
1																		
2																		
3																		
4																		
	CHW/Facilitator Dialogue Groups	Total #:																
<b>TOTALS</b>																		

For all the questions below, please summarize from your 4 dialogue groups, as well as the CHWs/Facilitators monthly reporting form.

**Major Key Issues Discussed / Questions Asked:**

**Questions Unanswered or More Information Needed:**

<b>Problems/Challenges Faced:</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <div>1</div> <div>2</div> <div>3</div> <div>4</div> </div>	<b>Possible Solutions:</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <div>1</div> <div>2</div> <div>3</div> <div>4</div> </div>
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**Recommendations for Improvement / Suggestions for New Activities**

## 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 &amp; 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