

**Facilitators' Journal
for *Stepping Stones with Children* Part 1**



This Facilitators' Journal for Stepping Stones with Children is to be used with the *Stepping Stones with Children* training manual published by Practical Action Publishing, 2016.

You can download it for free for use with this training manual from the www.steppingstonesfeedback.org website.

On this website there are also many other resources to support you with this training manual and the original Stepping Stones training manual.

Stepping Stones and *Stepping Stones Plus* as well as *Stepping Stones with Children* are both programmes created and supported by Salamander Trust, www.salamandertrust.net

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Facilitators' Journal for Stepping Stones with Children Part 1

This journal belongs to:

_____ and _____

Facilitating the _____ peer group

in the community of _____



Created by Gill Gordon & Sue Holden of the Salamander Trust:
version 3, April 2016

This journal is a place for facilitators to record important information about 'Stepping Stones with Children' Sessions 1 to 15. It features:

- **An attendance record:** at the first session write the peer group members' names here. Put a star (*) by the name of participants who are disabled and a tick (✓) for the males.

At each session, put a tick (✓) or cross (✗) to record who attended and who was absent.

- **A progress record:** write the peer group members' names again here.

After each session record a score for each participant:

- 1 – not engaged at all
- 2 – not very engaged
- 3 – OK
- 4 – engaged and learning
- 5 – very engaged and learning

- Space to record **evaluation data** from some sessions.
- **A participants' review form for each session:** after each session, fill in feedback from 3 participants here - see instructions on page 4. Getting their feedback will help you to improve the sessions.
- **A facilitators' review form for each session:** this is where you and your co-facilitator can record your observations and thoughts. Recording the effects of the programme may help your organisation to get funding to run more workshops.

Attendance Record: At each session, put a tick (✓) or cross (×) to record who attended and who was absent.

[illegible]

Progress Record: After each session, enter a score out of 5 for each person (where 1 is not engaged, 3 is OK, and 5 is very engaged).

[illegible]

Participants' review for each session

- 1) Ask 3 participants to stay after the session for 15 minutes. Explain that you want each of them, at the same time, to use one hand to show their score out of 5, where 1 is very poor, 3 is OK, and 5 is very good. You'll ask them to do this for each exercise against three categories:

- how *relevant and useful* they found the **content**
- how much they *enjoyed* the **activity**
- how they rate the **timing** of the exercise

Give an example: *"If I didn't think the content was useful I'd hold up 1 or 2 fingers, if I enjoyed the activity I might show 4 or 5, and if the timing was OK but not great I'd show 3 fingers"*. Check that they have understood.

- 2) Remind them of the first exercise and ask all three participants to use one hand to show their score for its content. (By showing their hands at the same time we avoid the risk that they copy each other.)
- 3) Write the total (which will be a number between 3 and 15) in the relevant box.
- 4) Do the same for their enjoyment of the exercise, and lastly the timing.
- 5) Repeat for all the exercises that you did in the session:
 - If a total score is less than 9 explore with them what could have been improved and note it down.
 - Don't feel put off or defensive if the participants criticise the session. It shows that they trust you enough to be

honest. Stay on your hub, and listen and learn from their comments.

- Obviously, do not ask them to score any activities that you did not do!
 - Make a note if for some reason the score is not for 3 people (e.g. if one person missed an activity, so cannot give a score for it).
- 6) You should have recorded one thing that each of them learned during the session's closing circle, but if not, ask now and write them down. In the next opening circle, ask the three people to share if they were able to use what they were learned, and if so how, and note their feedback.

Facilitators' review for each session

With your co-facilitator, fill in these pages with your observations and thoughts. This will build a useful record to refer to when you next facilitate Stepping Stones with Children workshops.

Noting down participants' stories of change, and observations of how the session helped them, will help at the evaluation stage. You'll be reminded of things you might have forgotten about, and can follow up, e.g. to find out if the changes mentioned in the session were lasting.

SESSION 1: GETTING STARTED

Exercise 1.2: use this space to note down participants' hopes and fears

<p>Participants' hopes: <i>"What I'm looking forward to in this workshop is..."</i></p>	<p>Participants' fears: <i>"A fear I have about the workshop is..."</i></p>
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Exercise 1.8:

Record here the questions that the group identified and used (steps 8 to 11)	List the supporters identified here	Number of raised hands	Space for more supporters identified if needed	Number of raised hands
	<i>E.g. teacher</i>	5		

SESSION 1: PARTICIPANTS' REVIEW

Very poor 	Poor 	OK 	Good 	Very good 
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Exercise	Content score	Activity score	Timing score	Feedback, comments & suggestions for improvement
1.1 Getting to know each other				
1.2 Introducing ourselves				
1.3 Making our ground rules				
1.4 The road of life				
1.5 Our dreams				
1.6 Our feelings				
1.7 Discovering our strengths				
1.8 Supporting each other in being strong				
1.9 Our happy moments				
1.10 Guardian angels				

Name	One thing learned in the session	Feedback (at next session) if they used the thing learned
1		
2		
3		

Any other feedback from participants about the effect of the session e.g. comments made during the opening circle of the next session

SESSION A: FACILITATORS' REVIEW

Exercise done? Mark with ✓ or ✕	Your notes e.g. things to do differently another time
1.1 Getting to know each other	
1.2 Introducing ourselves	
1.3 Making our ground rules	
1.4 The road of life	
1.5 Our dreams	
1.6 Our feelings	
1.7 Discovering our strengths	
1.8 Supporting each other in being strong	
1.9 Our happy moments	
1.10 Guardian angels	

Effect of the session on participants: please record your observations about what participants have learned, key moments in the session, and any stories of change:

....more space for your notes about the **effect of the session on participants**:

If there any issues or people you need to **follow-up** with, or questions you need to find answers for, please list them here:

Did you **refer anyone to a service**? If so please state how many people, and for what service:

Please note any **concerns** that you have about the session, and any issues discussed with other facilitators:

Have you saved any significant **flip charts**? Put the session number on the back of them and list them here.

Your signature:	Supervisor's signature:	Date:
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SESSION 2: USING OUR BRAINS: PARTICIPANTS' REVIEW

Very poor 	Poor 	OK 	Good 	Very good 
---	--	--	--	---

Exercise	Content score	Activity score	Timing score	Feedback, comments & suggestions for improvement
2.1 Our changing brains				
2.2 The singing game				
2.3 The river of well-being				
2.4 Helping our upper and lower brain to work together				
2.5 Using the brain-in-hand model				
2.6 Memory for growth and healing				
2.7 SIFT – paying attention to what's going on inside us				
2.8 Our wheel of awareness				
2.9 Getting back on our hub				
2.10 The me-we connection				
<i>Caregivers and 9-14s:</i> 2.11 3 circles of the brain				

Name	One thing learned in the session	Feedback (at next session) if they used the thing learned
1		
2		
3		

Any other feedback from participants about the effect of the session e.g. comments made during the opening circle of the next session

SESSION 2: FACILITATORS' REVIEW

Exercise done? Mark with ✓ or ✕	Your notes e.g. things to do differently another time
2.1 Our changing brains	
2.2 The singing game	
2.3 The river of well-being	
2.4 Helping our upper and lower brain to work together	
2.5 Using the brain-in-hand model	
2.6 Memory for growth and healing	
2.7 SIFT – paying attention to what's going on inside us	
2.8 Our wheel of awareness	
2.9 Getting back on our hub	
2.10 The me-we connection	

Caregivers and 9-14 year olds: 2.11 3 circles of the brain	
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Effect of the session on participants: please record your observations about what participants have learned, key moments in the session, and any stories of change:

...more space for your notes about the **effect of the session on participants**

If there any issues or people you need to **follow-up** with, or questions you need to find answers for, please list them here:

Did you **refer anyone to a service**? If so please state how many people, and for what service:

Please note any **concerns** that you have about the session, and any issues discussed with other facilitators:

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SESSION 3: GENDER AND SEX: PARTICIPANTS' REVIEW

Very poor 	Poor 	OK 	Good 	Very good 
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Exercise	Content score	Activity score	Timing score	Feedback, comments & suggestions for improvement
3.1 The difference between sex and gender				
3.2 Being a female, being a male				
3.3 Checking our beliefs				
3.4 Using courage to change gender norms				

Name	One thing learned in the session	Feedback (at next session) if they used the thing learned
1		
2		
3		

Any other feedback from participants about the effect of the session e.g. comments made during the opening circle of the next session

SESSION 3: FACILITATORS' REVIEW

Exercise done? Mark with ✓ or ✕	Your notes e.g. things to do differently another time
3.1 The difference between sex and gender	
3.2 Being a female, being a male	
3.3 Checking our beliefs	
3.4 Using courage to change gender norms	

Effect of the session on participants: please record your observations about what participants have learned, key moments in the session, and any stories of change:

....more space for your notes about the **effect of the session on participants**

If there any issues or people you need to **follow-up** with, or questions you need to find answers for, please list them here:

Did you **refer anyone to a service**? If so please state how many people, and for what service:

Please note any **concerns** that you have about the session, and any issues discussed with other facilitators:

Have you saved any significant **flip charts**? Put the session number on the back of them and list them here.

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SESSION 4: CHILD & SEXUAL & REPRODUCTIVE RIGHTS: PARTICIPANTS' REVIEW

Very poor 	Poor 	OK 	Good 	Very good 
---	--	--	--	---

Exercise	Content score	Activity score	Timing score	Feedback, comments & suggestions for improvement
4.1 Joined pairs				
4.2 Justice				
4.3 Children's rights				
4.4 Promoting children's rights				

Name	One thing learned in the session	Feedback (at next session) if they used the thing learned
1		
2		
3		

Any other feedback from participants about the effect of the session e.g. comments made during the opening circle of the next session

SESSION 4: FACILITATORS' REVIEW

Exercise done? Mark with ✓ or ✕	Your notes e.g. things to do differently another time
4.1 Joined pairs	
4.2 Justice	
4.3 Children's rights	
4.4 Promoting children's rights	

Effect of the session on participants: please record your observations about what participants have learned, key moments in the session, and any stories of change:

....more space for your notes about the **effect of the session on participants**

If there any issues or people you need to **follow-up** with, or questions you need to find answers for, please list them here:

Did you **refer anyone to a service**? If so please state how many people, and for what service:

Please note any **concerns** that you have about the session, and any issues discussed with other facilitators:

Have you saved any significant **flip charts**? Put the session number on the back of them and list them here.

Your signature:	Supervisor's signature:	Date:
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SESSION 5: THE TREE OF LIFE: PARTICIPANTS' REVIEW

Very poor 	Poor 	OK 	Good 	Very good 
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Exercise	Content score	Activity score	Timing score	Feedback, comments & suggestions for improvement
5.1 Making the tree of life				
5.2 The forest of life				
5.3 The storms of life				

Name	One thing learned in the session	Feedback (at next session) if they used the thing learned
1		
2		
3		

Any other feedback from participants about the effect of the session e.g. comments made during the opening circle of the next session

SESSION 5: FACILITATORS' REVIEW

Exercise done? Mark with ✓ or ✕	Your notes e.g. things to do differently another time
5.1 Making the tree of life	
5.2 The forest of life	
5.3 The storms of life	

Effect of the session on participants: please record your observations about what participants have learned, key moments in the session, and any stories of change:

....more space for your notes about the **effect of the session on participants**

If there any issues or people you need to **follow-up** with, or questions you need to find answers for, please list them here:

Did you **refer anyone to a service**? If so please state how many people, and for what service:

Please note any **concerns** that you have about the session, and any issues discussed with other facilitators:

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SESSION 6: HOW TO BE ASSERTIVE

Exercise 6.2: use this chart to record how often the participants feel they show signs of assertiveness

Sign of success: how often do you....	Females			Males		
	Most of the time 2 hands up	Some of the time 1 hand up	Rarely Hands down	Most of the time 2 hands up	Some of the time 1 hand up	Rarely Hands down
Share your own ideas and feelings?						
Tactfully tell others what you really think?						
Choose not to allow others to lead you into trouble?						
Ask for what you want and need?						
Not accept unfair or hurtful treatment?						
Expect respect at all times?						
<i>If you asked about any other assertive behaviours, write them here</i>						

SESSION 6: PARTICIPANTS' REVIEW

Very poor 	Poor 	OK 	Good 	Very good 
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Exercise	Content score	Activity score	Timing score	Feedback, comments & suggestions for improvement
6.1 Three ways to respond				
6.2 How assertive am I?				
6.3 Making 'I' statements				
6.4 Practising ways of being assertive				

Name	One thing learned in the session	Feedback (at next session) if they used the thing learned
1		
2		
3		

Any other feedback from participants about the effect of the session e.g. comments made during the opening circle of the next session

SESSION 6: FACILITATORS' REVIEW

Exercise done? Mark with ✓ or ✕	Your notes e.g. things to do differently another time
6.1 Three ways to respond	
6.2 How assertive am I?	
6.3 Making 'I' statements	
6.4 Practising ways of being assertive	

Effect of the session on participants: please record your observations about what participants have learned, key moments in the session, and any stories of change:

....more space for your notes about the **effect of the session on participants**

If there any issues or people you need to **follow-up** with, or questions you need to find answers for, please list them here:

Did you **refer anyone to a service**? If so please state how many people, and for what service:

Please note any **concerns** that you have about the session, and any issues discussed with other facilitators:

Have you saved any significant **flip charts**? Put the session number on the back of them and list them here.

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SESSION 7: ALL ABOUT VIRTUES: PARTICIPANTS' REVIEW

Very poor 	Poor 	OK 	Good 	Very good 
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Exercise	Content score	Activity score	Timing score	Feedback, comments & suggestions for improvement
7.1 Explanation of virtues				
7.2 Virtues fruit salad				
7.3 Acknowledging virtues				
7.4 Using the language of virtues to guide us				
7.5 Using the language of virtues to correct ourselves				
7.6 Using language to lift us up				

Name	One thing learned in the session	Feedback (at next session) if they used the thing learned
1		
2		
3		

Any other feedback from participants about the effect of the session e.g. comments made during the opening circle of the next session

SESSION 7: FACILITATORS' REVIEW

Exercise done? Mark with ✓ or ✕	Your notes e.g. things to do differently another time
7.1 Explanation of virtues	
7.2 Virtues fruit salad	
7.3 Acknowledging virtues	
7.4 Using the language of virtues to guide us	
7.5 Using the language of virtues to correct ourselves	
7.6 Using language to lift us up	

Effect of the session on participants: please record your observations about what participants have learned, key moments in the session, and any stories of change:

....more space for your notes about the **effect of the session on participants**

If there any issues or people you need to **follow-up** with, or questions you need to find answers for, please list them here:

Did you **refer anyone to a service**? If so please state how many people, and for what service:

Please note any **concerns** that you have about the session, and any issues discussed with other facilitators:

Have you saved any significant **flip charts**? Put the session number on the back of them and list them here.

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SESSION 8: THE POWER OF LOVE: PARTICIPANTS' REVIEW

Very poor 	Poor 	OK 	Good 	Very good 
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Exercise	Content score	Activity score	Timing score	Feedback, comments & suggestions for improvement
8.1 Cultivating a 'yes' state of mind				
8.2 What is love?				
8.3 The cooperating donkeys				
8.4 Treating each other with respect				
8.5 The singing fish				
8.6 The power of gifts				

Name	One thing learned in the session	Feedback (at next session) if they used the thing learned
1		
2		
3		

Any other feedback from participants about the effect of the session e.g. comments made during the opening circle of the next session

SESSION 8: FACILITATORS' REVIEW

Exercise done? Mark with ✓ or ✕	Your notes e.g. things to do differently another time
8.1 Cultivating a 'yes' state of mind	
8.2 What is love?	
8.3 The cooperating donkeys	
8.4 Treating each other with respect	
8.5 The singing fish	
8.6 The power of gifts	

Effect of the session on participants: please record your observations about what participants have learned, key moments in the session, and any stories of change:

....more space for your notes about the **effect of the session on participants:**

If there any issues or people you need to **follow-up** with, or questions you need to find answers for, please list them here:

Did you **refer anyone to a service**? If so please state how many people, and for what service:

Please note any **concerns** that you have about the session, and any issues discussed with other facilitators:

Have you saved any significant **flip charts**? Put the session number on the back of them and list them here.

Your signature:	Supervisor's signature:	Date:
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SESSION 9: BRINGING OUT THE BEST IN EACH OTHER

Exercise 9.3

Record here the number of fingers shown by male and female participants for how many time times in the past week they have physically punished their child (caregivers) or how many times they have been punished (children).	Number of fingers shown e.g. 5 6 10 3 1 0 10+ <i>please write carefully so we do not confuse 10 with 1 0</i>	
	Females	Males

Exercise 9.4

Use this space to record the 'we statement' that your peer group developed, and any observations about what happened when they shared their statement with the other peer groups:

SESSION 9: PARTICIPANTS' REVIEW

Very poor 	Poor 	OK 	Good 	Very good 
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Exercise	Content score	Activity score	Timing score	Feedback, comments & suggestions for improvement
9.1 The virtue of compassion				
9.2 Punishment and discipline				
9.3 Problems with violent punishment				
9.4 Practising positive discipline				
9.5 Being a good role model				
<i>Optional extra exercise for 9-14s & caregivers only:</i>				
9.6 Our three voices				

Name	One thing learned in the session	Feedback (at next session) if they used the thing learned
1		
2		
3		

Any other feedback from participants about the effect of the session e.g. comments made during the opening circle of the next session

SESSION 9: FACILITATORS' REVIEW

Exercise done? Mark with ✓ or ✕	Your notes e.g. things to do differently another time
9.1 The virtue of compassion	
9.2 Punishment and discipline	
9.3 Problems with violent punishment	
9.4 Practising positive discipline	
9.5 Being a good role model	
<i>Optional extra exercise for 9-14s & caregivers only:</i>	
9.6 Our three voices	

Effect of the session on participants: please record your observations about what participants have learned, key moments in the session, and any stories of change:

....more space for your notes about the **effect of the session on participants**

If there any issues or people you need to **follow-up** with, or questions you need to find answers for, please list them here:

Did you **refer anyone to a service**? If so please state how many people, and for what service:

Please note any **concerns** that you have about the session, and any issues discussed with other facilitators:

Have you saved any significant **flip charts**? Put the session number on the back of them and list them here.

Your signature:	Supervisor's signature:	Date:
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SESSION 10: THE TREE OF LOVE AND WAYS TO SUPPORT EACH OTHER

Exercise 10.5

Record here the number of fingers shown by male and female participants to show how many people care about them. Write 10+ if participants show all their fingers and cross their hands to show more than 10.	Number of fingers shown e.g. 5 6 10 3 1 0 10+ <i>please write carefully so we do not confuse 10 with 1 0</i>	
	Females	Males

Note down any observations: for example, did some participants struggle to think of people who care about them?

SESSION 10: PARTICIPANTS' REVIEW

Very poor 	Poor 	OK 	Good 	Very good 
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Exercise	Content score	Activity score	Timing score	Feedback, comments & suggestions for improvement
10.1 Changes, losses and gains in our lives				
10.2 Understanding death				
10.3 Using a picture to talk about death				
10.4 The tree of love – remembering our loved ones				
10.5 Who is there for me?				
10.6 Loving kindness colour meditation				

Name	One thing learned in the session	Feedback (at next session) if they used the thing learned
1		
2		
3		

Any other feedback from participants about the effect of the session e.g. comments made during the opening circle of the next session

SESSION 10: FACILITATORS' REVIEW

Exercise done? Mark with ✓ or ✕	Your notes e.g. things to do differently another time
10.1 Changes, losses and gains in our lives	
10.2 Understanding death	
10.3 Using a picture to talk about death	
10.4 The tree of love – remembering our loved ones	
10.5 Who is there for me?	
10.6 Loving kindness colour meditation	

Effect of the session on participants: please record your observations about what participants have learned, key moments in the session, and any stories of change:

....more space for your notes about the **effect of the session on participants:**

If there any issues or people you need to **follow-up** with, or questions you need to find answers for, please list them here:

Did you **refer anyone to a service**? If so please state how many people, and for what service:

Please note any **concerns** that you have about the session, and any issues discussed with other facilitators:

Have you saved any significant **flip charts**? Put the session number on the back of them and list them here.

Your signature:	Supervisor's signature:	Date:
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SESSION 11: UNDERSTANDING DEATH AND COPING WITH OUR FEELINGS: PARTICIPANTS' REVIEW

Very poor 	Poor 	OK 	Good 	Very good 
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Exercise	Content score	Activity score	Timing score	Feedback, comments & suggestions for improvement
11.1 Talking about feelings in a story				
11.2 Volcano				
11.3 The wave game				
<i>For caregivers only</i> 11.4 Supporting each other through the death of someone we love				
<i>For children only</i> 11.5 Supporting each other through loss				
<i>For children only</i> 11.6 Important dates				

Name	One thing learned in the session	Feedback (at next session) if they used the thing learned
1		
2		
3		

Any other feedback from participants about the effect of the session e.g. comments made during the opening circle of the next session

SESSION 11: FACILITATORS' REVIEW

Exercise done? Mark with ✓ or ✕	Your notes e.g. things to do differently another time
11.1 Talking about feelings in a story	
11.2 Volcano	
11.3 The wave game	
<i>For caregivers only</i> 11.4 Supporting each other through the death of someone we love	
<i>For children only</i> 11.5 Supporting each other through loss	
<i>For children only</i> 11.6 Important dates	

Effect of the session on participants: please record your observations about what participants have learned, key moments in the session, and any stories of change:

....more space for your notes about the **effect of the session on participants:**

If there any issues or people you need to **follow-up** with, or questions you need to find answers for, please list them here:




Did you **refer anyone to a service**? If so please state how many people, and for what service:

Please note any **concerns** that you have about the session, and any issues discussed with other facilitators:

Have you saved any significant **flip charts**? Put the session number on the back of them and list them here.

Your signature:	Supervisor's signature:	Date:
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SESSION 12: ALL ABOUT HIV: PARTICIPANTS' REVIEW

Very poor 	Poor 	OK 	Good 	Very good 
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Exercise	Content score	Activity score	Timing score	Feedback, comments & suggestions for improvement
12.1 What is HIV and how do children get it?				
12.2 What does HIV do in the body?				
12.3 How can we stop (more) HIV getting into our bodies?				
12.4 How does HIV get around in the community?				

Name	One thing learned in the session	Feedback (at next session) if they used the thing learned
1		
2		
3		

Any other feedback from participants about the effect of the session e.g. comments made during the opening circle of the next session

SESSION 12: FACILITATORS' REVIEW

Exercise done? Mark with ✓ or ✕	Your notes e.g. things to do differently another time
12.1 What is HIV and how do children get it?	
12.2 What does HIV do in the body?	
12.3 How can we stop (more) HIV getting into our bodies?	
12.4 How does HIV get around in the community?	

Effect of the session on participants: please record your observations about what participants have learned, key moments in the session, and any stories of change:

....more space for your notes about the **effect of the session on participants:**

If there any issues or people you need to **follow-up** with, or questions you need to find answers for, please list them here:

Did you **refer anyone to a service**? If so please state how many people, and for what service:

Please note any **concerns** that you have about the session, and any issues discussed with other facilitators:

Have you saved any significant **flip charts**? Put the session number on the back of them and list them here.

Your signature:	Supervisor's signature:	Date:
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SESSION 13: TESTING AND TALKING ABOUT HIV: PARTICIPANTS' REVIEW

Very poor 	Poor 	OK 	Good 	Very good 
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Exercise	Content score	Activity score	Timing score	Feedback, comments & suggestions for improvement
13.1 'Prrr' and 'pukutu' game				
13.2 Talking about HIV, trust and confidentiality				
13.3 How do we know whether we have HIV?				
13.4 HIV Testing for children				
13.5 The story of Martha and Mark				
<i>For caregivers only:</i> 13.6 Fears and benefits of telling a child that they have HIV				
<i>For caregivers only:</i> 13.7 How to tell a child that you or they have HIV				
<i>For caregivers only:</i> 3.8 Providing emotional support after a child learns that you or they have HIV				

Name	One thing learned in the session	Feedback (at next session) if they used the thing learned
1		
2		
3		

Any other feedback from participants about the effect of the session e.g. comments made during the opening circle of the next session

SESSION 13: FACILITATORS' REVIEW

Exercise done? Mark with ✓ or ✕	Your notes e.g. things to do differently another time
13.1 'Prrr' and 'pukutu' game	
13.2 Talking about HIV, trust and confidentiality	
13.3 How do we know whether we have HIV?	
13.4 HIV Testing for children	
13.5 The story of Martha and Mark	
<i>For caregivers only:</i> 13.6 Fears and benefits of telling a child that they have HIV	
<i>For caregivers only:</i> 13.7 How to tell a child that you or they have HIV	
<i>For caregivers only:</i> 3.8 Providing emotional support after a child learns that you or they have HIV	

Effect of the session on participants: please record your observations about what participants have learned, key moments in the session, and any stories of change:

....more space for your notes about the **effect of the session on participants:**

If there any issues or people you need to **follow-up** with, or questions you need to find answers for, please list them here:

Did you **refer anyone to a service**? If so please state how many people, and for what service:

Please note any **concerns** that you have about the session, and any issues discussed with other facilitators:

Have you saved any significant **flip charts**? Put the session number on the back of them and list them here.

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SESSION 14: LIVING WELL WITH HIV

Exercise 14.3


Record here the number of fingers shown by each person for how safe they feel about living with someone who has HIV. 1 - not safe at all 2 - a little safe 3 - quite safe 4 - safe 5 - very safe	Number of fingers shown e.g. 5 2 1 3 1 4	
	Females	Males

Exercise 14.7

Record here the number of fingers shown by each person for how many days they have taken their daily medicines correctly in the 7 days. Write 0 for those who keep their hands in their laps.	Number of fingers shown e.g. 7 5 0 2 6 5 1 4	
	Females	Males

Record here the number of fingers shown by each person for how well they generally manage taking medicine. 1 – not very well at all 2 – not very well 3 – OK 4 – well 5 – very well	Number of fingers shown e.g. 5 2 1 3 1 4	
	Females	Males

SESSION 14: PARTICIPANTS' REVIEW

Very poor 	Poor 	OK 	Good 	Very good 
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Exercise	Content score	Activity score	Timing score	Feedback, comments & suggestions for improvement
14.1 Game, dance or song				
14.2 Keeping healthy				
14.3 Safety in the house				
14.4 Keeping clean				
15.5 Eating well				
14.6 How to manage stress				

14.7 Taking medicines correctly				
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Name	One thing learned in the session	Feedback (at next session) if they used the thing learned
1		
2		
3		

Any other feedback from participants about the effect of the session e.g. comments made during the opening circle of the next session

SESSION 14: FACILITATORS' REVIEW

Exercise done? Mark with ✓ or ✕	Your notes e.g. things to do differently another time
14.1 Game, dance or song	
14.2 Keeping healthy	
14.3 Safety in the house	
14.4 Keeping clean	
15.5 Eating well	
14.6 How to manage stress	
14.7 Taking medicines correctly	

Effect of the session on participants: please record your observations about what participants have learned, key moments in the session, and any stories of change:

....more space for your notes about the **effect of the session on participants:**

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SESSION 15: PARTNERS IN HEALTH CARE

Exercise 15.2

HIV-related service	Score given by group	Fingers shown for how many times have used this service in past 3 months e.g. 2 5 10+ 6 0		<i>Caregivers only</i> Fingers shown for how many times their child has used this service in past 3 months	
		Females	Males	Females	Males
HIV counselling and testing					
Counselling for caregivers on talking about HIV with child					
ARV treatment					
Treatment for prevention of infections					
Early treatment of infections					
Nutritional counselling and vitamin supplements					
On going counselling and support services					
<i>Any other services identified...</i>					

Exercise 15.5

Children's requests...	What the children asked for	How the caregivers and health providers responded
..to caregivers for before they visit the clinic		
..to caregivers for during the visit		
..to caregivers for after the visit		
..to health workers for during the visit		
..to health workers for during the visit		

Exercise 15.8

Use this space to record the actions and changes that participants and health staff plan to do and help achieve together:

SESSION 15: PARTICIPANTS' REVIEW

Very poor 	Poor 	OK 	Good 	Very good 
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Exercise	Content score	Activity score	Timing score	Feedback, comments & suggestions for improvement
15.1 Partners in health – ability spotting				
15.2 What services to children affected by HIV need?				
15.3 The health journey				
15.4 The ideal clinic				
15.5 Supporting each other when we go to the clinic				
15.6 Playing in the queue				
15.7 Having a blood test or injection				
15.8 Working together to support our children				

Name	One thing learned in the session	Feedback (at next session) if they used the thing learned
1		
2		
3		

Any other feedback from participants about the effect of the session e.g. comments made during the opening circle of the next session

SESSION 15: FACILITATORS' REVIEW

Exercise done? Mark with ✓ or ✕	Your notes e.g. things to do differently another time
15.1 Partners in health – ability spotting	
15.2 What services to children affected by HIV need?	
15.3 The health journey	
15.4 The ideal clinic	
15.5 Supporting each other when we go to the clinic	
15.6 Playing in the queue	
15.7 Having a blood test or injection	
15.8 Working together to support our children	

Effect of the session on participants: please record your observations about what participants have learned, key moments in the session, and any stories of change:

....more space for your notes about the **effect of the session on participants:**

If there any issues or people you need to **follow-up** with, or questions you need to find answers for, please list them here:

Did you **refer anyone to a service**? If so please state how many people, and for what service:

Please note any **concerns** that you have about the session, and any issues discussed with other facilitators:

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