MINISTRY OF PUBLIC HEALTH AND SANITATION

COMMUNITY HEALTH WORKERS (CHWs)

Basic Modules Manual

Division of Community Health Services
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COMMUNITY HEALTH WORKERS (CHWs)

Facilitators Guide

Basic Modules Manual

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Foreword

Health is a major component in the socio-economic development of any community. Indeed, it is not only a right but also a responsibility for all. Promotion of good health at different levels of society is the responsibility of all individuals, families, households, and communities. Kenya has embraced the community strategy to enable communities to improve and maintain a level of health that will enable them to participate fully in national development towards the realisation of Vision 2030.

Extensive consultations among various departments, divisions and stakeholders marked the development process of the CHW Curriculum and this manual. The inputs from the different groups was harmonised, and has informed the production of this manual.

This document will assist the Ministry of Public Health and Sanitation and the Division of Community Health Strategy in achieving its strategic objectives as outlined in the National Health Sector Strategic Plan (NHSSP-II) 2008-2012, and towards the attainment of MDG targets. It will be used to administer the Modules defined in the CHWs curriculum in a systematic manner through well-trained Community Health Extension workers.

In having a harmonised training manual, health managers will be able to guide CHWs to efficiently offer services to communities, linking them to care and referral. This is expected to boost awareness of availability of preventive and promotive services to the communities, increased access and uptake of services.

On behalf of the Ministry of Public Health and Sanitation, I wish to thank FHI 360, UNICEF, AMREF, JICA, WHO and all other contributors, reviewers and editors who worked tirelessly to produce this manual. In particular, my Ministry expresses our thanks to USAID which, through FHI 360 and IntraHealth/capacity project, provided financial and technical support that made the preparation of this manual for the training of Community Health workers possible. I thank IntraHealth for supporting and following up on this work which included the provision of the consultant who has facilitated the production of this manual.

I am confident that the implementation of this manual will help us address the issue of equitable access to primary health services and by so doing, bring about a much improved status for all Kenyans that will be reflected in robust positive health indices.

Hon. Beth Mugo
Minister of Public Health and Sanitation

Preface

One of the dominant themes in health policy and planning today is the need for interventions based on sound evidence of effectiveness. The responsibility of ensuring programmes are consistent with the best available evidence must be shared between providers, policy makers and consumers of services.

Community Health Workers (CHWs) have been major players in the implementation of primary healthcare since the 1980s, and still continue to play a critical role in mobilising communities in taking care of their health, and providing basic healthcare at community level. To enable CHWs be more effective and efficient, there is need for appropriate training, not only in community mobilisation but also in the assessment of health-related issues in the community, and identification of appropriate actions at that level. Such training need be well planned and implemented using standard training manual that take into account the level of operation and capacity of CHWs. This also requires the support of well-trained and informed trainers and supervisors from the formal healthcare system.

This training manual is meant to assist the healthcare system at all the four tiers to operationalize the community strategy by providing appropriate training for CHWs to enable them take charge of appropriate interventions at tier 1. The Government of Kenya is committed to supporting community health initiatives this way, and accelerating the achievement of the current NHSSP II goals, MDGs and providing support to Vision 2030.

The CHW training manual is organised in Modules which should be applied incrementally to enable the CHWs develop adequate capacity for working with communities.Specifically, the training manual covers two sections:

- Section One: Basic Modules
- Section Two: Technical Modules

It is my hope that all stakeholders in community health will utilise this manual to train CHW in order to standardise provision of healthcare to our communities.

Mark Bor, MBS
Permanent Secretary,
Ministry of Public Health and Sanitation

Acknowledgements

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The development of the Manual was preceded by extensive discussion by partners, stakeholders and staff from different departments in the Ministry of Public Health and Sanitation (MOPHS) as well as the Ministry of Medical Services. This culminated in the Technical working Group's retreat for the validation of this facilitators' manual for training Community Health workers. The following departments and divisions participated in the development of this manual: Community Health Services, Malaria, Environmental health, Nutrition, Oral Health, Child and Adolescents Health, NASCOP, Reproductive Health, TB and Lung Diseases, and, Non-Communicable Diseases. Our appreciation goes to partners such as PSI,FHI 360, MSH/LMS; USAID/Capacity; WHO, AMREF, MDG Villages, JHPIEGO, USAID and JICA who gave financial and technical support.

We also recognize those who may have not participated directly in the drafting of this manual but who rendered services in support of the teams that helped in its realization. Last but not least, we thank communities who shared their experiences that informed the development of this manual. We acknowledge the leadership of the head of Division Community Health Services, Dr. James Mwitari who was crucial in guiding the process of developing this basic module.

Special thanks are due to the Participants at the development of the Community Health Workers training manual workshop held at the Nakuru resort March 2012 and many meetings at AICAD. Many Thanks to the Ms.Akiko Chiba, the Capacity Unit members Mr. S.N.Njoroge and Kenneth Ogendo as well as the division staff who sacrificed to develop this manual.

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Introduction to the CHW Training Course

Objectives

By the end of the introduction, the participants should be able to:-

- Build connections with others in the training
- Describe purpose, objectives and process of the CHW training

Duration: 40min

Methodologies: Game, discussion, group works.

Materials: Flip chart paper, markers, masking tape, idea cards (you can make idea cards by cutting photocopy paper)

Timetable of the Unit

Times	Topic	Methodology
25min	Self Introduction of participants and facilitators	Game and Sharing
20 min	Purpose, Objectives and Process of the Training	Brainstorming and Sharing

✿ Activity 1:

Who are we and what do we believe about our communities? (20min.)

1. Fire on the Mountain. Explain to participants that you will shout: 'Fire on the mountain, RUN, RUN, RUN. Fire on the Mountain, RUN, RUN, RUN. 'As participants are running around the room, you will shout a number: 'Groups of 3' and people need to stand in groups of that number. Do this several times giving different numbers for the groups.

2. As participants are standing in small groups, ask the question: WHO ARE YOU? Explain that we are not to share what we DO (e.g. I teach, I do farming, I provide health services, etc.) but WHO we ARE (I am a mother, I am a strong believer of God, I like to help people and I am a happy lady, etc.). Give 5 minutes for each group to share with each other.

3. While groups are still standing together, get feedback on what the groups have shared. Write the reflections on a piece of flip chart paper. (For example: We are fathers, mothers, human beings, we enjoy dancing, etc)

4. Repeat Fire on the Mountain, RUN, RUN, RUN again so that people change the groups they are standing with.

5. As participants are standing in small groups, ask the question: 'What do you BELIEVE about the community you come from?' Give 5 minutes for each group to share with each other.

6. **Resource Notes on difference between 'who we are' and 'what we do'** Most of the time, we describe ourselves only by "what we do" e.g. I am a teacher, I am a farmer, I am a chairman of committee, etc. and rarely speak about ourselves, 'who we are' e.g. I am a family man, I am confident in my life, I am passionate in farming, etc.. Sharing 'who I am/we are' often leads sharing or self-introduction session to deeper understanding of each other because we can know our colleagues as a whole person rather than as their 'occupation' or 'position'. This perspective, looking at community or people as a whole entity is important in Community Health Services.

☼ Activity 2:
Share Purpose and Process of the Training (20min.)

1. Ask participants to express their expectations of the training and list their responses on a flipchart. Conduct climate setting and ensure you agree on norms and logistics for the training.

2. Share the following purpose and objectives with the participants and compare with their responses. Emphasize that the participants are given the opportunity to be trained as CHWs to work in their community and the information and skills learned in the training should be shared with others in the community.

Key Points

● **Purpose of the Training**

To build the capacity of CHW in terms of disease prevention, health promotion and simple curative care; to lead and help their communities in health improvementinitiatives.

● **Structure and Process of CHW Training**

The training course for CHWs is divided into 2 major sections consisting of 13 modules. The first section is **Basic Modules** (6 modules) where all CHWs are required to undergo before starting working as a CHW. It contains basic competencies for CHWs e.g. leadership skills, communication & counseling skills, basic health promotion practices and basic lifesaving skills, etc. and usually take 10 days. The second section is **Technical Modules** where CHWs learn technical areas one by one based on local needs after basic modules. Duration of each technical module is different from 2 to 5 days depending on the contents.

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1 Module 1:
Health and Development in the Community

Purpose: The purpose of this module is to empower CHWs with basic knowledge, skills and competencies to enable them function effectively as agents of health service delivery through Kenya Essential Package for health at Community tier.

Objectives:

1. To enable the participants understand the relationship between Health and Development in the Community

2. To enable participants understand the Kenya Essential Package for Health (KEPH) and Community Health Strategy

CHW's competencies in health and development:

- Show the community how all development issues interrelate with health
- Advocate that improving health can greatly contribute to betterment of quality of life of community members
- Should know that each community member has the right to health (Access to health services and responsibility to seek health services)
- Facilitate community to build common vision/dream for healthy community
- Explain about CHS and roles of CHWs to the community

Units:

1. **Health and Development in the Community (210 min.)**
2. **Community Health Strategy and Kenya Essential Package for Health (135 min.)**

🕐 **Duration: 5 hrs 45min**

Evaluation: Reflection questions to bring out what people have learned or appreciated from the session.

Unit 1.1

HEALTH AND DEVELOPMENT IN THE COMMUNITY (210 MIN.)

Objectives: By the end of the unit, the participants should be able to:

1. Describe importance of health for individual, household and community

2. Identify strengths, concerns and opportunities for health and development in the community

3. Describe relationship between health and development

4. Describe key aspects of right to health

5. Describe the importance of partnership in community health and development.

Duration: 210 min.

Methodologies: Interactive discussion, group works, drawing community dreams, plenary reflections

Materials: Flip chart paper, markers, masking tape, idea cards (you can make idea cards by cutting photocopy paper

Unit session plan

Time	Topics	Activity	Methodology
20 min	Importance of individual, household and community health	Participants brainstorm on the dream/vision of health status for their community	Brainstorming, discussions
45 min		Facilitator lead participants to discuss priority setting on health related activities	Brainstorming, plenary discussion
45 min	Strengths, Concerns and opportunities for health and development in the Community	Participants identify Strengths, Concerns and opportunities for health and development in the Community	Brainstorming, plenary discussion
60 min	Relationship between health and development	Participants discuss in groups relationship between Health and Development and present in plenary	Group work, story telling
10 min		Facilitator leads a facilitative discussion on Right to Health as a basic human right	Brainstorming, question & answer
30 min	Partnership for community health and development	Participants identify partners in the Community for health and development	Brainstorming, group work and plenary session

Topic 1:

Importance of health for individual, household and community

1.1   Creating a Community Vision/Dream (20 min.)

2.   Tell the participants, Jomo Kenyatta's dream,*".….we must all work hard with our hands to save ourselves from poverty, ignorance and disease"*. Now that's a vision he had and he worked for it!

3.   Tell and ask the participants, "Now, it is your turn. What is the community you want to see when you have identified your community concerns and harnessed your strengths?"

4.   After hearing some of the participant's dreams; identify and discuss what is common in them.

Key points on Building a community vision

- Do not throw away anyone's dream, even though it is different from the others'.   It is essential to include everyone's dreams in the larger picture so that everyone will feel ownership of the group and the community dream and will want to be further involved in making the dream come true.

- A shared common vision for community members on the community they want is important to lead them into action.

Vision

- Healthy people living healthy and quality lives in robust and vibrant communities that make up a healthy and vibrant nation

The Mission of Community Health Services

- For the community health approach to become the modality for social transformation for development from the community level by establishing equitable, effective and efficient Community Health Services in Community Units all over Kenya. This is to be a contribution towards achieving Kenya's Vision 2030 anticipated results to result in healthy and vibrant communities that significantly contribute to a healthy and vibrant nation.

1.2 Priority setting on everyday activities (45min.)

Group work

1. Divide the participants into small groups (of 5-8 people) by gender and age groups and provide them idea cards (3cards for each participants), a flip chart paper, masking tape and maker pens.

2. Ask the participants **to list up major priority activities in their everyday life**. This is individual work before going to group work.

3. Tell the participants to share their idea cards, classify and sort the common ideas in groups and stick them by groups on a flip chart with masking tape.

4. Ask the groups to **decide the group's top 5 priorities** by counting idea cards and further discussion.

5. Let all groups share their top 5 priorities and **highlight the priorities which are directly related to health.**

6. Facilitate a discussion **how the highlighted priorities on health can be interrelated with the other priorities. If there are disparities in top 5 priorities among groups, explore further why the disparities occur between different genders and age groups.**

Session Notes:

It is important to prioritize daily activities/tasks by four quadrants as shown below:-

- QI - Important and Urgent

- QII - Important but Not Urgent

- QIII - Not Important but Urgent

- QIV - Not Important and Not Urgent

THE PROCRASTINATOR I ● Study for tomorrow's exam. ● Pay overdue cell-phone bill ● Work on project due today. ● Visit a roommate or family member who has been in an accident **DO IT NOW !**	**THE PRIORITIZER II** ● Go on a date with a friend ● Work on an essay due in 30 days ● Call home ● Visit with academic advisor **START IT BEFORE IT BECOMES URGENT!**
THE YES MAN III ● Engage in idle conversations. ● Respond to all instant messages. ● Respond to all phone calls. ● Spend time on trivial questions. **DO IT IF YOU HAVE TIME OR DELEGATE!**	**THE SLACKER IV** ● Engage in too much TV, web surfing, or video games. ● Engage in time wasters. ● Become absorbed in escape activities. ● Procrastinate. **DUMP IT!**

Topic 2:

Strengths, Concerns and Opportunities for health and development in the community (45min.)

1. Tell the participants, "we are members of communities which have strengths and concerns, but we hardly reflect on what those strengths and concerns are. Most of the time, people start their projects by asking 'what are our problems and what don't we have?' instead of asking 'what are our strengths and what do we have? ". Indeed, this 'what are our problems' discussion often determine our attitude towards development projects. Let's see what will happen when we start from 'What are our strengths' questions".

2. Ask the participants to buzz in two's on something they are proud of in their lives.

3. Ask any volunteers to share their discussion.

4. Divide the participants in groups of three or five. Ask them to think about the strengths they see in their own communities and write the feedback on a flipchart.

5. Ask them to reflect on the existing concerns (worries or issues/things that cause them to despair) in their own communities and write answers on the flipchart.

6. Ask them to reflect on the existing opportunities in their communities and write the answers on a flipchart.

7. Ask them to reflect on the existing threats (internal and external) in their communities and write answers on a flipchart

8. Allow all or some groups (depending on number of group and time remaining) to present the strengths and concerns to the other participants and get feedback from the floor.

9. Ask them in plenary what they have learnt from this activity.

10. Summarize the session

> ### Key points
>
> Every community has its own strengths and existing concerns and it is common for some communities to have similar and diverse concerns and strengths. The process of exploration enlightens the participants, that these issues exist; and reflecting about them provokes a deeper sense of ownership and a motivation to do something more. Communities can learn from each other, the sharing of concerns and strengths is one way to encourage this sharing.

Topic 3:

Relationship between Health and Development (60min.)

3.1   Story of David Werner

1. Explain to the participants, "David Werner is one of the important figures of community health who has worked mainly in Latin America for long and wrote a famous book "Where There is No doctor", which some of you may have read. The following is his statement of perception. We shall think and discuss what is health and development for individual, household and community after reading his statement."

2. Read out the true story below:

> ### The story of David Werner, a Community Health Organizer in Latin America
>
> "(At first) I did not look far beyond the immediate causes of ill health. As I saw it, worms and diarrhea were caused by poor hygiene and contaminated water. Malnutrition was mainly caused by scarcity of food in a remote, mountainous area where drought, floods and violent winds made farming difficult and harvest uncertain.
>
> Little by little, I became aware that many of their losses—of children, or of land or of hope—not only have immediate physical causes, but also underlying social causes. There is a photograph of a very thin little boy in the arm of his malnourished mother. The boy eventually died of hunger. The family was—and still is—very poor. Each year the father had to borrow maize from one of the big landholders in the area. For every 5kg tin of maize borrowed at planting time, he had to pay back three times at harvest time. With these high interest rates, the family went into further debt. No matter how hard the father worked, each year more of his harvest went to pay what he owed to the landholder."
>
> *D. Werner, Helping Health Workers Learn, Front-7*

3. Ask the participants the following questions:

    - **What did David Werner say in his observations?**

    - **How did you feel about it?**

    - **Are there any similar situations in your community?**

4. Summarize their responses and tell them **"Then, have brainstormed our community situations, now let's think what is health for us. Can anybody tell what is health based on our discussion, your thoughts and experiences?"** Record their responses on a flipchart.

5. Ask the participants, **"Then, what makes you and community healthy?"** and record their responses on a flipchart paper. Help them to think as broad as possible.

6. Summarize their responses and let them discuss **how being healthy, quality of life and development are related to each other.** Record their discussions and summarize it using resource notes below.

Resource Notes "what makes healthy people and a healthy community"

What makes healthy people? **Health is more than the absence of disease. It is an optimum state of well-being: mental, physical, emotional and spiritual. Health is wholeness. It includes a sense of belonging to community and experiencing control over your life.**

Optimal health is a by-product of people realizing their potential and living in a community that works. "Community" can be everything from a rural neighborhood to an urban region. It can be the workplace or a group of shared interests and faith. In the end, **our "community" is where we are and who we are with.**

What is a healthy community?

It's a place that is continually creating and improving its physical and social environments, and expanding the community resources. This enables people to support each other in performing all the functions of life and in developing themselves to their maximum potential. A healthy community is not only a perfect place, but it's a dynamic state of renewal and improvement. It builds a culture that supports healthy life choices and a high quality of life. It aligns its practices, policies, and resource allocation to sustain.

Session Notes

Ask the participants to express their understanding of Health, Development and Community. Allow them to buzz in groups of twos. Allow several plenary responses and summarize with the notes below

3.2   Definition of terms;

Health
- The World Health Organization defines health as a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity

Development
- Development is a process through which there is positive change in a population's attitudes, knowledge and skills, thus raising the health, economic and political status of the people involved.

Community
- A group of interacting people, possibly living near each other, and often refers to a group that shares some common values, and is attributed with togetherness within a shared geographical location, generally in social units larger than a household. The word can also refer to the national community or international community,
- A social group of any size whose members reside in a specific locality, share leadership, and often have a common cultural and historical heritage
- Group of people who live in an area and have constant interaction with each other is called community.

3.3   How Health relates to Development

Ask the participants "How does health relate to Development".

Discuss in plenary and summarize using the resource notes below

Resource notes
- Health and development are interdependent:
- To develop, people must be healthy and to be healthy people require access to the necessary resources.
- Both depend on education.
- Both call for a change in attitude.
- Health is a component and indicator of development

3.4   Factors Influencing Health and Development

Divide the participants into two groups with each discussing factors hindering and factors promoting health and development respectively.

Let them record their responses on a flipchart and summarize their responses using the resource notes below

Resource notes

There are various factors that influence health and development in the communities where we live. These can be broadly divided into two: those that hinder good health and development and those that promote good health and development.

3.4.1   Factors that promote Health and Development

- Taking initiatives to find solutions to problems
- Personal hygiene and safe environment
- Fairness in relationship
- Infrastructure such as good roads, electricity, well maintained schools and hospitals
- Opportunities – Partners(NGOs/CBOs, FBOs, GOK departments) implementing various health and other development programmes in the Community
- Human capital – Access to education, health services, safe environment, shelter, social security, Community welfare etc.
- Democratic space and leadership
- Respect for the basic human rights of all people, regardless of gender or age
- Creation of employment, resource generation
- Community capacity building to improve knowledge and skills
- Community participation and involvement in development activities
- Disaster preparedness and prevention

3.4.2   Factors that Hinder Health and Development

- Poverty and lack of resources, unemployment
- Dependency Ratio (family)
- Dependency (handouts)
- Lack of initiatives
- Lack of individuals' voice in decisions affecting them
- Cultural beliefs, traditions and attitudes
- Illiteracy, lack of knowledge and skills

- Availability and quality of land

- Poor infrastructure

- Political environment, poor leadership, poor policies

- Corruption/lack of transparency and accountability

- Disasters (Natural and Manmade)

- Diseases especially chronic illnesses

- Insecurity

Key Points

- Good health promotes community development and sound Community development promotes good health of the people.

- Poor development in the community contributes to increased health problems such common diseases and poor access to health services

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1.5   Right to Health (10 min.)

1. Ask the participants "What is human right?". Allow some participants to express their thoughts and record them on a flipchart.

2. Ask the participants "do you think living healthy is one of our human rights?" See their reactions and tell them "The answer is Yes. Right to health is one of important human rights we possess. Often, our right coincides with our responsibility. As we learn more later, Community Strategy is an approach to pursue our responsibility and claim our right accordingly. "Afya yetu, jukumu letu! is a slogan for Community Strategy, which we are going to learn how to realize in our community throughout this training".

3. Ask the participants how they feel about your explanation, then, share the Key Points below.

Key Points on aspects of human right to health

Health is a basic human right as emphasized in the Kenyan constitution. It is the responsibility of every individual, family and community to seek and demand for health services.

Topic 4:

Partnership for community health and development (30min.)

4.1   Importance of Partnership in improving Community Health

Divide the participants into two groups; Group A to describe partnership at household level while group B to describe partnership at community level. Each group will present their findings in the plenary session.

1.   In plenary, ask the participants to outline which institutions/organizations can be partners for improving health in their community Let the participants explain why they think each individual organization or institution they have mentioned above as potential partners for improving their health status. Ask other participants whether they agree on it or not.

2.   Ask the participants their ideas on following 2 questions;

   ●   Why is partnership important for improving health in our community?

   ●   How can good partnership be built for improving health in our community?

3.   Record their responses on a flipchart and summarize the discussion referring the Resource Notes below.

Key Points on Partnership

Partnership can mean individual or institutional partners working together to share resources, ideas and experiences to support and enrich each other's work so as to achieve their common goal in the better way. Partnership can be built based on trust, equity and mutual understanding.

When Communities come together, schools succeed, neighborhoods are safe, crime shrinks, adults and youth feel safe, and young people realize their potential. *That's why community Partnership develops relationships with individuals, neighborhoods, the Faith Community and other agencies to identify problems and issues and then work together to develop solutions.*

Unit 1.2

COMMUNITY HEALTH STRATEGY AND KENYA ESSENTIAL PACKAGE FOR HEALTH (190MIN.)

Objectives:

By the end of the unit, the participants will be able to:

1. Describe Tiers of health care in KEPH
2. Describe the life cycle approach in KEPH
3. Explain roles of CHWs according to tier 1 services

Duration: 190 min.

Methodologies: Interactive discussion, group works, drawing community dreams, plenary reflections

Materials: Flip chart, markers

Unit session plan

Time	Topics	Activity	Methodology
30min	Tiers of health care in KEPH	Participants describe tiers of health care in KEPH	Question and answer, B r a i n s t o r m i n g
60min	Life cycle approach in KEPH	Participants are led to discuss life cycle approach in KEPH	Group work
60min	Roles of CHWs	Facilitator leads participants in question and answer session on the role of CHWs in the Community	Question and Answer, facilitated lecture
40min	Facilitative Attitudes for CHWs	Through a facilitated discussion, participants are guided on understanding the meaning of "SALT" in relationship to their community entry	D e m o n s t r a t i o n, group work

Topic 1:

Tiers of health care in KEPH (30min.)

1. Ask the participants to list **places where health services and activities take place** (e.g. home, community, dispensary, district hospital private clinic, traditional healer, etc.).

2. Ask the participants to **describe characteristics of each place where health services and activities take place**.

3. Tell the participants, "Each health facility and community has different roles and service provisions. **And Kenya Essential Package for Health states that households and communities are very important entry points for health care services and the government defines households and community as the 1st contact of health service delivery.**"

4. Explain the linkage between community and other tiers of service delivery in health systems and position of CHWs as interface between community and existing health service structures using the Resource Notes below.

> ## Key Points on Levels of Health Care in KEPH and position of CHWs
>
> National Health Sector Strategic Plan III organizes health services into four tiers of service delivery on the cycle of human development.

The five key elements in KEPH that define the pillars of improved health care are:

1. Equity :ensure that all have equal opportunity to services

2. Access; ensure that all can reach health services

3. Effectiveness: ensure that the right health services are given

4. Efficiency: ensure that services are delivered in the right way

5.Partnerships and resource mobilization

The tiers are presented in the pyramidal structure.

National Referral Services

County Health Services

Primary Care Services

Community Health Services
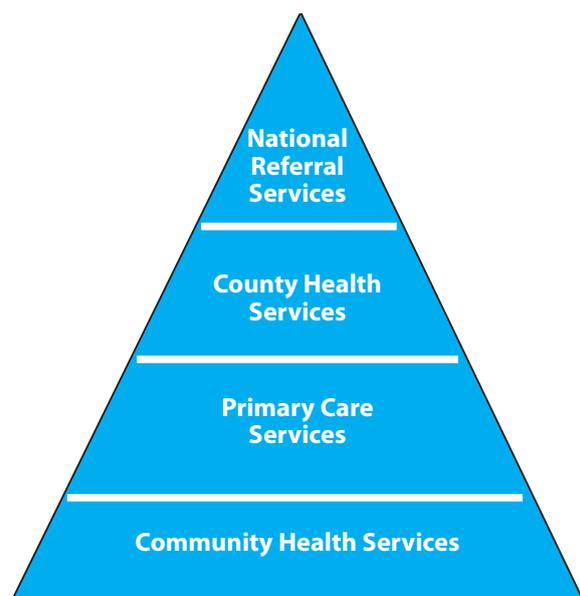
Tiers of Health Service Delivery:

CHWs work closely together with Community Health Extension Worker(CHEWs) and health staffs at tier 2 (Primary care services) and sometimes tier 3 (County health services) to strengthen the linkage between community and health service delivery.

Topic2:

Life cycle approach in KEPH (60 min.)

2.1 Discuss the key points below with participants

> ## Key Points on age cohorts under KEPH
>
> KEPH is designed as an integrated collection of cost effective interventions that address common diseases , injuries and risk factors to satisfy the demand for prevention of those conditions. It's a basic care package.
>
> Community Health Strategy is an approach for delivery of Kenya Essential Package for Health". KEPH targets everybody in all age groups in the community through the life cycle focus instead of limiting the services and activities to specific groups like mothers and children. And to tackle the health concerns of everybody in the community, Kenya Essential Package for Health divides the community by age groups because each age group has different health needs. And the age groups are referred to as 'Age Cohort' in the Community Health Strategy.

2.2 KEPH by service cohorts

The KEPH interventions by cohorts are defined only for those specific to a given cohort, not for all KEPH interventions. The cross cutting interventions are not aligned to any cohort.

2.3 Specific KEPH age cohorts are:

1. *Pregnancy and the newborn (up to 28 days):*

The health services specific to this age-cohort across all the Policy Objectives

2. *Childhood (29 days – 59 months):*

 The health services specific to the early childhood period

3. *Children and Youth (5 – 19 years):*

The time of life between childhood, and maturity.

4. *Adulthood (20 – 59 years):*

The economically productive period of life

5. Elderly (60 years and above):

The post – economically productive period of life

1. Ask the participants to divide themselves by the age cohort they belong to. Ask participants who have children to be in the groups of cohorts 2,3,4 according to the age of their own children.

The 5 Age Cohorts in Summary

COHORT	CATEGORY	AGE
Cohort 1	Pregnancy and the newborn	up to 28 days
Cohort 2	Childhood	29 days - 59 months
Cohort 3	Children and Youth	5 - 19 years
Cohort 4	Adulthood	20 - 59 yeras
Cohort 5	Elderly	Over 60 years

2. Provide a flipchart paper to each group and ask them to discuss and list common health concerns in each age cohort.

3. Then, ask the groups to discuss and list health services provided at the health facility to address the health concerns listed in the previous discussion.

4. Ask the groups to discuss and list any practices or activities conducted by households and community to tackle the concerns.

5. Place the lists on the floor and ask the participants to look at the works of the other groups and invite comments.

6. After sharing their comments, summarize and clarify the group work using the session notes below.

2.4 Major Health services by age Cohort

The table below shows major health needs and services by age cohort defined in KEPH.

Cohort	Health Services at Community	Health Services at Health Center and Dispensary
1. Pregnancy and Newborn	• Sensitization on early recognition of danger sings • Preparation for birth • Frequent follow up • Verbal autopsy	• Focused ANC, IPT for Malaria • VCT, PMTCT or referral • Basic emergency obstetric care, post-abortion care, referral services • Maternal death review
2. Childhood	• Sensitization on; – Key household care practices – Care of the sick child at home – Care seeking and compliance – Promoting growth and development • Support family on feeding for infant and young children • Ensuring school enrollment, attendance and support • Support for behavior formation and good hygiene	• Immunization, growth monitoring, treatment of common conditions (pneumonia, malaria, diarrhea) • Screening for early detection of health problems
3. Children and Youth	• Support behavioral change for prevention of HIV, STIs, early pregnancy and substance abuse • Supply preventive commodities	• All basic youth friendly services • Syndromic management of STIs • Lab diagnosis of common infection
4. Adulthood	• Support behavioral change for prevention of communicable diseases and lifestyle diseases • Supply preventive commodities • Home based care • Compliance for treatment (ART, TB) • Promotion of gender and health rights	• VCT, ART and support groups • Syndromic management of STIs • Lab diagnosis for common
5. Elderly	• Support behavioral change to reduce harmful practices • Home based care • Community based rehabilitation	• Management and rehabilitation of clinical problems • Screening early detection of disease
Across all the Cohorts	• Home visit • Referral services • Community dialogue • Health action days • Promotion of safe water and sanitation and hygiene practices • Promotion of healthy diet • Support claiming health rights • Verbal Autopsy	• Diagnosis and treatment of common conditions • Stock of essential drugs • Referral services • Manage client satisfaction • Oversight of CHWs activities • Participation in Community Dialogue

2.5   Basic Structure of Community Health Strategy

CHS regards Community Unit (CU) as a unit which is assumed to share resources and challenges. The composition of Community Unit differs by demographic features in various geographical mapped zones in Kenya.

Zone 1 – High density regions (Nairobi, Central, Nyanza and Western)

Zone2 – Densely populated regions (Parts of Rift Valley)

Zone3 – Medium density (Coast, Eastern and Parts of Rift - Valley)

Zone4 – Sparsely populated (Northern Arid Lands)

CU has 3 types of key actors with different roles:-

1. **Community Health Worker (CHW):** Volunteer workers provide level1 services and support community for their initiatives to improve their health status.

2. **Community Health Committee (CHC):** Governance body for CU consists of representatives from different groups and villages provide leadership for managing level 1 services and activities in CU and build partnership with stakeholders.

3. **Community Health Extension Worker (CHEW):** Health or development workers support CHWs and CHC technically through supervision and mentoring and strengthen linkage between CU and higher health systems.

Topic 3:
The roles of CHWs at the community (45 min.)

1. Tell the participants, "As CHWs we are facilitators of people's change and helping them to reach their dreams about a healthy life. And we also saw a lot of things we can do as CHWs to support our community in the previous session. We are going to think together now about how we can support our community to facilitate that change."

2. Ask a few participants to volunteer to be 'families' in the community. Describe the members of the family (e.g. father, grandmother and children) and have them sit together as if they are 'at home'.

3. Have someone volunteer to be a CHW. This person visits the homes. Have the person show briefly how they would enter the home and what they would do (e.g. greeting, begin talking about life in the family and any health concerns, etc.).

4. Ask the group to reflect on what happens when someone visits your home. Emphasize that we are looking to build relationships as CHWs through our home visits, through listening, appreciating people, etc. The trust we build with people in our communities will determine how open they are to receiving the health information that we have to share.

5. Ask the participants, "What happens when home visits take place? Are neighbor's watching? What

are they thinking? What do they do? ". Then, have several participants act as 'neighbors' and come around the homes that are being visited by the CHW.

6.   Then, engages the neighbors in a discussion together as a group. Neighbors have shared concerns and can even refer the CHW to other homes where people are having similar concerns/problems.

7.   Ask the participants, "Are their some problems that cannot be solved by individuals or families in your community? What kind of problems? Who needs to get together to solve these kinds of problems? (e.g. the wider community, community leadership, etc.)"

8.   Have the participants who have been acting as 'family' and 'neighbors' come together with others to form a community meeting. Ask the participants, "Who else are important to include in these community meetings (e.g. health workers, chief, village elders, religious leaders, etc.)?"

9.   Ask the participants following questions;

   ●   When communities come together to solve their problems, how do you think they feel? (e.g. proud, happy, strong, etc.)?

   ●   When communities have taken action together, can they measure how effective their actions have been?

   ●   Give some examples of how communities can 'measure' their own progress. (Participatory Rural Appraisal (PRA), Dialogue forums, Shared Community health information, Health days, Health Facility information, Existing records, other reports)

10. Facilitate discussion on roles and responsibilities of CHWs based on the role play. Summarize and record the discussion on flipchart and share the key points in the resource notes below with the participants.

3.1 Key points on Roles and Responsibilities of CHWs

The followings are Roles and Responsibilities of CHWs defined in CHS guidelines:

1. Guiding the community how to improve health and prevent illness by adopting healthy practices

2. Treating common ailments and minor injuries, as first aid, with the support and guidance of the CHEW

3. Stocking the CHW kit with supplies provided through a revolving fund generated from users

4. Referring cases to the nearest health facilities

5. Promoting care seeking and compliance with treatment and advice

6. Visiting homes to determine the health situation and initiating dialogue with household members to undertake the necessary action for improvement

7. Promoting appropriate home care for the sick with the support of the CHEWs and level 2 and 3 facilities

8. Participating in monthly community unit health dialogue and action days organized by CHEWs and CHCs

9. Being available to the community to respond to questions and provide advice

10. Being an example and model of good health behavior

11. Motivating members of the community to adopt health promoting practice

12. Organizing, mobilizing and leading village health activities

13. Maintaining village registers and keeping records of community health related events.

14. Reporting to the CHEW on the activities they have been involved in and any specific health problems they have encountered that need to be brought to the attention of higher levels

3.2 Activities for CHWs at Community Tier

The following are some of the major activities for CHWs at Community tier;

1. Household Visits

Household visits provide opportunities to learn sit alongside and experience firsthand what the family is experiencing for CHWs. The home visit becomes the place of private sharing, where concerns, loss, grief and hope are expressed. Based on what are shared by the family, CHWs can support the family through counseling, thinking the way forward together, giving advices and etc. for promoting their healthy behaviors and environment as well as providing cares the family need.

2. Facilitation of Neighborhood Conversations

The conversations taking place in homes quickly expand to include other households, through relationship connections between local people. Neighbors are watching and are curious about visits by CHW. One family may introduce another. Invitations to return and talk come from other homes. The CHW helps to connect neighbors to each other by including local people in visits to one another. There is an increasing sharing and acknowledgement in and between families.

3. Community Dialogue

As home visits and neighborhood conversations continue, people want to talk openly and together about their shared concerns. The CHW plays a major role in collection of information that is summarized and discussed during quarterly Community Dialogue days. A community dialogue day provides the opportunity for the community participation in understanding the joys and concerns that exist in the community as reflected from the presented information from the households for discussion. To have a community dialogue, sharing Community Based Health Information (see Module6) collected and analyzed by CHWs and CHC (see Unit1, Module2) can help the community to understand their situation and to make decision for further actions.

4. Community Health Action Day

During Community Dialogue, decisions are made for change. The community members hold collective responsibility on the timeline for taking health actions based on the nature and magnitude of the identified health problems.

5. Management of Community Based Health Information

With using Community Based Health Information (CBHI, see Module 6), community can assess their achievement and progress. CHWs collect and analyze the Community Based Health Information together with CHC and CHEW (see the following activity) and support the community to see and think together: Have we changed and how? Are we succeeding? Are fewer people sick? Has behavior changed? How do we know? What further action is needed?

6. Referral

Close attention to the families and proper identification of danger signs make CHWs possible to refer those who need professional health services in good time. Prompt referral often can save the life of community member and prevent from worsening the situation.

Topic 4:

Facilitative Attitudes for CHWs (40 min.)

4.1   Preparation for facilitators

1. Copy a chart below (2x8) on a flip chart with one example for both columns for 'Experts' and 'Facilitators'

Experts	Facilitators
Believe they know more than anyone else	

2. Prepare your ideas to describe 'experts' and 'facilitators' such as;

Experts	Facilitators
Believe only they know people"s problems and solution	Believe people have strengths to respond to their challenges
Only lecture to provide knowledge and skills to people	Use different methods of think, learn and share together with people
Instruct and advice to people	Help people to reveal their strengths and come up with solutionsfor their challenge by themselves
Mobilize their own expertise	Connnect people with others
Do not care how people feel	Try to make people to feel comfortable and confident
Leave people alone after workshop or training	Stay together with people even after workshop or training
Assess people's achievements by paper examination	Help people to assess their achievement by themselves with different methods

> **Do not write down all your ideas or copy the chart above on the flip chart.**
>
> *Let the participants to provide their ideas first and when they are stuck, share your idea with them to stimulate their thinking.-7*

1. Show the participants the illustration below and let them interpret and describe who are the 4 persons and what they are doing.
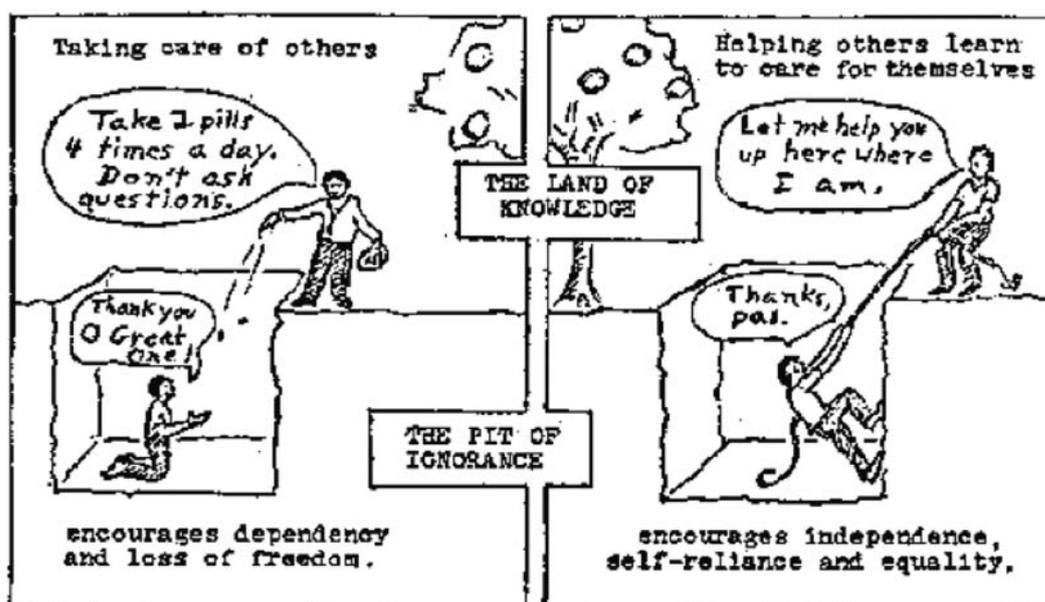
2. Explain to the participants, "the person throwing pills to the person in the pit in the left picture may think him/herself as the only expert who can give everything the other one needs. The person trying to help the one in the pit to climb up to his/her level can think him/herself as just a facilitator to support the one to get out from his/her problem.

3. Ask for a volunteer from the participants to demonstrate (show) how 'an expert' behaves when s/he comes into the community. Ask them to describe how the 'expert' behaved in a short sentence and write them on a chart you prepared.

4. Ask for another volunteer from the participants to show how 'a facilitator' behaves when they come into the community. Ask them to describe how ' facilitator' behaved in a short sentence and write the responses on the chart you prepared.

5. Let the participants to discuss, among an expert or a facilitator, which they want to be as CHWs? And why?

6. Ask participants how many of them use salt for cooking? Why do we use salt? (e.g. to bring out the flavor of food). What happens when we add too much or too little salt? (Ruins the food, people don't like it). When we have the right amount of salt how do people react to our food? (they like it, ask for more, etc)

7. Explain to participants, that we are going to use the word SALT to help us remember how we should behave when we work with our communities.

8. Write the letters, S, A, L, T on pieces of paper. One letter on each piece of paper. Divide the participants into 4 groups. Give each group one piece of paper with one letter of the word SALT. If you think about working as a facilitator, write as many words that describe how a facilitator should behave using the letter on your paper.

For   example:

S	A	L	T
● Smile ● Share	● Appreciate ● Accept	● Listen ● Love	● Think

9. Give time for each group to share what they have written and discuss any additions from others

10. Stand together in a circle. Ask the group: 'what have we learned from this session?' Give a chance for participants to reflect.

11. Summarize that **as we work as CHW in our communities, it is important to remember what we believe about others (they have strengths) and how we will behave as we enter communities (SALT). The right amount of SALT will make people want more and more!**

Session notes on SALT

1. We are all human beings. We all have strengths.

2. If we believe the people in our community have strengths, we will want to behave in a SALTY way.

3. When we behave in a SALTY way, people will feel confident to own their own solutions.

SALT is a way of thinking and a way of behaving

S **Stimulate**	A CHW is able to **STIMULATE** reflection and action by community members. This is done by looking for and appreciating **STRENGTHS** that people have and not just focusing on problems or weaknesses.
A **Appreciate**	A CHW can **APPRECIATE** what people in a community are already doing. So as a CHW enters a community, the first attitude is not one of looking for all the problems and weaknesses, but rather one of appreciating what is already working.
L **Learn**	The CHW is in the community to **LEARN** and understand the strengths of people to manage their own lives.
T **Transfer**	When people feel appreciated, and know that they have strengths to affect change in their own lives and in the community, then **TRANSFER** begins to happen. **TRANSFER** happens when community members link to others to influence change. For example, as mothers begin to show the benefits of exclusive breastfeeding with healthy children, then other mothers in the community begin to practice the same behavior.

In addition to the above, **transfer** can be also happened as the outcome of human relationships and the human capacity for influence. As other individuals and neighboring communities notice what is happening, they are stimulated, desire change and to be active in their own response.

2 Module 2:
Community Governance and Leadership

Purpose: The purpose of this module is to describe the structure of governance, organization, management and coordination of community health services, instill leadership and problem solving skills.

Objectives:

1. To impart knowledge and skills to CHWs on community governance

2. To build the capacity of CHWS in leadership skills

3. To impart problem solving skills to CHWs

Units:

1. Community Governance

2. Community Leadership

3. Problem Solving Process

Mode of delivery &Evaluation method: Reflective Q&A, Role playing and group work

Unit 2.1

COMMUNITY GOVERNANCE

Objectives:

By the end of the unit, the participants will be able to:

1. Describe the concept of good governance
2. Explain roles and function of CHC 3.

Duration: 50 min.

Materials: Flip chart paper, markers, masking tape, idea cards (you can make idea cards by cutting photocopy paper

Unit session plan

Times	Topics	Methodology
20 min	Concept of good community governance	Brainstorming
30 min	Roles and Responsibilities of Community Health Committee	Pair work and sharing

☼ Activity 1:

Sharing Concept of Good Community Governance (20min.)

1. Tell the participants, "there are many committees existing in our community. What committees do you have in your community?

2. Ask the participants whether they have been members to those committees.

3. Ask those who have belonged to a committee what they do (did) in the committee and what the committee does (did).

4. Ask the participants to brainstorm why we need different committees in the community and record their points on a flipchart paper.

5. Summarize their points and share the concept of governance using the key points below.

Key points on Good Governance

What is Governance?

Governance is the practice of decision-making in ways that are transparent and fair/honest. Through this process, the interest of communities is protected.

The presence of good governance practices at community level clarifies roles of the person in charge, simplifies decision-making, and ensures leaders and organization is accountable for their actions and decisions.

Importance of good governance:

1. Promotes trust in the organization and the community

2. Strengthen services to the community and stakeholders

3. Improves decision-making and the quality of these decisions

4. Connects organizations, the community and stakeholders

Characteristics of good governance

1. Involving people in Decision Making and its Implementation

2. Getting things done as agreed in the community

3. being accountable for decisions made

The three "basic characteristics" help people and organizations to make decisions about what actions to take in a community and help them measure the community's performance towards achieving results. People's involvement creates ownership.

☼ Activity 2:

Share with the participants the structure

Organizational Structures and Linkages

```
                    ┌─────────────────┐
                    │    National     │
                    └─────────────────┘
                            ↕
                    ┌─────────────────┐
                    │     County      │
                    └─────────────────┘
                            ↕
                    ┌─────────────────┐
                    │   Sub County    │
                    └─────────────────┘
```

(HFC)   (HFC)   (HFC)   (HFC)   (HFC)   **Tier 2,3**

Community Unit with CHC   **Tier 1**

Villages   **Villages**   **Villages**   **Villages**

HFC = Health Facility Committee
CHC = Community Health Facility
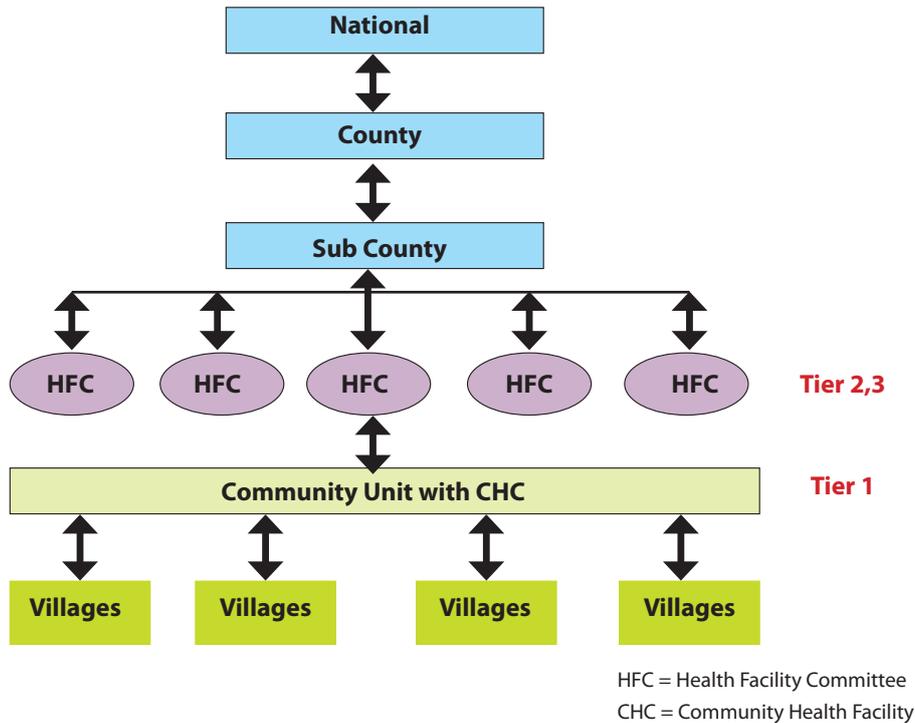
☼ Activity 3:

Roles and Responsibilities of CHC as a Governance Structure in CU (30min.)

1. Tell the participants, "we learned about the idea of governance and we have Community Health Committee (CHC) as a structure of governance in the Community Unit."

2. Ask the participants to pair up with his/her colleague and discuss what they think the roles of CHC should be applying the basic characteristics of governance, for 5 minutes.

3. Ask each pair to present one of the roles they have identified and note the responses down on a flip chart paper.

4. Summarize their responses using the resource notes below and emphasize the linkage function of CHC to other level of health services.

Resource Notes on Roles and Responsibilities of CHC

CHC usually consists of 9 - 13 members elected in the community who represent different social groups and villages. The roles and responsibilities of the Community Health Committee are those of providing overall leadership within the CU.

Roles of CHC

1. Provide leadership and governance at the community in health and related matters in community.

2. Prepare and present to the Link Health Facility Committee and to others as may be needed the community units Annual Work Plan (AWP) on health related issues

3. Network with other players towards improving the health status of people in the Community Unit, e.g. Ministries of Water, Agriculture, Education, etc.

4. Look for ways of raising resources including money, for implementing the community work plan and ensure accountability and transparency.

5. Manage workers and finances at the community level.

6. mobilize the community to participate, in community dialogue and health action days

7. Work closely with the link facility health committee to improve the access of the health services by the CU

8. Help in the solving of problems among stakeholders at the community

9. Follow-up and evaluate the community work plan including the work of the CHWs through monthly review meetings

10. Prepare quarterly reports on events in the CU

11. Hold quarterly follow-up meetings with Link Health Facility Committee

As role 2 and 11 above state, CHC has important function to link services and activities between the community and the health facility.

Unit 2.2

COMMUNITY LEADERSHIP

Objectives:

By the end of the unit, the participants will be able to:

1. Describe basic characteristics required for a good community leader

2. Explain types of leadership and apply the right style according to the situation.

3. Explain the key qualities of a community leader, importance of being a community leader, and their role.

Duration: 120 min.

Methodologies: Blindfolding Game

Materials: Flip chart paper, markers, masking tape, idea cards (you can make idea cards by cutting photocopy paper

Unit session plan

Times	Topics	Methodology
40min.	Basic characteristics of an effective community leader	Bind folding Game
40min.	Styles of Leadership	Group work
40min.	Qualifications of a community leader	Brainstorming

Activities and Facilitation Steps

☼ Activity 1:

Leadership Game on Effective Leader (30min.)

> **Preparation for Facilitator**
>
> - Prepare or ask the participant to bring pieces of cloth which can cover someone's eyes for blindfolding. Use common materials (e.g. lesos, scarfs, etc.) only.
>
> - Make sure there are several objects (White board, lap top computer, table, bicycle, vehicle, stump of tree, etc.) inside or around the classroom.

1. Divide the group into two by counting them off into twos.

2. Lead one group out of the room. Hand them the cloths for blindfold and ask them to blindfold themselves.

3. Tell them that **their colleagues will come and take them by the hand and lead them to two objects in or outside the room which they are to identify. Their partners however will not talk to them but communicate to them through touch.**

4. Assure them that their colleagues will ensure that they will be safe.

5. Instruct the participants in the room to step out and lead one person each. Explain to them, **"You cannot talk to their blindfolded partners. You can only use the sense of touch to communicate to their partners. Yet through this sense of touch you should lead them safely about the task. The task is to lead your blind partners to any two objects in the room and help them identify the objects."**

6. Start this blindfold game.

7. The blindfolded partners in this training game easily identify two objects and are led to their seats and their blindfolds removed.

8. Ask the participants which objects they have identified during the game and list them on a flip chart paper.

9. Facilitate a debriefing session of the blindfold game with using following debrief questions and record their responses on a flip chart paper;

   ● **How did you feel?**

   ● **What did you learn from the game?**

10. Summarize their responses and share the Key Points below.

> ## Key points
>
> ### What is leadership?
> Ability to show others the direction or way to follow to achieve a certain goal
>
> ### Key Characteristics of Leader
> Flexible, good listener, knowledgeable, wise, seeks new knowledge
>
> Innovative, creative, Time conscious, Honest, Confident enough to delegate, Accepting of criticism,
>
> To conclude the discussions facilitator stress on the following key learning points;
>
> ● Leaders always have the bigger picture than the rest
>
> ● The rest of the them have different pieces of the picture clear
>
> ● To follow a leader confidently, the leader needs to be trustworthy and communicate his/her trustworthiness to the person following him/her.

☼ **Activity 2:**

Leadership Styles (40min.)

1. Tell the participants the following; 'We can all think about someone in our life who we consider to be an outstanding leader. This leader may be someone we know or someone who influenced us without knowing us personally."

2. Ask a few participants to share who his/her leader is in five words or less. Explain that one of the first problem to overcome in developing leadership is to be clear on where you want to lead the people to. Many believe that leaders are people who hold political offices, run businesses or coach sports teams, but the truth is that leadership is much more complex and can include many different people, actions and abilities.

3. Introduce the topic of leadership styles. Explain that just as we are individuals in other ways (e.g., dress, working style, and social style); we differ in our style of leadership. Tell the group that this exercise will ask them to examine their own leadership style and reflect on itcan be applied in different situations.

4. Have pieces of paper having names of animals ready. Hold up each paper with name of animals as you read; Snake, Elephant, Lion, Deer, Hippopotamus and post the paper written animals' names around the room.

5. Invite the group to think about the leadership qualities in each animal and decide which animals most like their own leadership style.

6. Ask participants to go to the animal that most reflects their leadership style. Put those who have chosen the same animal together and give each group a flipchart paper. Tell the groups to respond to the following question: "What are the qualities of your animal that best describe your leadership style?"

7. Allow the groups 10 minutes to discuss on the question and write their responses on the sheet of paper.

8. Ask the presenters to present their animals qualities to the participants.

9. In debriefing session, discuss the followings:

   ● **What did you learn about leadership styles through this activity involving animals?**

   ● **How could the information you learned in this activity help you in the future?**

10. **Summarize their discussion and share the Key Points below.**

Resource Notes on Leadership Styles

Leadership Styles

Three styles of leadership are generally recognized. Depending on the situation, any or a combination of the three styles can make good leadership.

- **Democratic:** Makes decisions on the basis of majority Input; this type of leader appreciates the opinion of others, accepts criticism and values feedback, Delegates authority and responsibility, tends to be communicative and participatory.

- **Authoritative:** Decides unilaterally, uses top-down approach, insists on being the final decision maker, communicates commands, tends to be domineering, bossy, oppressive and suppressive.

- **Laissez-Faire:** Provides little direction and allows everybody to make decisions, fosters very little accountability and tends to be indecisive, "on the fence".

Key points in identifying the best leadership style

- Study the situation and decide on the most appropriate leadership style to use e.g. a decision that requires people to agree on an action use the democratic style, when communicating information that has a policy implication use the autocratic but explain that it is a policy issue.

- Change the leadership style when the leader discovers

☼ Activity 3:

Brainstorming on Community Leaders (40min.)

1. Ask following questions to the participants;

Are you someone who:

1. **Wants to improve your community?**

2. **Has something to contribute to improvement of your community?**

3. **Doesn't wait around for someone else to get the work done?**

2. After sharing their responses, tell the participants, "If you have answered "yes" to any of the above questions, you are most likely a community leader already, or on your way to become one. You don't have to run for office or be given a title to be a leader. All you need to do is to decide to take responsibility for your community."

3. Ask the participants, "Why do you think it is important for you to be a community leader?" Get their responses and record them on a flipchart paper.

4. Summarize their responses.

5. Ask the participants to respond the following question, "Then, what are you as a community leader supposed to do to lead your community?" Record their responses on a flip chart paper.

6. Summarize their responses and share the Key Points below.

> ## Key Points on How to Lead Our Community
>
> Indeed, you don't have to be a born leader. You can become a leader by;
>
> - **Jumping in and practicing leadership**
>
> - **Observing others lead**
>
> - **Finding someone to guide/advice** you in leaderships
>
> Below is a list of activities that community leaders do:-
>
> - Influences others (followership) to accomplish a mission, task, or objective
>
> - Exercises authority which should be willingly accepted by the followers
>
> - Understands the feelings and problems of the individuals and entire group
>
> - Works hard to address the needs of others
>
> - Makes people want to achieve high goals and objectives without waiting to be told
>
> - Helps others to move out of difficulties

7. Discuss the following questions;
    - What did you learn about community leadership in this session?

    - Do you think CHWs should be community leaders? If yes/no, why?

    - Do you want to be a community leader? If yes, what kind of leaders do you want

Unit 2.3

PROBLEM SOLVING PROCESS
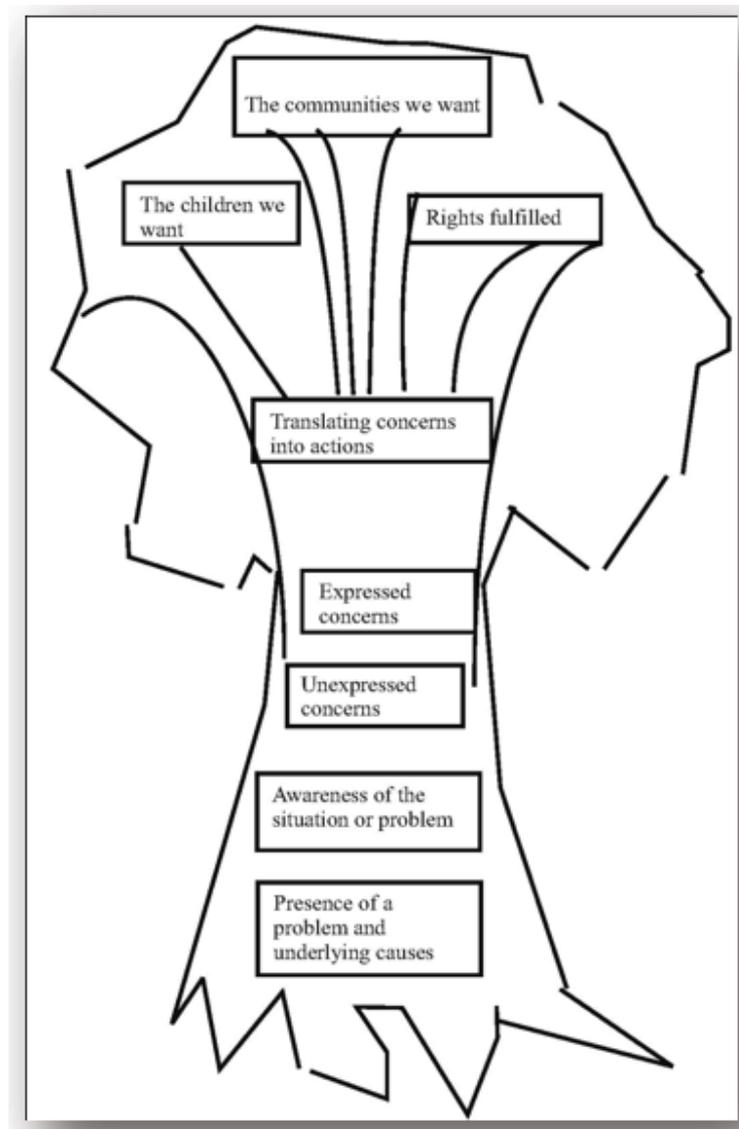
Objectives:

By the end of the unit, the participants will be able to:

1. Identify community problems and analyze root causes of the problems
2. Describe the strategies one can develop for problem-solving
3. Identify resources in their communities

Duration: 180 mins.

Materials: Flip chart paper, markers, masking tape, idea cards (you can make idea cards by cutting photocopy paper

Unit session plan

Time	Topics	Methodology
30min	Sustainable improvement of community(4)	Story
50min	Resource identification and mapping in the community (1)	Demonstration
50min	Community problems and analyzing their root courses(2)	Group work
50min	Problem solving by using community resources(3)	Game & brainstorming

Activities and Facilitation Steps

☼ Activity1:

Identifying Community Problems and Analyzing their Root Causes (50min.)

1. Tell the participants, "We looked at our community resources and found that we have a lot of it. However, it is also true that we are always confronted with problems and that is why problem-solving is important."

2. Ask the participants, "So, what is a problem? How can we define a problem?" Ask some volunteers to respond and record on a flipchart paper.

3. Summarize their responses and share the Key Points below.

> ### Key Points "What is a Problem?"
>
> **A problem is a challenge or a situation that requires a solution.**
>
> - Most of problems are solvable (or partially solvable, or at least improvable). We can do something about them.
>
> - Problems are opportunities to make some good things happen. If it were not for problems, what would be our motivation to create change?
>
> - Problems are challenges. They call upon the best of our abilities, and ask us to go beyond what we thought we could do. They make life interesting, and, at least sometimes, fun. Without problems, life can be pretty boring.

4. Divide the participants into small groups of 5-8 members and provide 20 idea flipchart paper and marker pens to each group.

5. Ask each participant to pick one idea card and **write his/her biggest problem in his/her village on the idea card.**

6. Allow them to show others in the group the idea card and explain why it is the biggest problem in his/her village.

7. Discuss and identify **the most common problem in the group** and write the problem on another idea card.

8. Ask the participants, **"What do you do to solve a problem you are confronted at first usually?"** Allow some volunteers to respond to the question.

9. Tell the participants, **"To solve a problem, we need to look at the problem critically and analyze root causes of the problem. We shall use "But Why?"** technique" to do this analysis ".

10. Then, share the Key Points below.

Key Points on Analyzing Root Causes of a Problem

Root causes are the basic reasons behind the problem or issue you are seeing in your family or community.

Resource Notes

Use of why technique

Why technique is a method used to identify root causes of the community problem. The " Why?" technique examines a problem by asking questions to find out what caused it. Each time an answer is given, a follow-up "But Why?" is asked.

For example, if you say that too many community members have problems with alcoholism, you should ask yourself "But Why?". Once you come up with an answer to the question, probe the answer with another "But Why?" question until you reach the root cause of the problem.

The "But Why" technique can be used to discover root causes either in individuals or the community

1. Individual factors include level of knowledge, awareness, attitude and behavior.

2. community factors are divided into three groups:

    ● Cultural factor such as customs, beliefs, and values

    ● Economic factor such as money, land and resources

    ● Political factor such as decision-making power

The **why technique** uncovers multiple solutions for a certain problem and allow people to see alternatives that he/she might not have seen before. It increases chances to choose right solution.

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11. Allow the groups to practice "Why?" technique for the common problem they identified in each group. Tell the participants to place the idea card they have written group's common problem on the top of flipchart paper.

12. Tell them to write an answer for the first "But Why?" question on a new idea card and place it right under the problem. The answer for the 2nd "But Why?" is placed after the first answer. Continue the exercise until the group members feel they have found root causes.

13. Give all or some groups (depending on number of groups and time) to present their problem and root causes to the others.

14. Lead a debriefing session with using the following questions;

   ● **How did you feel about this session?**

   ● **What did you learn from this session?**

☼ Activity 2:

Stories and Brainstorming on Sustaining Community Services/ Projects (30min.)

1. Explain to the participants **"we learned that anyone who can take responsibility for improvement of community can be a community leader and community leaders can make difference in their communities**. In this Unit, we shall learn and think how we can keep improving our community by utilizing our own resources to solve our problems by ourselves."

2. Explain to the participants, **"the following stories are real stories and have happened in communities in Kenya. Please listen carefully and we shall discuss on the stories later."** Read out or ask volunteers to read out story1 and story2 slowly.

Story 1: Mama Hope's Garden

Mama Hopes is a mother of 4 children in Bahati village in Kilifi County, Kenya. She is concerned about the health of her children because she thought that the meals she prepared for her family were not balanced and enough especially for her growing children. Indeed, she had to spend 3 shillings to buy one leaf of Sukumawiki last year and the high price was too much for her.

One day, she visited her mother's house in neighboring province and found Sukumawiki and other vegetables like onions grew in a gunny sack (gunia) at her yard. Hope asked her mother what it was and her mother told Hope, "One day, one of the farmers in our village called us in a meeting and taught us how to grow vegetable in a gunny sack. We call it 'Multi-story garden' or gunia garden'. All villagers in my village started doing it because it is very simple to do, one needs a gunia and seedlings, and little water and we can have enough Sukumawiki for my family. Even I sell some of the leaves and onions to others when I harvest more than enough for my family!" Hope walked around the village and discovered many households had the same. She requested her mother to teach her how to make it and her mother showed her the way.

As soon as Hope returned to her home, she made a gunia garden as she was taught by her mother. After a month, she started harvesting Sukumawiki and other local green vegetable and found the garden producing plenty with little amount of water. She is now happy because she can cook green vegetables for her family every day and even get other kinds of vegetables like tomatoes with the money she sells hers. Her neighbors kept visiting and asking her how to make it and Hope gratefully teaches her neighbors about the technique.

Story 2: Community Constructed a Bridge for Better Access to School and Health Services in XXX Village in Kenya

Villagers in kipsebwo Village in Nandi County, Kenya had suffered from long lasting short rainfalls for last several years but they finally received enough rainfall last season. Villagers were happy for the blessing of the rain and worked very hard in their farms, however, after a few days of having heavy rain, the villagers found a deep ditch across the village and the ditch cut the only pathway in the village to go to market, school and health center. School kids going to school, women going to market and any sick villagers seeking health services had to follow a very long route which took 2 hours.

A few weeks after the rainfall stopped, the villagers had a community dialogue in a church yard. A pregnant woman shared her experience and said that it was very tough for her to walk for 2 hours to reach clinic for antenatal care while it could be 45 minutes if the pathway was passable. One CHW stood up and said, "I think it is not wise to keep complaining because it will not change our situation at all! Let's think and discuss what we can do to improve our way. What is the best way forward then?"All the participants were thinking for a while and a man courageously stood and said, "Since we are the only people to make the pathway passable, why don't we discuss how we can work for it together?"The participants agreed with his suggestion, discussed and decided that all villagers would meet and work together to bring hard soil from neighboring village and fill a part of the ditch with the soil to make a bridge every Wednesday and Saturday afternoon.

The villagers, including men, women and adolescents gathered twice in a week and worked hard to make the bridge. After one month, the bridge was completed, the villagers celebrated the completion and started passing one side to the other through the bridge. The bridge made life of villagers easier and the villagers started planting tree seedlings around the bridge to prevent the bridge from soil erosion with support of the forestry service.

3.   Ask the participants the following questions and record their responses on a flipchart paper.

- **What did you hear in story1?**

- **What did you hear in story2?**

- **How did you feel about the stories?**

- **What did you learn from the stories?**

- **Are there similar stories in your communities? If yes, share the stories with the others.**

4. Summarize the discussion, share and emphasize the Key Points below.

Key Points in problem solving in the community

- Anyone can improve own life situation with existing resources at anytime.

- Better starting small. Small success can make difference. And accumulation of small success can change our community.

- Be creative. Think and act by yourself.

- Be connected with other community members and partners and work collectively when it is possible.

☼ Activity 3:

Community Resource Mapping (60min.)

1. Explain to the participants "In module1, we discussed our strengths and concerns and we found a lot of strengths with us in our community. Strengths, resources and assets we have can be used to address some of concerns we also shared and to strengthen the community as a whole. To accomplish this, we first have to find out what those resources and assets which we can use for improving our situations are."

2. Ask the participants, **"Why do you think it is important to identify our resource?"** and record their responses on a flipchart paper.

3. As summarizing their responses, share the Key Points below and if there other points the participants to think of, let them share and add.

Key Points on Importance of Resource Identification/Mapping

Resource identification and mapping is important because identified resources can be used as a foundation for community improvement;

- External resources (e.g. government and donor funds/money, material and non-material supports, etc.) often just are not available, whether we like it or not. Therefore, the resources for change must come from within each community.

- Identifying and mobilizing our community resources enables community members to gain control over their lives.

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4. Ask the participants **"What is community resource?"**

Record the responses on a flipchart paper.

5. Summarize their responses and share the Key Points below with the participants and add points which have not appeared in their responses.

> ## Key Points "What is Community Resource?"
>
> Let's define community resource as anything that can be used to improve the quality of community life. And this means:
>
> ● It can be a person: e.g. mechanic, a farmer, a carpenter. These are referred to as community own resource persons.
>
> ● It can be nature: without nature such as river, forest, land, spring and mountain, we can't get water, food, firewood and any other things essential for our lives.
>
> ● It can be infrastructure: a road, borehole, electricity, network of mobile phone mean lot in our community lives today.
>
> ● It can be physical structure or place: a school, health facility, market, church, library, community center, etc. It could be a community landmark or symbol. It might also be an unused building that could house a nursing home, or a room ideal for community meetings. Or it might be a public place that already belongs to the community park, a wetland, or another open space
>
> ● It can be business: that provides jobs and supports the local economy.
>
> ● It can be you and everyone in the community: This is good news, because it suggests that everyone in the community can be a force for community improvement if only we knew what their talents are, and could put them to use.

6. Divide the participants into groups by village (the participants are from) and provide 2 sheets of flipchart paper and marker pens of several colors to each group.

7. Ask the groups toidentify the various resources in their village and list them on a flip chart.

8. Ask the groups to draw map of their villages on another flipchart paper and indicate locations of the resources they have listed on the village map. Tell them to use colors and symbols to indicate different types of resources clearly on the map. Give the groups 20 minutes for the group work.

9. Allow the groups (if you have many groups, ask 3 or 4 groups to volunteer) to share and explain their maps to the other participants. Audience can give their inputs during the presentation.

10. Facilitate a debriefing session with the following questions:

    ● **What did you learn from mapping your community resource?**

    ● **How do you feel as you see the resource maps in your community?**

Resource Notes on Community Resource Mapping

It is ideal if community resource mapping can be done through transect walk and community dialogue, however, the mapping exercise in this training rely on the participants' memories and imaginations due to time constraint. CHWs are going to go around their villages to conduct household registration after the training and it can be a great opportunity for them to explore their resources in their villages further and update on their resource map. Share this idea with the participants and if it is possible, put it as an activity in their action plan.

3 Module 3: Communication, Advocacy and Social Mobilization

Purpose:

The purpose of this module is to equip the participants with communication, counseling, mobilization and advocacy skills as well as enhancing community dialogue techniques

Objectives:

To build basic capacity of the participants on following competencies to facilitate effective implementation of community health services:

1. Communication
2. Counselling
3. Social mobilization and Advocacy
4. Community dialogue

Key Community Practices addressed in this module	• Identify with the health messages CHWs share • Demand a counseling session to CHWs on health issues they are facing and come up with an action plan • actively engage in community mobilization and advocacy • Engage in meaningful community dialogue
Roles and Responsibilities of CHWs in this module	• Communicate key health messages to the community using appropriate communication skills • Provide counselling to the community members • Carry out community mobilization, dialogue and advocacy
Number of Units	4 Units (Communication, Basic Counseling Skills, Social Mobilization& Advocacy, Community Dialogue)
Total hours	10 hours
How to evaluate	Debriefing Discussion and reflective questions

Unit 3.1

COMMUNICATION SKILLS

Unit session plan

Times	Topic	Methodology
20min.	Introduction to Communication	Brainstorming
20min.	Types of Communication	Role playing & brainstorming
20min.	Communication channels	Pair work & brainstorming
20min.	Effective communication	Role playing & brainstorming

Objectives:

By the end of the unit, the participants will be able to:

1. Describe importance of communication
2. Use verbal and nonverbal forms of communication
3. Use different communication channels   according to the target audience and message
4. Demonstrate communication skills

Duration: 1 hour 20min.

Methodologies: Brainstorming, role playing and brainstorming

Materials: Flip chart paper, markers, masking tape, idea cards (you can make idea cards by cutting photocopy paper

☼ Activity 1:

Rumour Game (20min.)

(The rumour game is meant to create an environment for the units within the module)

1. Let the participants make a line with 15 members.

2. **Whisper the following sentence to the first person in each line**

3.   Instruct them to whisper the same sentence to the next person, let this be repeated until each participant has heard the sentence. "John was seen in the market last Saturday with Mary."

4. Ask the last participant to say what they heard and compare it with the others

5.   explore and note how the rumour changed

6. Ask the participants **what they learned from this game** and summarize this in view of the objectives of the unit. .

Introduction to Communication

☼ Activity 2:

Brainstorming on communication. (20mins)

1. Ask the participants, "What do you think communication is?

2.   And what do you think communication can do in your community?" Allow for several responses and check out their understanding based on the Key Points below.

Key Points 0n Communication

Communication is the process of sharing our ideas, thoughts, and feelings with other people and having those ideas, thoughts, and feelings understood by the people we are sharing with.
 Communication can:

● Raise people's awareness

● Generate action

● Influence public opinion

● Mobilize support

---

3. Divide the participants into small groups of 8-10 members. Ask them to share why they think communication is important at individual and community level and summarize with the Key Points below.

Key Points on Importance of Communication

● Strengthen existing relationships

● Help built positive relationships for future interactions

● Prevent misunderstandings

● Enhance self confidence

● Gives community members the knowledge to understand and work towards a common goal.

Types of Communication

☼ Activity 3:

Brainstorming on types of communication (20min.)

Ask participants "How do you know that someone is listening to you? Can you communicate without talking? Allow participants to pair in twos and buzz on what they think about the questions asked.

Ask the participants to differentiate between verbal and non-verbal communication by analyzing the following scenarios. Discuss on the probable messages sent .Ask for more examples.

- A baby crying

- A policeman raising his hand on the road

- A deaf person talking

- Head moving up and down(nodding)

- Head moving left and right side

Types of communication

- Verbal communication

- Non-verbal communication

Verbal communication

This is the process by which people communicate face to face. It is sometimes this is referred to as oral communication. Verbal communication involves words, language and vocal tone. It occurs through the act of speaking or writing. Examples of verbal communication: songs and drums, stories, speeches, conversation, radio, television, brochures and posters.

Non-verbal communication

Non-verbal communication describes the process of conveying meaning in the form of non-word messages. Non-verbal communication is also called silent language and plays a key role in   human communication in day to day life.Examples of non-verbal communication; Nodding, eye contact, leaning forward or backwards, Facial expressions

Ask the participants to perform a return demonstration

Communication Channels

☼ Activity 4:

Brainstorming on communication channels. (2omin.)

1. Ask the participants to pair up and share how they pass information within their community then present these to the larger group.

2. Summarize their responses and share the Key points below.

> ### Key Points on Channels of Communication
>
> ● Radio, Newspapers, Television- Good for awareness creation and information
>
> ● Drama, road shows- Good for localized awareness creation and knowledge
>
> ● One on one-Counseling sessions
>
> ● Small groups communication, peer counseling,, chiefs baraza, peer education- Good for attitude change, skills and confidence building
>
> **NB:** Different communication channels have different strengths and weaknesses. We have to choose an appropriate channel for what we want to communicate.

Effective Communication

☼ Activity 5:

Discussion (20min)

Ask the plenary what is effective communication. Discuss with the participants the points below

> ### Key Points on what Effective communication requires
>
> 1. Clear and specific objectives based on your goal or message
>
> 2. Clear messages presented in simple and straight forward way
>
> 3. Appropriate selection of channel for sending messages based on target group
>
> 4. Provide for back and forth dialogue
>
> 5. Cultural sensitivity

☼ Activity 6:

Role Play on barriers of communication (5min)

Get two participants to talk to each other, one participant using English and the other responding in Kiswahili? They should just exchange niceties as strangers meeting for the first time.

Allow the plenary to analyse the communication.

Ask the participants what would be the probable barriers to communication.

Key Points on Barriers to effective communication
● Age/status differences;
● Language
● Political differences;
● Message overload or incomplete messages
● Mistrust,
● Level of education,
● Culture,
● Timing

Unit 3.2

BASIC COUNSELING SKILLS FOR CHWS

Objectives:

By the end of the unit, the participants will be able to;

1. Understand what counseling is
2. Describe and demonstrate how they can use basic counselling skills
3. Demonstrate the counselling skills properly

⏱ **Duration:** 140 min.

Unit session plan

Time	Topics	Methodology
10min.	Introduction to Basic Counseling	Brainstorming
30min.	Active listening skills	Pair work & Brainstorming
40min.	Learning skills	Pair work & Brainstorming
60min.	Building confidence and giving support skills	Role-play& Brainstorming

☼ Activity 1:

Role plays on basic counseling skill

☼ Activity 2:

Brainstorming on Introduction to Basic Counseling Skills (10min.)

1. Ask the participants to share what they do when a close friend shares with them an issue they are going through in their life and record their responses on a flipchart paper.

2. Summarize their responses and share the Key Points below on introduction to counseling

> ### Key Points on Counseling Skills
>
> Counseling is a way of working with people in which you understand how they feel, and help them to decide what they think is best to do in their situation.
>
> Counseling skills helps people to change as they learn to think things through for themselves and make their own decisions, free of the effects of past experiences or practices.
>
> Counseling skills include:
>
> ● Listening skills –active listening, reflective listening
>
> ● Learning skills
>
> ● Building confidence and giving support skills

Ask 2 volunteers to play roles in Role Play A and other 2 volunteers to play roles in Role PlayB.

> ### ◎ ROLE PLAY A
>
> | | |
> |---|---|
> | **Maarifa** | Hallo mama Fimbo, I was told by mama Kazuri that Fimbo is very sick he is vomiting badly and has diarrhea. |
> | **Mama Fimbo** | Hallo bwana Maarifa, yes Fimbo has got me and my family so worried from the sickness. He looks so weak and has missed school for a while now. |
> | **Maarifa** | That must be typhoid. When I was told about it by mama Kazuri, thought I should come and teach you about typhoid and diarrhea diseases.Typhoid comes as a result of drinking unsafe water, that is, water that is not treated or boiled. Typhoid is a very bad disease and is very expensive to treat. Diarrhea diseases are very dangerous especially to children under the age of 5 years. Fimbo looks like he is 5 years old and it might kill him. Diarrhea dehydrates him and vomiting too, you should make sure that your family boils and treats drinking water every time to prevent these diseases. |
> | **Mama Fimbo** | What can I use for treating water because I don't like the taste of boiled water? |
> | **Maarifa** | You should use Water Guard. Tell your husband to buy it on his way home from work. If you don't treat your water, all of your family will die. Take Fimbo to the hospital and make sure that all what I have told you happen. |

◎ ROLE PLAY B

Musa	Hallo mama Raha
Mama Raha	Ahhh, karibu sana bwana Musa
Musa	It's good to see you after a long time.
Mama Raha	It's good to see you too bwana Musa. It's been quite a long time. But I was with your wife over the weekend, " *kwa chama ya wamama."*
Musa	Ni vizuri, she told me about it but she also mentioned to me that Raha your son has a diarrhea problem. That has disturbed him for a while now.
Mama Raha	Ohh yes, he has got me worried so much and has even lost weight but we have not seen a doctor yet.
Musa	Pole Sana mama Raha that your strong boy is suffering from this toughness. You must worry a lot about him… When I heard that from my wife, I thought it was a good idea if I came and shared a talk about diarrhea, is it ok with you if we shared about it?
Mama Raha	I will be delighted to, because I love my son so much and I am so worried about him in this situation.
Musa	Am happy to hear how much love you have for your son. It's a noble thing to do and also the fact that you are concerned with his health.
Mama Musa	His health is a priority to me, and I would do anything to prevent this thing from happening to him ever again.
Musa	That is good of you mama Raha, what am getting from you is that you are ready to put an effort to end the problem of diarrhea from your son and your family too. Do you know how people contact diarrhea?
Mama Raha	I think I do, it is caused by drinking dirty water and eating contaminated food.
Musa	Wow! I see you are so knowledgeable about it. It's true that you can contact diarrhea by taking contaminated food or water. It is also a symptom of diseases like typhoid or cholera.
Mama Raha	Jesus! So there is a possibility that my son is suffering from the two diseases?
Musa	Yes mama Raha, there is a possibility but not necessarily the two, there are many more. Do you know how you can protect yourself and your family from all these problems associated with diarrhea?
Mama Raha	Yes I know, I always hear that people should treat their drinking water or boil it to make it safe for drinking.
Musa	I see you know so much about it, I am so encouraged of how informed you are, but mama Raha do you do any of these things or what are some of the ways you use to make and keep your drinking water safe.

Mama Raha	Mmmmh not really, I only keep my drinking water in clean containers and keep them closed all the time. But I don't treat the water because the river Nyamindi water that we drink looks clean.
Musa	That is a good thing to do mama Raha, keeping drinking water in clean containers is a positive thing you do. Am also getting from you, that you don't treat or boil drinking water because river Nyamindi water is clean.
Mama Raha	Yes, it's true Musa
Musa	What makes you think that this water is not contaminated?
Mama Raha	Ahh this water is crystal clear. Inakaa safi sana
Musa	Oh, so it's clarity makes you think that it's safe?
Mama Raha	Of course Musa
Musa	Alright mama Raha, is it ok if I told you something or gave you some information about clear water.
Mama Raha	Yes Musa, please do.
Musa	It is possible to have water contaminated and still maintain its clarity because germs that cause the water borne diseases are not visible in water or food. The clarity might lead some people to thinking that clear water is safe water, which is not true. What do you think about that?
Mama Raha	Salaaala! This might have been the source of my son's sickness.
Musa	There is a big possibility and you are absolutely true. So what do you plan to do now that you know clear water is not necessarily safe water?
Mama Raha	Bwana Musa you are a true blessing to my family. I have some in the Mutungi which I will boil for today and then treat thereafter, but now, I hear those Water Guards are sold in town and I don't see myself going to town soon, can I send you?
Musa	No need to do that, your neighbor mama Karuri stocks Water Guard, I always buy from her shop. Do you know how to use Water Guard if I may ask?
Mama Raha	Oh yes I know you USE one Kifuniko for 20 liters of water shake nicely and leave it for 30 minutes and your water is safe for drinking.
Musa	As I said mama Raha you had all the information that is so correct. Those are the right steps to make your drinking water safe, but please make sure you take Raha to a doctor so that you can establish what he is suffering from.
Mama Raha	Thank you so much Musa. Am so grateful .Pass my regards to your family!
Musa	You are welcome! You are my community and your health is also my concern. Bye and I will pass by next week to see how your boy is fairing.

3. The differences in the two role plays bring out the key counseling skills.

Summarize the role plays with the Key points below

> ## Key Points
>
> - Counseling skills include:
>
> - Listening skills which include active and reflective listening
>
> - Learning skills which include probing (open ended questions) and summarizing
>
> - Confidence building and support skills which include affirmation and disclosure (information sharing)

1. After introducing this skills through the key points, have the participants identify using examples from the role plays where each skill has been used.

2. Summarize as follows their responses,

> **Listening skills: "Musa utilized active listening skills and learning skills nicely in his conversation with Mama Raha**. He tried to listen carefully without interfering but encouraging Mama Raha to speak, providing open questions and closed questions appropriately and give reflections to make her feel understood.

A counseling session in progress

Active Listening Skills

☼ Activity3:

Pair Work on listening skills (3omin.)

1. Pair participants and let them decide which will be a speaker and which will be a listener in the flowing 5 minutes exercise.

2. Give the following instruction to the speakers, "You are to tell your partner all about something frustrating that happened within the last week or so. For example, stuck in heavy traffic, child got poor scores, etc."

3. Give the following instruction to the listeners, "You are not allowed to say anything more than nine or ten letters long to keep her/him continuing i.e. "uh-huh", really!?", "tell me more", etc. but free to use body languages."

4. Ask the following questions to the listeners and record the responses on a flipchart paper:
    ● Were you able to keep the conversation going using only body language and a word or two?
    ● Were you able to keep yourself from interrupting while your partner was talking?

5. Ask the speakers the following questions:
    ● Did you feel you had a permission to keep talking?
    ● Did you feel you were heard?

Summarize their responses and share the Key Points below.

Key Points on Active Listening Skills

Active listening happens when you "listen for meaning". The listener says very little but conveys empathy, acceptance and genuineness.

Active listening is hard but rewarding work. It is so tempting to interrupt, so easy to be distracted. Therefore the important points on active listening are:

● Before the session, make sure your physical needs are taken care of (thirst, hunger, bathroom, stretching).

● Look at the speaker. Taking a few notes can keep you on task; mentally put masking tape across your mouth

● Watch your non-verbal messages.

● Encourage the speaker to continue with short, gentle comments like "uh-huh", "really?", "tell me more", etc.

● If the person is not normally talkative, you may have to refer to your brief one or two word notes and ask an open question.

Helpful nonverbal communication makes the person we are counseling feel that you are interested in them, so it helps them to talk to you.
Here are some tips on use of non-verbal communication:
● Keep head at same level
● Pay attention (eye contact)
● Remove barriers (tables and notes)
● Take time
● Appropriate touch

☼ Activity 4:

Brainstorming and Pair work on Learning Skills (40min.)

1. Explain the participants, "In addition to the active listening skills, there is another important counseling skill you are going to learn in this session. It is 'Learning Skills".

2. Allow the participants to ask one question to the facilitator. Record the question on a flipchart paper and the facilitator will answer truthfully to the question.

3. Ask the participants, "If you want to withdraw more information from me, what will you do?" Record their responses.

4. Summarize their responses and tell the participants, "There are two important skills included in learning skills for counseling that we are going to learn. They are:

    *   **Asking questions skills**

    *   **Reflecting back skills**

5. Tell them, "We shall start learning from 'asking questions skills". Share the Key Points below.

Key Points on Learning Skills for Counseling –Asking Questions Skill

Asking question—open and closed is an important skill in counseling. They can help a person open up and close them down.

An open question is one that is used in order to gather lots of information – you ask it with the intent of getting a long answer. It has no correct answer and requires an explanation of sorts. The who-what-where-why-when-how questions are used for the open question.

For example:

*   Do you have an idea about why this keeps happening?

*   What your plan B?

*   How does that make you feel?

Open questions are great for:

*   Starting the information gathering part of the counseling session

*   Keep the client talking

Learning skills:

An example of probing: "but mama Raha do you do any of these things or what are some of the ways you use to make and keep your drinking water safe."

Reflecting Back Skill

6. Let the participants to make pairs and decide which will play a role of listener (counselor) and speaker (client).

7. Give the following instruction to the listeners, "Ask an open question to your partner (client) like, what makes you happy today? Let him/her keep speaking to some length. Then, take what your partner is saying and reflect it back to him/her when you feel that you should give him/her the reflection.

8. Give the following instruction to the clients, "As your partner asks you a question, you will talk away to respond to the question. "

9. Allow them continue the exercise for 5 minutes and ask the following questions to the listeners and record their responses on a flipchart paper:

    ● **How was it to listen with the understanding you would be reflecting back to the speaker?**

    ● **Did you feel you were "on the same page" with the speaker? If not, why not?**

    o   Reflective listening skills: An example, "that is good of you mama Raha, what am getting from you is that you are ready to put an effort to end the problem of diarrhea from your son and your family too. Am also getting from you, that you don't treat or boil drinking water because river Nyamindi water is clean."

> ## Key Points on Reflecting Back
>
> Reflecting back is a skill to repeat back what a client (whom you are counseling) has said to you, to show that you have heard, to clarify what you have heard and to encourage him/her to say more.

10. Ask the clients the following questions and record their responses on a flipchart paper:

11. Ask the clients the following questions and record their responses on a flipchart paper:

    ● **Did you feel you were being sympathetically heard?**

    ● **What percentage did you feel you were correct? Ten percent? 90%? How come?**

12. Summarize their responses and lead a brief debriefing session by asking the participants what they learned in this session.

Building confidence and giving support skills

Musa also engaged other skills in his conversation to make Mama Raha feel confident and come up with her own solution for her problem. We call this skill "Building confidence and giving support skills." Then, share the key points below.

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Key Points on Building Confidence and Giving Support Skills

People can take action easily when they are confident that they will succeed and get positive results from their action. If the decision for the action is individual, the chance for the person to take action increases tremendously because the person owns the decision.

However, a person easily loses confidence in oneself. This may lead him/her to feel that s/he is a failure and give in to pressure from family and friends. You may need these skills to help him/her to feel confident and good about oneself. It is important not to make that person feel that s/he has done something wrong as this reduces their confidence.

To avoid such a situation and build his/her confidence in themselves and for their action, we:

1. Accept what a person thinks and feels

2. Recognize and praise what a person is doing right

3. Provide key information

4. Supporting the person's decision making

5. Avoid using judging words

'Judging words' are words like: right, wrong, well, badly, good, enough, properly. If you use these words when you ask questions or reflecting back, you may make a person sometimes feel that he/she is wrong.

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Accepting what a person feels (Empathy)

"Musa said "Pole Sana Mama Raha that your strong boy is suffering from this toughness. You must worry a lot about him…" This response shows Mama Raha that what she said was heard and her feeling to her son was understood." Share the key points below.

Key Points on Accepting What a Person Feels (Empathy)

A person can feel s/he is denied and wrong if you disagree with him/her, or criticize, or tell him/her that what s/he worries or is upset about is nothing to be upset or to worry about. If s/he feels so, s/he may lose confidence and may not want to say any more to you.

The followings are some of the tips to avoid such a scenario:

- It is important not to disagree with a person/client.

- It is also important not to agree with an idea that you think not right. You may want to suggest something quite different. That can be difficult if you have already agreed with her.

- Instead, you just accept what she thinks or feels. Accepting means responding in a neutral way, and not agreeing or disagreeing.

- Reflecting back and giving simple responses are useful ways to show acceptance. Later in the discussion, you can give information to correct a mistaken idea.

- In a similar way, empathizing can show acceptance of his/her feelings.

Key Points on Accepting What a Person Thinks and is doing Right (Affirmation)

As human beings, we can be confident in ourselves when we confirm what we are doing is right and good by being recognized and praised by someone else. It is worth to use this nature of human beings to build a person's confidence.

To do that, you can:

- **Be keen to look for a person's good and right practice, behavior and idea during the conversation.**

- **Recognize the person's good practice and express your appreciation clearly.**

Praising good practices has these benefits:

- **It builds the person's confidence.**

- **It encourages him/her to continue those good practices.**

- **It makes it easier for him/her to come up with the way forward**

Providing Key Information and Supporting Decision Making

7. Tell the participants, **"In Role Play B, Mama Raha said that she realized water which looks clear did not mean clean and she would use Water Guard to make water safe to protect her son from diarrheal diseases. Indeed, it was important that Mama Raha herself said these statements instead of Musa".**

8. Ask the participants the following questions and record their responses:

    ● **Why do you think Mama Raha could change her idea on clean water?**

    ● **What made Mama Raha possible to make her way forward (using Water Guard) by herself?"**

9. Share the Key Points below.

Key Points on Providing Key Information and Supporting Decision Making

"Information is one of the most important things you can provide to the person during counseling conversation to support him/her to come up with his/her own solution for the problem s/he is facing. And it is a skill to be able to identify information which s/he already has and choose just two or three pieces of the most important information to give at a time to make the next step clear".

Followings are the tips for providing key information during counseling conversation:

● Recognize what s/he already knows and explain new things based on what s/he knows

● Tell him/her things that s/he can use today, not in a few weeks' time.

● Explaining the reason for difficulty is often the most relevant information when it helps a person to understand what is happening.

● Give information in a positive way, so that it does not sound critical, or make the person think that s/he has been doing something wrong. This is especially important if you want to correct a mistaken idea.

● For example, instead of saying 'Thin porridge is not good for your baby,' you could say: 'Thick foods help the baby to grow.'

● You must be careful not to tell or command him/her to do something.

● Try to find what s/he can do and let him/her to decide for his/her own action.

Unit 3.3

ADVOCACY AND SOCIAL MOBILIZATION

Objectives:

By the end of this unit, the participants should be able to;

1. Explain advocacy
2. Describe the importance of advocacy
3. Explain social mobilization
4. Apply strategies on social mobilization

Duration: 60 mins.

Methodologies: Story, Brainstorming, Group work

Materials: Flip chart , marker pens, masking tape, idea cards

Unit session plan

Duration	Topics	Topics
40mins	Advocacy	Story & Brainstorming
20mins	Social mobilization	Brainstorming & groupwork

Importance & Function of Community Advocacy

☼ Activity 1:

Story & Brainstorming Duration (40min.)

1. Explain to the participants, "We learned several skills to communicate our message and have conversation to support the person to solve his/her problem. The following story is a real story from Bughuta location in Voi County. This is a story about community's power and efforts changed their situation drastically by using several advocacy activities."

2. Read out the story below.

Story: Community's Power Established a Maternity Wing

Bughuta community is located in Voi County in Kenya. Among many concerns, health workers and health facility committee at Bughuta health centre were worried that a small number of mothers gave birth at their facility.

One day at a community dialogue in Bughuta community, the chairperson of the committee stood up and asked the community members, "The number of delivery happened in our health centre in the last month was 4, while the number of children born in the last month in our community was 21 according to the Chief's report. It means majority of babies are born at home assisted by family members or traditional birth attendants in our community. We have been educated by health workers and CHWs on risks of delivery at home and importance of having child birth at health facility. But why do mothers keep giving birth at home?"

Community members gave different answers such as distance from home to the facility, onset of labour pain happened during night, among others. Then, a mother of one year old boy stood up and said, "indeed, all that my neighbours said is true but I know the biggest problem with delivering at health centre. I was told several times to go to the health centre for delivery during Ante Natal Clinic when I was carrying this boy. I had thought I would go there but when the time came, I lost my will to go to the health centre in the last minute and finally called my neighbours to assist me at home. I was wondering what made me reluctant to deliver my baby at health centre and the answer came to me when I chatted with other ladies. The health centre is always crowded and full of noise of babies crying and loud TV sound. I did not like the idea to deliver my kid in such an environment. Nurses and Daktaris are trustworthy but space for childbirth (which is placed at a corner of Mother and Child Clinic) is parted only with a curtain. This is the reason that made me decide not to go there."

Many mothers nodded to show their agreement with her statement. Then, the chairperson asked the community members again," Is the delivery space your biggest reason? Will mothers come to the health centre for delivery if we improve privacy and quietness in the delivery space?" Community members said, "Yes. We promise we will come!".

On the following day, health facility committee members and health workers were busy removing furniture and documents from a room of the in-charge of health centre to a corner of a store. They brought a maternity coach and other equipment to the room where the in-charge used to sit. The room now became a delivery room where there was no noise and disturbance.

CHWs informed the community members that the new delivery space with a lot of privacy was now available at Bughuta health centre. Many mothers attending the ANC witnessed that the health centre now had a "delivery room". In short after that, mothers started coming to deliver their babies at the health centre and the number of deliveries conducted in the health centre in the month more than doubled that of the previous month.

The Chief of the community who attended the community dialogue saw and was impressed with the efforts made by the health centre and the community. He decided to bring a proposal to County Council to request fund for building a maternity wing. He visited with the chairperson of Bughuta Health Centre and Bughuta CU. The Chief handed the proposal to a councillor by telling him"Bwana councillor, my community and the health centre staffs are very serious about this project of putting up a maternity wing. Our community has proved that they will appreciate and use it maximally as they started utilizing a newly organized delivery room recently. As the facility staffs secured privacy for delivery, the utilization of delivery services at the health centre has shot up!"

A few days later, the Chief received a letter from County Council that stated the following: "Your proposal was accepted". Currently, the construction of the maternity wing at A Health Centre is on progress and the community is looking forward to utilizing the facility in near future.

3. Ask the participants the following questions and record their responses on a flipchart :

- What did you hear in this story?

- How did you feel about this story?

- Why did Bughuta community succeed in having a maternity wing?

- Who in the story did advocacy actions? To whom (target) and how did s/he (or they) do the advocacy?"

- Do you have similar stories in your community?

Key Points on Advocacy

Advocacy is speaking up for, or acting on behalf of yourself or another person. It is the process of putting forward one's views to the public and decision makers to engage and educate them with a view of having positive action to and drive change.

"Bughuta community succeeded in putting up a maternity wing by raising voice, showing their efforts and talking to influential persons. We call this kind of actions and process to move people, situation and policy "advocacy".

- According to what we learned from the story, what can advocacy actions do in our community? Or what kind of success can be made through advocacy?

- What advocacy actions CHWs can do for making things change in the community?

Key Points on Community Advocacy

Through Advocacy, we can:

- Promote principles

- Get interests of government, partners and community itself on community issues

- Get support by specific partner for solving problems

- Correct unfair and harmful situation, etc.

CHWs can do the following actions (among many others) for advocacy:

- Mobilize the community to come together

- Identify the needs based on the issue at hand (see Module2 Unit3)

- Explore solutions with the community (see Module2 Unit3)

- Identify the solutions which need advocacy actions

- Identify the specific target of each advocacy action

- Approach the target with using right communication channels, etc.

Social Mobilization for CS Activities

☼ Activity 2:

Brainstorming (20 mins.)

1. Ask the participants the following questions for brainstorming and record their responses on a flipchart paper:

    ● When you want your community members to work together to clean community's water catchment, what is the best way to get people for the work?

2. Summarize the Key Point below.

> **Key Points on Social Mobilization**
>
> Social mobilization is a process, which enables people to put their efforts together for carrying out the joint activities unifying resources and building solidarity.
> In addition, social mobilization:
> ● is to raise awareness
> ● Brings together people from various sides/ parties
> ● is to strengthen community participation for more autonomy
> ● is to foster transparent & accountable decision-making

3. Divide the participants into 3 groups and let each group pick one topic below and discuss the process of mobilizing community for each goal. Tell them to write the identified process on a flipchart paper. Give 5 minutes for the group work.

    ● Share health message on balance diet to the community

    ● Clean a water catchment area in the community before rain season comes

    ● Support a sick neighbor to raise fund for urgent referral to a hospital

4. Allow each group to present their work and summarize them using the key points below.

> **Key Points on Tips for Social Mobilization**
>
> a) How to carry out social mobilization
> ● Mobilize the community to come together
> ● Identify the needs based on the issue at hand
> ● Explore solutions and alternatives
> ● Develop with the community, a plan of action
> b) Strategies
> ● Community sensitization
> ● Collaboration
> ● Lobbying- bargaining for a common ground
> ● Networking

Unit 3.4

COMMUNITY DIALOGUE

Objectives:

By the end of the unit, the participants should be able to;

1. Explain Community Dialogue
2. Understand the steps for Community Dialogue
3. facilitate Community Dialogue
4. Plan Health Action Days based on Community Dialogue

Duration: 150 mins.

Methodologies: Story, Discussion, Brainstorming and Role playing

Materials: Newsprints, felt pens/marker pens, masking tape, pens, notebooks.

Unit session plan

Duration	Topics	Methodology
30min.	Community Dialogue	Story & Brainstorming
30min.	Planning Community Dialogue	Pair work & Brainstorming
60min.	Facilitating Community Dialogue	Brainstorming and Role playing
30min.	Linking Community Dialogue to Community Action Day	Brainstorming

✿ Activity 1:

Role play and Sharing Experiences on Dowry Negotiation (30 mins.)

Ask the participants to volunteer and show case how dowry discussions are done in their community. Get two families ,one for the groom and the other for the bride including aunties and uncles from the plenary. Let them hold dowry negotiations for 10 minutes. Insist they do it as per their culture

Ask the participants whether they saw any dialogue.

1. Ask the participants to share their experiences on Dowry Negotiation , using the following questions::
   - How many people were involved in dowry negotiation?
   - Was there a common understanding among people involved?
   - What action did the dowry negotiation lead to in the end?

2. Ask the participants the characteristics of a dialogue. Summarize with the key points below ".

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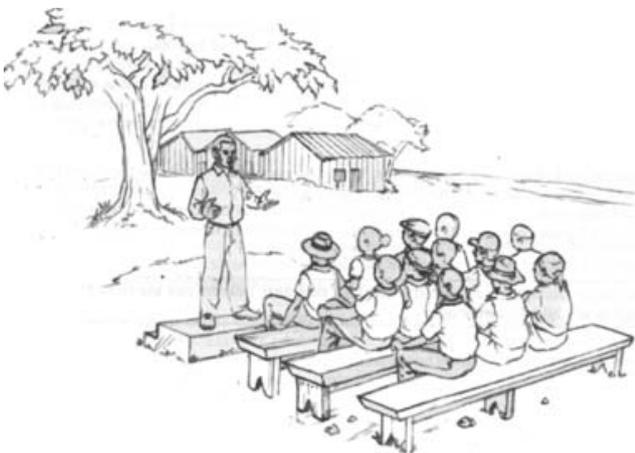## Key Points on Community Dialogue

Community Dialogue is:

● A mutual continuous exchange of views, ideas and opinions about an issue or a concern.

"Dialogue is one of the most important strategies in the Community Strategy to make people's behavior and community change. Organizing and facilitating Community Dialogue is done by the CHC, while the mobilization is done by the CHWs.

Characteristics of Community Dialogue

● It involves interactive communication between two or more parties, aimed at reaching a common understanding on issues for the purpose of taking action

● Dialogue meetings are held quarterly (4times in a year) and members who participate include CHWs, CHCs, sub county Health Management teams, partners and members of the public

</div>

3. Show the illustrations of 2 meetings below and ask the participants, " In which meeting do you guess people are having Community Dialogue? Why do you guess so?"


Meeting 1

Meeting 2

4. Tell them, "Meeting 2 illustrates Community Dialogue Share the key points below.

Key Points on How Community Dialogue can Help Community Dialogue

- Seek to satisfy everyone's needs.

- Win-win solutions

- Find other's strengths.

- Look upon others as a friend.

- Open up the communication

- Ask questions and show that you want to learn

- Create energy by listening actively, asking, inspiring in a positive way, and involving.

- Seek more solutions

Steps in Carrying out Community Dialogue
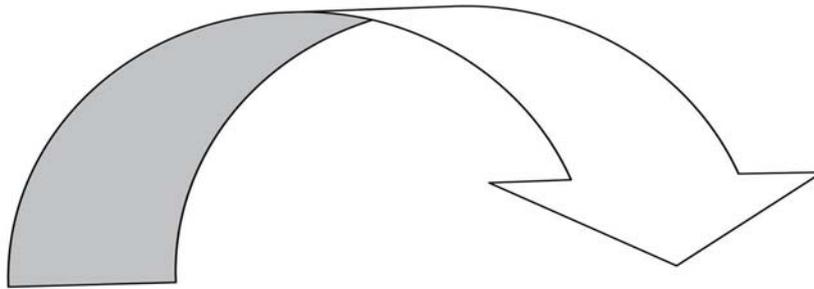
1. Setting the stage: Making an entrance into the community leaderships and community structures. (CHC, HFMC, Prov. admin)

2. Organized groups identification and mapping: Knowing which organized groups exist in the community, where they are and what they do.

3. Making visible the unexpressed needs: Helping the communities to identify the most important needs and how to address them.

4. Making organized groups action plans: Based on the needs and the current status, the community will make plans on how to achieve what they want to be in the future.

5. Ensuring sustained dialogue and results for development: Linking communities and services, supporting the organized groups to carry on by themselves.
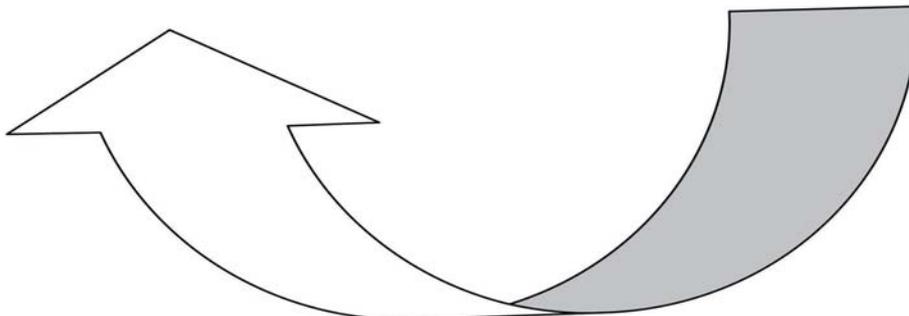
Facilitating Community Dialogue

☼ Activity 2:

Mini-lecture

The LePSA method of adult learning emphasizes participatory methods of learning, in recognition of the fact that adults have their peculiar characteristics and expectations. It is one of the best methods of helping communities to learn from each other. It is also referred to as a problem solving process.

- LePSA stands for:
- **Le**- Learner centered
- **P** - Problem posing
- **S** - Self-discovery
- **A**ction oriented

It involves the use of a starter, followed by "SHOWeD" questions

What to consider when preparing a starter:-

- Deal with the theme on which the community has strong feelings
- Show familiar scenes in everyday life
- It should stimulate interest and move emotions
- Deal with one theme
- It should be simple, clear, and visible
- Avoid distracting details
- A code should raise questions but not provide solutions
- It should portray one problem.

The "SHOWeD" questions are:-

- What did you SEE or hear? (describe the situation depicted by the starter)
- What was HAPPENING? (interpret the situation and identify the problem)
- Does it happen in OUR community/experience? (relevance)
- WHY does it happen? (identify and analyze the root cause)
- What similar EXAMPLES can be given in our area? (extent! Self-discovery)
- What can we DO about the situation? (solutions, resources, action plan)

The SHOWeD questions' are used to guide discussions on a particular problem for the purposes of encouraging the problem solving process. The participants then prioritize and appraise the doable action

COMMUNITY DIALOGUE CAN TRANSLATE THE PROBLEM TO BECOME A COMMUNITY CONCERN

A community dialogue in session

Ask the participants "How can the chalk board generate issues for dialogue in the community?"

Allow response from the plenary and discuss for 5 minutes.

Key point

The trend of the indicators on the chalk board can guide the dialogue by the community members asking themselves why the numbers are increasing or decreasing based on their community experiences.

Key   point
Linking community dialogue to action Day

Like dowry negotiations lead to a wedding day, so does a dialogue day lead to an Action.

The community should make an action plan during the dialogue day, and the action plan is implemented on the Action day.

This means Action days are held as per the Action plans. The frequencies of the Action Days will be determined by the priorityneeds of the community

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4 Module 4: Best Practices for Health Promotion and Disease Prevention

Purpose: The purpose of this module is to enable CHWs to acquire knowledge and skills for the promotion of health and prevent diseases at individual, household and community levels.

Objectives:

By the end of this module the participants should be able:

1. Describe prevention of diseases
2. Explain the importance of Maternal, Newborn and Child health
3. Advocate for Healthy Life Styles
4. Offer Community Support for Vulnerable Groups, SGBV clients and disability groups

Number of Units: Seven (7)

Methods of Evaluation: Feedback Questions at the end of each unit

Unit 4.1

HEALTH PROMOTION AND DISEASE PREVENTION (90MINS)

Objectives:

By the end of the unit, the participants should be able to:

1. Define health promotion and its importance
2. Identify roles of CHWs in health promotion and disease prevention
3. Describe activities on health promotion and disease prevention
4. Identify common practices that promote health and prevent diseases in the community

Materials   Flip chart, markers, masking tape, idea cards

Unit session plan

Duration	Topics	Activity	Methodology
10mins.	Definition of Health Promotion		Brainstorming & question and answer
20mins.	CHW's activities for promoting health and preventing diseases in the community		Discuss and sharing
30mins.	Common Health Challenges and Practices in the Community		Brainstorming

4.1.1 Definition of Health Promotion (10min)

☼ Activity 1:

Brainstorming on the Definition of Health Promotion

1. Ask the participants to explain what they understand by the term 'health promotion' and record their responses on a flip chart

2. Summarize the discussion using the resource notes below:

> Health promotion is the process of enabling people to increase control over, and to improve their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment.
>
> Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being

4.1.2 Importance of health promotion

☼ Activity 2:

Question and answer session on why health promotion is important

1. Ask the participants why they think it is important to promote health in their communities
2. Use the key points below to check and summarize the participants' responses

Key Points on importance of Health Promotion

- Helps communities and individuals realize health and health services are human rights for everyone.

- Learn how to live a healthy life and avoid diseases.

- Improve the health status of individuals, families, communities, states, and the nation.

- Enhance the quality of life for all people.

- Importance of availability and access to quality food throughout the year for improved health.

- Reduce premature deaths.

- Reduces the costs (both financial and human) that individuals, employers, families and the nation would spend on medical treatment.

- To care about their own health and take part in organizing health services and disease control programmes.

4.1.3 Role of CHWs in Health Promotion (30 min)

☼ Activity 3:

Role plays on CHWs' Activities for Health Promotion and Disease Prevention

1. Divide the participants into 3 or 4 groups.

2. Tell them: "A diarrhea outbreak has been reported in your village. What do you think your role is as a CHW? Record responses on flipchart. After returning in a big group, ask the participants to share their responses in plenary.

3. Summarize their responses and share the key points below:

Key Points on Role of CHWs in health promotion and disease prevention:

- Acts as an advocate for positive health practices

- Being a role model

- Provide minor treatment e.g ORS, paracetamol

- Referral of clients for specialized care and follow up

- Social mobilization

- Community dialogue and action

- Community health education

- Participating in health action days e.g. Breast feeding week 1 – 7th August, MALEZI BORA weeks May and November, World Aids day 1stDecember, African malaria day 25th April, TB day 24th March, day of the African child 16th June and other action days as prioritized during community dialogue

4.1.4 Common Health Practices and Challenges

☼ Activity 4:

Brainstorming on Common Health Practices and challenges in the Community

1. Ask the participants to list common health challenge in the community and record them on a flip chart

2. For each health challenge raised, ask participants the following questions :

    - What do the household and community do to prevent the problem?

    - What will the community do to ensure that they solve the above listed problems?

    - Do you think the health problem can be preventable and solvable in the community?

3. Count how many health problems can be preventable or solvable by the community and how many are not. Then, show how most health problems are preventable and solvable at the community level.

4. Conclude this activity by mentioning some of the key health practices that can promote good health as listed below:

Examples of Key Family Practices:

1. Birth registration and issuance of birth certificate of children at birth

2. Exclusive breastfeeding for 6 months.

3. Appropriate complementary feeding from 6months whilst continuing Breastfeeding up to 24 months.

4. Good child care for promotion of mental and psychosocial development among children

5. Growth monitoring for children up to 5 years of age

6. Hand washing at critical times

7. Use of latrines

8. Correct and Consistent use of condoms and other FP methods

9. Abstinence and being faithful to one sexual partner

10. Proper Disposal of waste

11. Regular exercising of the body

12. Personal hygiene; take a bath daily

13. Brushing teeth twice a day

14. ANC visits

15. Eating fruits and vegetables daily

16. Taking 8glasses of safe water daily

17. Screening for cancers eg cervix, breast, prostrate

Unit 4.2

PROMOTION OF MATERNAL, NEWBORN AND CHILD HEALTH (5 HOURS)

Objectives:

By the end of the unit, the participants will be able to:

- Understand the basic concepts in care of a mother before pregnancy, during pregnancy and preparation for child birth, and after delivery

- Explain importance of Family planning

- Demonstrate skills on maternal, infant, and child nutrition

- Demonstrate skills on care of newborn and infants

- Explain importance of immunization for infants and young children

- Explain importance of growth monitoring and nutritional assessment

- Explain the importance of Vitamin A supplementation and de-worming practice

Materials: Flip chart paper, markers, masking tape, idea cards

Unit session plan

Time	Topics	Methodology
10 mins	Definition of preconception care, Antenatal care, skilled birth attendance, and postnatal care	Brainstorming and mini lecture
20 mins	Maternal, Infant, and Child nutrition	Brainstorming, group work, mini lecture
10 mins	Care of Newborn and Infants	Brainstorming
	Immunization for infants and young children	Brainstorming
	Growth Monitoring of infants and young children	Brainstorming, group discussion
	Vitamin A Supplementation and De-worming Practice	Mini lecture

4.2.1 Basic Concepts in Maternal, Newborn and Child Health (15mins)

☼ Activity1:

Brainstorming on concepts in maternal, new born and child health

1.   Ask participants to brainstorm the understanding of the following terms in their community: Maternal care before pregnancy, antenatal care, Individual birth plan, and post natal care. Probe them further on the common practices as far as the terms are concerned

2.   Summarize using the resource notes below:

Preconception care: This is care that a woman gets from the time she is born and in between pregnancies that affects the outcome of future pregnancies. The CHW needs to know the diseases and situations that will make the pregnancy safe and result in a favorable outcome for the baby and the Mother

Focused Antenatal care (FANC): This is personalised care provided to a pregnant woman which emphasises on the woman's overall health, her preparation for childbirth and readiness for complications (emergency preparedness

Individual Birth Plan (IBPs): These are plans that help a pregnant woman prepare a birth plan, that is, what to do when the time comes. They enable the mother to:

● Know When her baby is due

● Identify a skilled birth attendant

● Identify a health facility for delivery/emergency

● Identify the danger signs in pregnancy and delivery and know what to do if they occur

● Identify a decision maker in case of emergency

● Know how to get money in case of emergency

● Have a transport plan in case of emergency

● Have a birth partner/companion for the birth

● Collect the basic supplies for the birth

4.2.2 Pre-pregnancy Risk factors for women(30 mins)

☼ Activity 2:

Mini lecture

1. Ask the participants what they do to their shamba before the planting season. Record the responses on flip chart.

2. Use the responses to explain that the same way we prepare the shamba (Till the land, clear the bushes etc) is the same preparation that a woman needs to do before conceiving

3. Explain to the participants that some risk factors are present before women become pregnant, and may result to certain dangers during pregnancy which include high blood pressure, preterm labor, anemia, stillbirth, and complication during labor.

4. Summarize the sub-topic by outlining the key risk factors below and the key messages

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Risk factors

1. Physical Characteristics leading risk / danger during the pregnancy

    - **Age: Girls aged 15 and younger, Women aged 35 and older**

    - **Weight: Less than 45 Kg before becoming pregnant, Overweight women,**

    - **Height: Shorter than 5 feet (1.5m)**

2. Social Characteristics: Poor families, Rural place that is far from health facility

3. Problems in a Previous Pregnancy: When women have had a problem in last pregnancy, they are more likely to have the problem again. Such problems include a premature/ underweight baby, a previous miscarriage, previous cesarean section, and still birth.

Key   Points

A CHW should encourage women to;

- Attend clinic before getting pregnant for Screening for risks, Health promotion and education,Interventions to address identified risks,Counselling

- Attend antenatal care as soon as she realizes she is pregnant and make at least four focused ANC visits before delivery.

- Have her weight monitored during pregnancy: expected weight gain is between 12 Kilograms to 15 Kilograms from the first to the last trimester

- Ensure that she gets Vitamin A Supplementation within 4 weeks after delivery from the health facility

- Sleep under LLITNs to prevent malaria

- Identify a birth companion and to have Individualized birth Plan

- Seek skilled care at the time of delivery and afterwards.

- Mother should know danger signs in the Newborn

- Utilize the PMTCT services during ANC as it decreases numbers of HIV infected children/ Increases child health and survival and prevent HIV transmission

- Involve fathers/male partners in taking care of the children and reproductive health in the family

4.2.3 Skilled Birth Attendance(20mins)

☼ Activity 3:

Brainstorming on skilled care during delivery

1. Ask participants where the community seeks support once a pregnant woman goes into labor. Allow for a number of responses

2. Summarize the discussion using the resource notes below

Skilled Birth Attendance

A skilled birth attendant is a trained personnel (doctor, nurse, midwife, clinical officer) who conducts delivery in a safe environment using sterilized equipment/ instruments in a health facility or at home (community midwives)

What is safe delivery?

Delivery conducted by skilled health personnel, and in a clean safe environment using right sterile equipment.

What are dangers in unsafe delivery?

- Birth injury of mother and new born

- Infections both mother and newborn

- Excess Bleeding leading to maternal death

- Death of the new born

Note:
Pregnant women should deliver under skilled health personnel at health facility

4.2.4 Care of mother and baby after delivery

4.2.4.1 Postnatal care (10 mins):

☼ Activity 4:

Mini lecture on post natal care

1. **Explain to the participants what postnatal care is and whether they think it is important**

2. **Use the definition below**

This is the care given to both mother and baby from birth in order to reduce complications and deaths as well as to promote health of the mother and baby. This period starts from delivery up to 42 days after delivery (6 weeks)

Key messages

- CHWs should make three post natal home visits, within 24 hours (Day 1), after 3 day, and after 7 days, to check on danger signs on mother and new born, regardless of place of delivery.

- Postnatal mothers should attend post natal care at health facility at 2 weeks, 4th-6th week and 6 months.

- Postnatal mothers should attend post natal care for cervical cancer screening, for family planning, and repeat HIV test

4.2.4.2 Care for new born and infant (30 mins)

☼ Activity 5:

Demonstration on keeping the baby warm immediately after birth

1. Refer the participants to the picture in their manual.

2. Explain the importance of keeping the baby warm

3. Use the picture to explain kangaroo care

Activity: Demonstration of Kangaroo Care

4. Summarize the sub-topic using the key points below

> ### Key Points on Ways to keep the baby warm:
> - Keeping the room warm where the baby is (Explain carefully to avoid carbon monoxide poising and suffocation from burning wood and paraffin stoves).
> - Drying the baby as soon as the baby is born
> - Keeping the baby in skin to skin contact with the mother (on mother's abdomen or chest) with a sheet or blanket covering them (Kangaroo care)
> - Putting the baby to the breast as soon as the cord is cut.
> - Not bathing the baby on the day of birth. If a bath is unavoidable, the baby should be bathed with warm water and dried and wrapped immediately.
> - Comfortable warm clothing (Hat, socks, wrapping baby)

4.2.4.3 Importance of Cord care (20 mins)

☼ Activity 6:

Discussion on cord care

1. Ask the participants what are the common practices among their community on a newborn cord and list them on a flip chart

2. Highlight the importance of cord care as outlined below

> **Key points**
>
> Cord can be an entry point for germs. The cord should be kept clean and dry and nothing should be applied on it. It should not be covered by the nappies as these may introduce germs.

4.2.5 Child Spacing and Benefits (30 mins)

☼ Activity 7:

Discussion on methods of Child Spacing and their benefits

1. Ask the participants what are the Child Spacing methods that are commonly used in their community

2. Probe the participants on the responses given to get the common beliefs and practices on family planning

3. Use the table below to discuss the various Child Spacing methods and their strengths and weaknesses

There are a variety of contraceptive methods to help prevent an unplanned pregnancy. Some are natural, non-hormonal and hormonal. Each method has strengths and weaknesses as follows.

Medical methods

Method	Description	Strengths	Weaknesses
Intrauterine device (IUD)	Small plastic device inserted into a woman's uterus. It irritates the lining of the womb so that a fertilized egg cannot grow.	■ most effective ■ one-time procedure ■ sex able to be spontaneous	■ requires healthcare provider to insert ■ does NOT prevent against STIs or HIV ■ requires removal to become pregnant
Contraceptive implant	Small matchstick-size device inserted under the skin that releases hormones over several years.	■ most effective ■ one-time procedure ■ sex able to be spontaneous	■ requires healthcare provider to insert ■ does NOT prevent against STIs or HIV ■ requires removal to become pregnant
Oral contraceptive (Pill)	Pill that contains hormones. It is taken daily to prevent eggs from growing.	■ very effective if taken daily ■ sex able to be spontaneous ■ can reduce menstrual pain and bleeding	■ must remember to take each day ■ does NOT prevent against STIs or HIV ■ may have side effects
Injectable contraceptives	Injection of hormones that protect against pregnancy for several months.	■ very effective ■ does not require daily action ■ sex able to be spontaneous	■ requires repeat injections ■ does NOT prevent against STIs or HIV ■ may have side effects
Male condom	A thin latex tube that is rolled over an erect penis before it enters the vagina.	■ very effective if used correctly ■ provides protection against STIs and HIV	■ must use for every sex act ■ requires partner cooperation
Female condom	A plastic pouch inserted into the vagina before sex.	■ effective ■ provides protection against STIs and HIV	■ must use for every sex act ■ requires partner cooperation
Diaphragm	Soft rubber dome stretched over a flexible ring. It is inserted into the vagina and placed over the cervix, before sex.	■ effective if used correctly with spermicides ■ has no hormonal side effects	■ must use for every sex act ■ requires visit to healthcare provider ■ does NOT protect against STIs or HIV
Spermicides	Chemicals (cream, jelly, foam) that kill sperm. Inserted into the vagina before sex.	■ effective if used with another method such as a condom ■ have no hormonal side effects ■ add lubrication	■ do NOT protect against STIs or HIV

Natural or non-medical methods

Method	Description	Strengths	Weaknesses
Abstinence	Voluntarily abstaining from sex.	■ completely effective ■ prevents STIs and HIV	■ requires commitment
Breastfeeding exclusively or Lactational Amenorrhea Method (LAM)	Mother exclusively breastfeeds her child during the first six months of life. Need to feed frequently during the day and especially at night.	■ very effective if mother has no monthly bleeding and if used with another method such as a condom	■ does NOT protect against STIs or HIV
Fertility awareness or Natural Family Planning (NFP)	Periodic abstinence (7-10 days) during the most fertile time of a woman's menstrual cycle. Requires recording body temperature and checking vaginal mucous secretion.	■ effective if used with another method such as a condom	■ does NOT protect against STIs or HIV ■ requires woman to be aware of, and attentive to her body

4.2.6 Maternal, Infant and Child Nutrition

4.2.6.1 Maternal Nutrition

☼ Activity 8:

Brainstorming on Cultural Practices and Perceptions in regard to the diet of pregnant and lactating women

1. Ask Participants to share the common dietary and health practices for pregnant and lactating women in their cultural context. Record responses on flipchart

2. Summarize the discussion using the resource notes below

Maternal nutrition involves ensuring optimal intake of nutritious diet and healthy lifestyle during pregnancy and lactation period. During this period, variations in dietary changes affect the health outcomes of both mother and fetus

Pregnant and lactating women should:

- Aim to achieve ideal weight and ensure adequate intake of nutritious foods prior to the pregnancy

- Eat a variety of foods from plant and animal sources

- Eat three nutritious and healthy meals daily

- Have healthy and nutritious snacks in between meals

- Eat two servings of fruits and 2-3 servings vegetables daily

- Drink plenty of clean safe water

- Avoid foods that are high in fats and sugar

- Use iodized salt sparingly

- Eat foods fortified with Vitamin A and iron

- Take the recommended micronutrient supplements such as folate and iron. Do not take vitamin A supplements during pregnancy

- Reduce their work loads.

- Eat small frequent and nutritious meals, and alter the texture and consistency of foods in cases of difficulty in swallowing or chewing food

- Engage in some form of physical activity to stay healthy

Key Points

Nutritional status of the mother during pregnancy directly affects the unborn baby. Women who are well nourished have the best chance of delivering healthy babies.

Pregnant women should take iron and folate supplements during the pregnancy period

Factors Affecting Food Intake

☼ **Activity 9:**

Brainstorm on factors affecting food intake during pregnancy (15mins)

1. Ask Participants to brainstorm on factors affecting food intake during pregnancy

2. Summarize the discussion below using the resource notes below:

Factors affecting Food Intake

- Beliefs/Cultural practices - there's the widespread belief that pregnant women should not eat eggs because of the danger of delivering a very big baby.

- Cravings – Pregnant women tend to crave for foods of little or no nutritional value.

- Heavy workload – Can lead to many women having too little time and energy to prepare adequate nutritious meals.

- Physical inactivity – Common in urban areas where lifestyles are sedentary. Results in excess weight gain and or obesity.

- Body image – Some pregnant women, for the fear of putting on weight refuse to eat, leading to inadequate nutrient intake. This can have adverse effects on their pregnancy and newborn baby.

- Quality and Quantity of foods eaten daily – There is a misconception that a pregnant woman eats food for two, resulting in higher than recommended intakes of foods.

- HIV related symptoms that can affect appetite or eating such as painful swallowing from candidiasis, acute and chronic infections such as T.B – Can result in reduced nutrition intake and poor nutritional status of the mother.

Key Points

Women during pregnancy and after delivery requires adequate food and an extra meal a day due to their special needs

4.2.6.2 Nutrition for New Born and Childhood

Early initiation of breast feeding and Exclusive breastfeeding

☼ Activity 10:

Group Discussion

1. Divide the participants into two groups

2. Ask the first group to explain what they understand by the term 'early initiation of breast feeding' and the second group to explain what they understand by the term 'exclusive breast feeding'

> ### Key Points:
>
> ### What is Early initiation of breastfeeding?
>
> This means putting the baby on breast milk within one hour of birth.
>
> ### What is Exclusive breastfeeding?
>
> This means giving infant only breastmilk and no other food or drink, not even water whenever the baby wants for the first 6 months with the exception of prescription medicine.

3. Ask the first group to discuss the benefits of breast milk to the baby and second group to discuss the benefits of breastfeeding for the mother.

4. Summarize the discussions by emphasizing the following resource notes

Benefits of Breast milk for the Baby	Benefits of Breast feeding for the mother
Saves babies' lives	Putting the baby to the breast immediately after birth helps expel the placenta & reduces bleeding after delivery
Early initiation (within 1hr after birth) takes advantage of baby's alertness	Baby's suckling stimulates uterine contractions
Early initiation (within 1hr after birth) gives baby benefits of colostrum	Breastfeeding the baby immediately and frequently stimulates milk production
Has all the baby needs for the first 6 months	Breastfeeding the baby immediately and frequently prevents engorgement (accumulation of milk in the breast)
Contains enough water for the baby's first 6 months	It is economical
Provides food security in emergencies	It stimulates bonding between a mother and her baby
Promotes adequate growth and development	It is good for maternal health
Stimulates optimal growth development	It protects against early pregnancy which helps protect a woman's own health and nutrition
Protects against diseases especially diarrhea and respiratory infections	Breastfeeding contributes to food security for the infant
Is always clean, ready and at the right temperature	
Is easy to digest	

Key Points:

- Babies should be put to breast within 1 hour of delivery
- Babies should only be breastfed (no other foods, not even water) for six months.
- Exclusive breastfeeding is important because breast milk alone has all that the baby needs to grow during the first six months of life and it also protects the baby against infections
- Babies born to HIV mothers should be exclusively breastfed with appropriate ARVs for both mother and baby.

Feeding the child after 6 Months (Complementary feeding)

☼ Activity 11:

Brainstorming

1. Ask participants to discuss in twos, the common foods that are given to babies and the frequency

2. Summarize the discussion using the resource notes below:

What is complementary feeding?

This means giving other foods in addition to breast milk. During the period of complementary feeding, a baby gradually becomes used to eating family meals. Complementary feeding is done gradually between 6 to 24 months and involves the introduction of one food at a time. At around the age of 2 years, the baby becomes used to family foods which can entirely replace breast milk, although the child may still breastfeed

Age	Complementary feeds
6month – 1 year	Breast feed + 3 meals per day
1 year – 2 years	Breast feed + 3 main meals + 2 snacks* per day
2years – 5 years	3 main meals + 2 snacks* + 2 cup of milk per day

*Snacks include locally available fruits and cereals

General messages on Child Feeding after 6 Months

☼ Activity 12:

Mini Lecture on key messages in complementary feeding

1. **Use the key messages below to explain to the participants some of the key practices**

> ### Key messages:
>
> ● Feed slowly and patiently, and encourage children to eat, but do not force them
>
> ● If children refuse many foods, experiment with different food combinations, tastes, textures and methods of encouragement
>
> ● Minimize distractions during meals because the child may lose interest easily
>
> ● Remember that feeding times are periods of learning and love-talk to children during feeding with eye to eye contact.
>
> ● Maintain high standards of hygiene during preparation of foods
>
> ● Deworming twice a year to maintain appetite, enhance nutrient assimilation and food efficiency in the body
>
> ● Encourage the child to breastfeed more and continue eating during illness and provide extra food after illness
>
> ● Prepare foods for children from 2–3 food sources starches, legumes, vegetables/fruits, and animal foods at each serving. Try to feed different food groups at each serving.
>
> ● Children should be supplemented with vitamin A every six months until the age of 5
>
> ● Monitor the child's growth monthly up to five years.

4.2.6.3 Immunization for children (20mins)

☼ Activity 13:

Brainstorming on Importance of Immunization

1. Ask the participants to explain the importance of immunization

2. Ask them to list the various vaccinations they know about and the time they are given. List their responses on a flip chart

3.   Summarize the discussion with the resource notes below:

Why immunize Children?

To prevent immunizable diseases

Schedule of Immunization

Date	Vaccinations	Disease/s
At birth	BCG and Birth Polio (up to 2 weeks)	TB, Polio
6 weeks	OPV1, PENTA1, PCV1,	Diptheria, Pertusis, Tetanus/Pneumonia/ Meningitis/Otitis Media/Bacteremia
10 weeks	OPV2, PENTA2, PCV2,	Diptheria, Pertusis, Tetanus/Pneumonia/ Meningitis/Otitis Media/Bacteremia
14 weeks	OPV3, PENTA3, PCV3,	Diptheria, Pertusis, Tetanus/Pneumonia/ Meningitis/Otitis Media/Bacteremia
9 months	Measles/ Yellow Fever*	Measles, Yellow Fever

*4 district in Kenya only which include Keiyo,Marakwet, Baringo and Koibatek

Vaccine Preventable Diseases

Key Messages

Ensure every child receives required vaccinations by the first birthday

Vitamin A supplémentation

☼ Activity 14 :

Mini Lecture (5mins)

1.   Explain to the participants that in addition to the vaccination, a child needs to be given Vitamin A from 6 months of age, twice per year until they reach age 5

2.   Refer to the schedule below

Importance of Vitamin A supplementation:

Vitamin A is important for a healthy immune system and for growth and development of children. . Children with vitamin A deficiency are more likely to suffer from infections such as measles, diarrhea and Malaria than healthy children

Vitamin A also helps the body use iron and for good eyesight.

Vitamin A supplementation Schedule	
6 month – 11 months	Vitamin A 100,000 IU (international unit):blue capsule
12month – 5 years	Vitamin A 200,000 IU (international unit)red capsule* *6 months interval up to 5 years

De-worming

De-worming is given to all children above 1 year at 6 monthinterval up to 5 years.

Dose of Deworming (Albendazole):   1 to 2 years: 200 mg once

Above 2 years: 400mg once

Deworming twice a year to maintain appetite, enhance nutrient assimilation and food efficiency in the body

4.2.6.4 Nutrition Assessment (15 mins

Assessing Nutritional Status:

Growth is monitored through weighing children regularly and plotting the weight on a growth chart in the mother and child booklet (below).

Activity 6: Demonstration on Nutrition Assessment

1.   Ask the participants to share how they assess whether their children are growing well or not.
2.   Introduce and show the following equipment;

- Salter scale and pant
- MUAC tape

  v(Mother and Child booklet)

Demonstration on how to take weight measurement

1.   Facilitator to divide the participants in groups.
2.   Demonstrate how take weightmeasurement
3.   Ask each group to practice taking weight measurements

Key points on How to measure weight using a salter scale

Children are weighed with a 25 kg. salter scale that is hung on a sturdy beam or tree.

- Before weighing the child, take off all his/her clothes off except the vest
- Make sure the arrow on the scale is pointed at the zero mark
- Ensure that the salter scale is at eye level
- Place the child in the weighing shorts
- Make sure the child is not holding onto anything
- Read the child's weight when the arrow is steady. Do not hold onto the scale when reading the weight.
- Record the findings on Growth Monitoring chart in the mother and child health booklet

☼ Activity 15:

Importance of Growth Monitoring

1. Ask participants to explain the importance of growth monitoring

2. Explain that a Mother Child booklet is used to record information during growth monitoring and should always be carried along when visiting a health facility even when the child is sick

3. As a way forward participants discuss how to start community based growth monitoring and promotion at their respective community health units

4. Summarize the discussion using the resource notes below and show them a sample of the Mother child Booklet:

Importance of Growth Monitoring

Well-nourished and healthy children grow at a healthy growth rate, while children who do not eat well or are sick grow slower.

Growth monitoring is done to assess the nutritional status of children for early intervention and should be conducted every month from birth up to 5 years.

Growth Monitoring Chart

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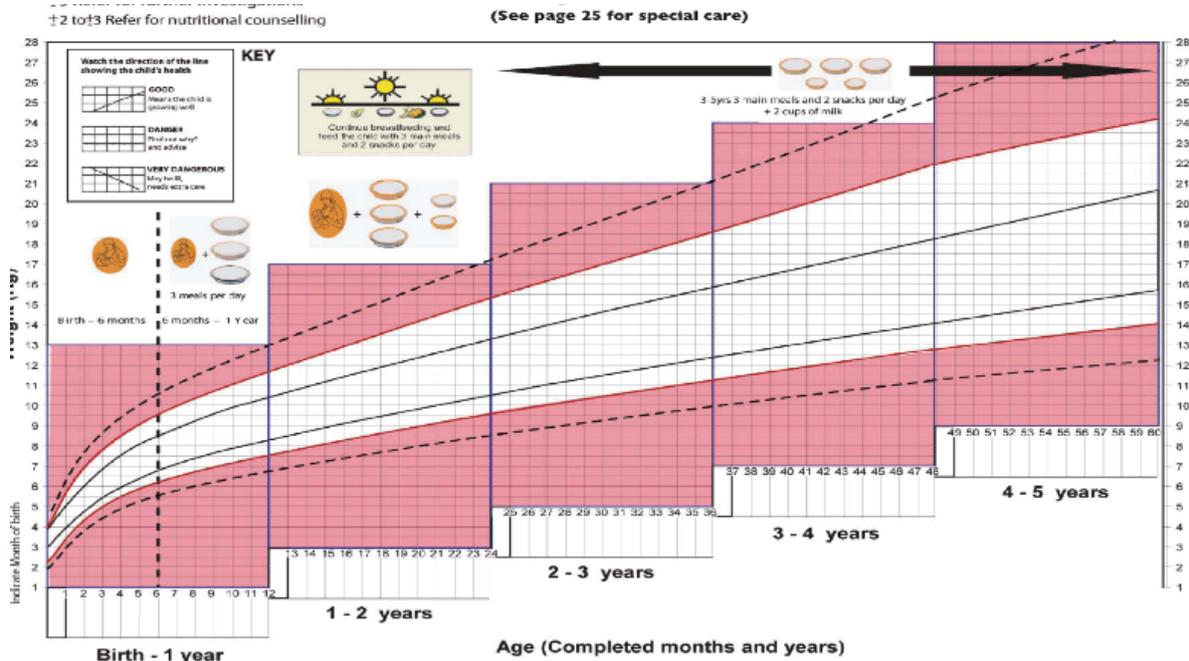
How to interpret the Growth Monitoring Chart

● If you find a plot in the red color, please pay more attention and counsel on appropriate feeding practice to mother

● Above white color indicates over nutrition (overweight), and below white color indicate under nutrition (underweight).

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Divide participants into groups and give practical sessions for them to plot. Give examples of different ages and weights and allow them to plot. Provide guidance

Malnutrition

Activity: Brainstorming and Group Discussion on Definition & Signs of Malnutrition

1. Ask participants to explain what they understand by the term malnutrition and brainstorm signs of malnutrition

Malnutrition

Malnutrition means poor nutrition and can be divided into:

Under nutrition: When one does not eat enough of one or more nutrients that the body requires, then the body does not have enough nutrients to produce energy, grow and repair the tissues and protect itself from diseases. This results in people becoming underweight. They may become too thin (Wasted) or too short (Stunted)

Over nutrition: When one takes diets that provide excess energy and lacks physical exercise this results in over nutrition and may lead to nutrition related diseases that develop over a long period of time eg heart diseases, and diabetes

Micronutrient deficiencies: This occurs when the body lacks one or more micronutrients (eg iron, Vitamin A or iodine) due to low intake or excess loss from the body.

Categories of Malnutrition:

1. Marasmus (severe weight loss)

2. Kwashiorkor (bloated appearance due to water accumulation or oedema), and

3. Marasmic-kwashiorkor – a combination of both Marasmus and Kwashiokor

Signs of Malnutrition	
Marasmus	Kwashiokor
Extremely emaciated (thin)	Severe swelling (oedema), beginning in the lower legs and feet, can become more generalized (hands and arms, "moon face")
No fat on body, and ribs are visible	Reduced fat muscle tissue which may be masked by oedema
Thin, flaccid skin, hanging in loose folds; "old man's appearance". loose skin around the buttocks	Damaged skin or different skin colour(cracked and peeling; with patches patchy and fragile, prone to infection
Normal hair	Hair changes colour (yellow/reddish) and becomes sparse, dry and brittle, can be pulled out easily leaving bald patches
Hair changes colour (yellow/reddish) and becomes sparse, dry and brittle, can be pulled out easily leaving bald patches	Frequent infections due to skin lesions
Frequent association with dehydration	Frequent association with dehydration which may be masked by oedema
Alert and irritable. Usually Has appetite	Apathetic and lethargic. Irritable when handled. Has a poor appetite

2. The facilitator to show how to measure mid upper arm circumference with MUAC tape and a small child. Ask a participant to volunteer to demonstrate what he/she observes

3. The facilitator to give a few examples of MUAC Measurements and ask participants to categorize according to the various cutoff points.

4. Summarize the discussion using the resource notes below

Identification and screening of Malnutrition

Steps on how to take MUAC

- Remove any clothing covering the child's left arm.

- Take the measurement of child's left upper arm with the MUAC tape following steps 1 through to 9

- When the tape is in the correct position on the arm with correct tension, read measurement to the nearest 0.1cm (step 10).

- Immediately record the measurement in the card or registers.

Arm circumference 'insertion tape 0 cm / 0 cm

1. Locate tip of shoulder
2. Tip of shoulder
3. Tip of elbow
4. Place tape at tip of shoulder
5. Pull tape past tip of bent elbow
6. Mark midpoint
7. Correct tape tension
8. Tape too tight
9. Tape too loose
10. Correct tape position for arm circumference
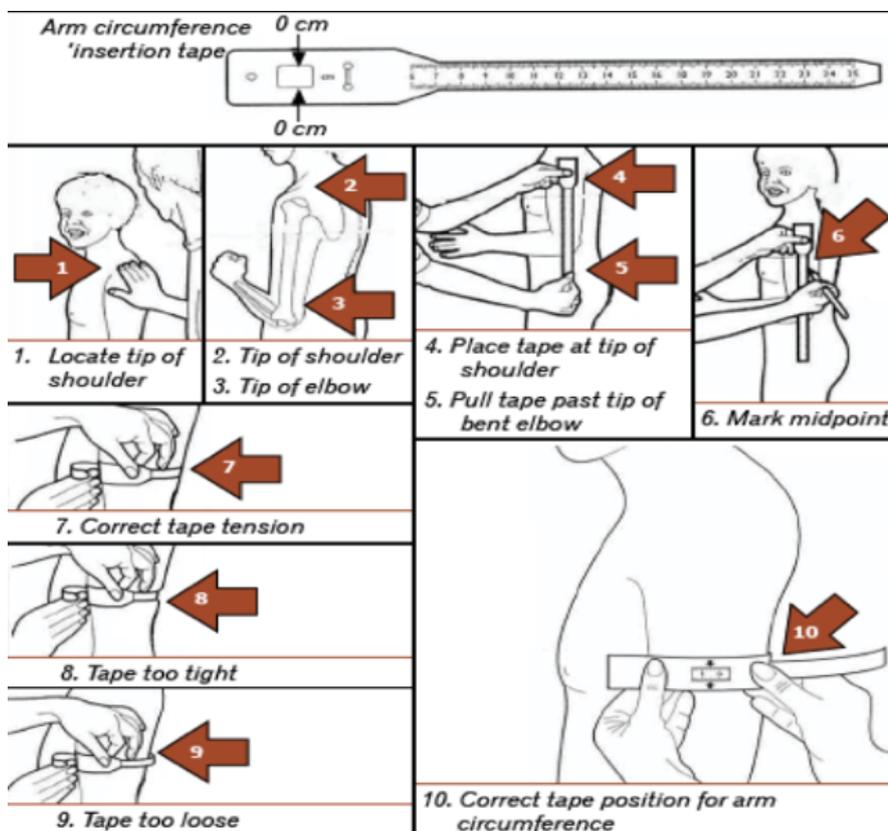
Key points on taking MUAC

- Circumference of the left upper arm is measured at the mid-point between the tip of the shoulder and the tip of the elbow, taken with the arm hanging down, relatively independent of height.

- Measures the muscle mass and fat stores under the skin

- It is used for bedridden patients, children, pregnant mothers and lactating mothers.

- There are different tapes for measuring adults and children.

Referral of Malnutrition (5mins)

Community health workers can identify children who are malnourished in the community by measuring the mid upper arm circumference (MUAC) and checking for swelling of both feet (Oedema) Mid Upper arm circumference is often the screening tool used to determine malnutrition. A very low MUAC (less than11.5 for children under five years old) is considered to have a higher risk of dying.

	Indicator	Severe Acute Malnutrition	Moderate Acute Malnutrition	At Risk
Children	MUAC	Less than 11.5cm (Red)	11.5 to less than 12.5 cm (Yellow)	12.5cm – 13.5cm
	Oedema	Present	Absent	Absent
	Other Signs (Children less than 6 months)	Too Weak to suckle	Poor Feeding	Poor Feeding
Pregnant and Lactating Women	MUAC	No available criteria	Less than 21 cm	
Action		Refer to the health facility and give Health and Nutrition Education	Refer to the health facility and give health and nutrition education	Give Health and Nutrition Education

Key Message:

Children with any signs of malnutrition must be taken immediately to the nearest health centre for treatment.

Unit 4. 3

PREVENTION OF PREVENTABLE DISEASES (5HR)

Objectives:

By the end of the unit, the participants will be able to:

1. Identify the common preventable disease

2. Describe the methods of disease prevention

Duration   300 min.

Methodologies   Brainstorming, discussion.Roleplaying, demonstration

Materials   Flip chart paper, markers, masking tape, idea cards (you can make idea cards by cutting photocopy paper, demonstration materials (indicated in each activity)

Unit session plan

Time	Topics	Methodology
	Methods of disease prevention	Story, brainstorming, demonstration
	Common preventable conditions	

Methods of disease prevention

☼ Activity 1 (5mins)

1. Read the following story.

> **Story**
>
> Mama Isaac is back from the toilet and picks her 9 month old baby who is crying and to calm him withdraws the breast and after a single rub with her hand feeds the baby.

2. Ask participants, what mama Isaac did right and what she did wrong

3. Ask participants whether there are similar situations in their community and what they can do to improve it.

4. Summarize the discussion and tell the participants "in this session we are going learn on disease prevention

4.3.1 Cleanliness and hygiene

Tell the participants "from Mama Isaac story we have learnt that she failed to wash her hands after visiting the toilet and before feeding the baby. We are going to learn more on hand washing a method of preventing diseases,

☼ Activity 2:

Brain Storming and Demonstration of Hand washing and Leaky Tin/Tippy Tap (45min.)

1. Ask the participants the following questions for plenary discussion:

- Do you wash hands several times in a day? If you do, when do you wash hands? And how do you wash your hands and which hand washing facility do you have at home?
- If you do not wash hands, why not?
- Do restaurants (hotels) in your community have hand washing facility?
- Do community members take hand washing important practice?

2. Summarize their discussion and share the key points below.

Key Points on Hand Washing

Hand washing prevents diseases that can be transmitted via hands including Diarrhea and common colds/influenza. The following are the tips on hand washing:

- Use soap: bar or liquid, plain or antiseptic (bar soap must be allowed to drain between uses; use soap racks) or ash where soap is not available
- Use friction, remove dirt from under fingernails
- Timing (10 -15 seconds is the standard acceptable length of time for hand washing)
- Use running water to rinse your hands
- Use clean towels (disposable or individual) for drying, or allow to air dry

Wash your hands during the following critical times;

- After visiting the latrine
- Before feeding children
- After changing diapers and napkins
- Before preparing food and eating
- Before feeding children

When should you wash your hands

After visiting the latrine

Before eating

After changing diapers and napkins

Before feeding children

✧ Activity 3:

Demonstration of hand washing

Use the pictures below to demonstrate proper hand washing

1. Palm to Palm

2. Back of Fingers and hands

3. Between Fingers

4. FingerNails

6. Wrists

7. Base of Thumb

3. Divide the participants into two groups. Provide demonstration materials e.g. container, nails, wire, soap, etc. which can be found locally to each group and demonstrate the mounting of tippy taps and leaky tins.

4. Fill the leaky tins with water and ask a few volunteers to demonstrate the procedure of hand washing.

5. After the demonstration, allow the participants to ask questions to clarify demonstration. Then, let them to discuss how to promote installation of leaky tin and hand washing practice in their community. Record their responses on flip chart paper for using it during action planning.

4.3.2 Safe water

☼ Activity 4:

Brainstorming on Safe Water (15min.)

1. Prepare a glass of dirty looking water secretly and ask two volunteers among the participants to play the following scenario.

A thirsty person approaches a household and asks for drinking water. He is given dirty-looking water in a glass and he takes it.

2. Ask the participants following questions and lead a discussion around their responses.

    - What did you see in the role-play?

    - How did you feel?

    - What happened after this?

    - Do you have similar situation in your community?

    - If yes, how do the community members take/think about the situation?

3. Conclude the discussion with the following statement. "Water is essential for life, but dirty water is a vehicle for diseases, such as diarrhea, polio, amoeba, dysentery and cholera. And we are going to learn and exercise how we can treat water effectively."

☼ Activity 5:

Demonstration of Water Treatment (45min.)

Before the session, prepare demonstration materials such as: SODIS bottles

1. Ask the participants to raise hand if they treat water at home.

2. Ask those who have raised hand why they treat water at home and which methods they apply. Ask

the participants to explain the methods they use briefly.

3. Ask the participants whether there are any other water treatment methods which have not been mentioned. If they mention any, allow them to explain briefly about the methods.

4. Explain to the participants following key points on water treatment methods.

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Key Points on Practical Water Treatment Methods at household

Followings are four major water treatment methods which can be available at home:

1. Boiling
    Water should be boiled and let to boil for five minutes after it starts boiling.

2. Solar water disinfection (SODIS) as shown below

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Use clean PET bottles

Fill bottles with water, and close the cap

Expose bottles to direct sunlight for at least 6 hours (or for two days under very cloudy conditions)

Store water in the SODIS bottles

Drink SODIS water directly from the bottles, or from clean cups

- Divide the participants into 2 groups and invite them to outside of the classroom (if there is any available ground next to the classroom. If not, try doing the demonstration in the classroom.)

- Lead one group for demonstration of use of Water Guard. During the demonstration, don't do the process by yourself but let the participants do all with your guidance.

- After the demonstration, allow the participants to ask questions to clarify the demonstration. Then ask them to discuss how it is possible to promote water treatment in their community. Record their responses on flip chart paper for using it during action planning.

- Upto 3 litres of water can be treated at one go using SODIS

Chlorinate as per manufacturer's instructions examples: pur, chlorine, aquatab, waterguard,

1. Chlorination with Water Guard

2. Dose with Water Guard as follows:

Water source	Plastic 20l	Clay 20l
Clear source	1 cap (3ml)	1cap (3ml)
Unclear source	2caps (3ml)	2caps(6ml)

- Agitate/stir for 30 seconds

- Cover the water immediately

- Water is safe to use after 30 mins

Precautions for Chemicals used in Water Treatment

- Check expiry date of the chemical before use and shake well before use

- Keep out of children' reach

- Store away from heat and direct sunlight

- In case of accidental contact with eye/skin, wash with clean water and soap

Tips on Water Storage

Storing treated water properly is equally important with treatment. Followings are tips for proper water storage:

- Store all treated water in clean covered containers to avoid contamination

- Pour water out without touching the mouth of the container, or use a clean, long-handled dipper to take water out of the container. Do not let the dipper touch anything else, or it will contaminate the clean water when it is used again.

- Empty and clean the container with hot water every 2 or 3 weeks.

- Keep containers covered.

- Keep drinking cups clean.

- Never store water in containers that have been used for pesticides or toxic chemicals.

- Do not treat more water than you need for short-term use, if possible. For drinking and preparing food, that is usually about 5 liters for each person each day

☼ **Activity 6:**

Sharing on Oral, Eye and Ear Care (20min.)

1. Avail a toothbrush/mswaki, toothpaste and safe water, and have a volunteer demonstrate how they brush their teeth

2. Share the following key points on oral, eye and ear care with the participants.

Key Points on Oral Care

- Teeth play an important role in speech/jaw development, eating and beauty. They should therefore be maintained at all times.

- Avoid sugary foods e.g. sweets and biscuits. Feed on healthy diet for strong healthy teeth.

- Assist your child to brush his/her teeth as soon as the first tooth appears until six years of age when they can brush by themselves.

- Encourage brushing in the morning after breakfast and evening after supper.

- Have your child's teeth checked in a dental clinic at age 1,2,3,4 and 5 years.

- Change your toothbrush after 3 months

- It's not about the toothpaste, but about the brushing technique. Brush teeth in an up and down and circular manner.

Key Points on Eye and Ear Care

- Maintain personal hygiene of the eye to prevent eye infection.

- Have annual eye check-up for persons suffering from diabetes to avoid blindness, and persons over 40 years of age

- In case of eye/ear injury/infection, refer persons to the nearest health facility immediately

- Clean your outer ear by gently washing it with a washcloth and warm water

- Safely remove excess ear wax using over-the counter ear wax removal solutions

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4.3.3 Latrine Use

✺ Activity 7:

Discussion on Use (40min.)

1. Ask a volunteer among participants to play the following scenario.

A male adult looks left and right and seeing nobody around, lowers his trousers, and defecates by the roadside.

2. Ask the following questions to the participants and lead a plenary discussion.

- What did you see happen in the role play?

- How did you feel?

- What happened after this?

- Do you find a similar situation in your community?

- If yes, how do the community members take the situation? And what is your opinion on community's perception about this situation?

3. Summarize their discussion and share the Key Points below.

> ### Key Points on Importance of Latrine/Toilet
>
> Latrine is a safe disposal point for human waste in order to prevent contamination of drinking water, food and the environment. Toilet/Latrine usage can prevent following diseases such as diarrhea, polio, amoeba, dysentery, typhoid and cholera.
>
> ### Key Messages on Latrine/Toilet Building and Use
>
> - It is important for all household and institutions to have latrine
>
> - Maintaining cleanliness and free from flies is also very important to have sufficient hygiene in latrine.
>
> - Latrines should be constructed at least 100 feet away from any water source.
>
> - Consult the Public Health Officer or CHEW for siting and design of the latrines.
>
> - Always wash your hand after visiting/using the latrine

Ordinary Pit latrines
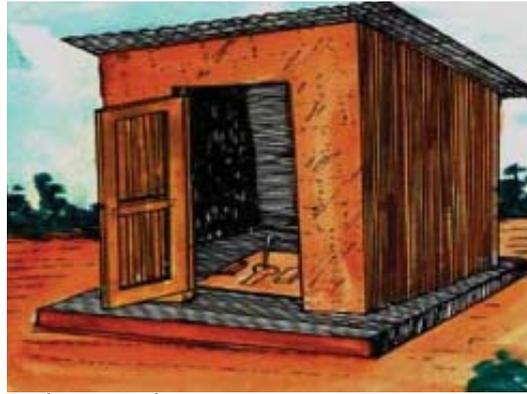
Ordinary Pit latrines

VIP latrines

VIP latrines

Advantages ofVentilated Improved Pit latrine(VIP) latrine over ordinary pit latrine

- No smell in the VIP latrine, and user friendly

- Reducing flies breeding

- Can be constructed near the living house

4. Ask the participants to discuss the way forward to promote installation and use of latrine in the community around following questions.

- Does majority of households in your community have latrine?

- If yes, what is the way forward to make all households to have latrine?

- If not, what are the challenges to build latrine in your community? Are there any locally available resources and solutions to act on the challenges?

- What can CHWs to do to promote latrine building and use in your community?

☼ Activity 8:

Sharing on Indoor Air Cleanliness and Waste Management (20min.)

Share with the participants the picture below which is also in their manual. Ask them what they see in the picture and how they feel about it

1. Share the key points on air cleanliness below.

2. Allow the participants to discuss current situation of indoor air pollution at their houses and the way forward for promoting proper ventilation in the community based on the key points. Record their responses on flip chart paper for using it during action planning.

Key Points on Indoor Air Cleanliness

Cooking activities using wood, kerosene and charcoal results indoor pollution, especially in poorly ventilated houses, which causes acute respiratory infection, allergies, headache, eye& nose irritation. Long term effects include different cancers, heart diseases, brain damage and death.

Main sources of indoor pollution

● Cooking activities using wood, kerosene and charcoal

● Tobacco/Cigarette smoke

● Pesticides, Perfumes and Spray

● Building materials such as lead asbestos

● Sharing living rooms with animals

Key Points

- Put enough windows and ventilation facilities on the wall when constructing a house

- Open windows to allow free air movement

- Store harmful chemicals and material away from rooms

- Read and follow instructions on all purchased products

- Avoid indoor cigarette smoking and Tobacco use

3. Ask the participants to share with their neighbor in the class what kind of waste is generated from the household and how they dispose waste at the household level for 3 minutes.(buzzing)

Share the key points on waste management below.

Key Points on Waste Management

Type of Waste

- Liquid waste: e.g. Kitchen & Bath room waste water

- Solid waste: e.g. Garbage, Polythene paper and Plastics

Wastes disposal methods at the household level include:

- Burning and burying for wastes such us papers and litter

- Burying the wastes that cannot burn.

- Composting the waste that are easy to rot and can be used as Manure.

- Recycle some wastes e.g. plastic bags, papers, metals and bottles, etc.

- Reuse e.g:plastic bottlese.g. Food left overs can be disposed in a compost pit and plastic papers can be stored for reuse.

- Reduce eg burning waste in a rubbish pit

Key messages

- Sort and separate waste at the point of generation

- Discharge household waste water into soak pit or kitchen garden.

- Provide and use of rubbish pits to avoid dumping of waste in open places

4.3.4 Disease prevention

4.3.1.1 Prevention of Malaria (50min.)

☼ Activity 9:

Brainstorming on causes and transmission route of malaria (20 minutes)

1. Ask the participants to explain what malaria is. Try to arrive at a consensus as a group on what malaria is.

2. Ask the participants to share what their experiences with malaria have been. Then ask them what some common community beliefs are about the cause of malaria. For example, some people may think that eating too many bananas or mangoes causes malaria or that staying outside in the rain causes malaria.

3. Explain that, while there may be many beliefs about the cause of malaria, there is only one way that you can get malaria. Then, show them a picture of a mosquito biting and ask them what is happening.

4. After they have given their ideas, share the key points below.

> ### What is Malaria?
>
> It is a disease that is spread by mosquitoes. It is dangerous for everyone, especially pregnant women and children under the age of five. It can only be spread from one person to another through the bite of an infected mosquito. Not all mosquitoes can spread malaria, only those which bite from dusk to dawn.
>
> A parasite actually causes malaria. Parasites are too small to see with your eyes. When a mosquito bites an already-infected person, it sucks up some blood, including the malaria-causing parasite. When an infected mosquito goes on to bite a healthy person, the parasite enters that person's blood and makes him or her ill with malaria.
>
> It takes around 10 to 14 days after being bitten to start showing signs of malaria. The most common and most important sign is fever. If left untreated, malaria can kill very quickly, especially vulnerable people like pregnant women, children under the age of five, and people living with HIV/AIDS.

5. Ask if they have any questions or comments about the causes of malaria and how it is spread.

6. Now that you have given the true cause of malaria, ask the participants how they can use this information to talk with community members who believe such myths. Ask for examples of how they would address someone who believes certain myths, such as malaria is spread by standing in the rain.

✦ Activity10:

Brainstorming on Prevention of Malaria (30 minutes)

1. Tell and ask the participants, "now that you know what causes malaria and how it is spread, how do you think we can prevent malaria?"

2. Write down all responses on the flipchart and share the key points below.

Key Points on Prevention and Control of Malaria

Human host

- Use LLITN(long lasting insecticide treated net), especially for pregnant women and newborns

- Use repellents – mosquito coils, jelly.

- Wear clothes that cover the body and limbs in the evening.

- Ensure proper treatment of the sick. Visit health facility within 24 hours if a person has any symptom of malaria (See Module5)

Adult mosquito

- Use insecticides at household level and aerosolsprays.

- Clear the compound.

Environment

- Destroy breeding sites of mosquitoes.

- Drain all stagnant water around dwellings.

- Clear the compound – this includes cutting short the vegetation and destroying discarded containers that can hold water.

- Use high spread oil on stagnant waters.

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3. Ask if they have any questions or comments about ways to prevent malaria and respond to them.

4. Ask them to discuss how they can promote malaria control and prevention practices in their community. Record their responses on flip chart paper for using it during action planning (Module6).

4.3.1.2 Prevention of STI/HIV and TB (65mins.)

☼ Activity 11:

Introduction to STIs and HIV (20min.)

1. Ask the participants whether they know or have heard about Sexually Transmitted Infections (STIs).

2. If any of the participants have answered yes, ask them to explain what STIs are.

3. Allow the participants discuss further to have a common explanation of STIs and record it on flip chart paper. Then, share the Resource Notes below.

Sexually Transmitted Diseases

These are infections or conditions whose primary mode of transmission is through unprotected sex with infected partners. The common STIs in the community are: Syphilis, Gonorrhoea, Chlamydia, Trichomoniasis and HIV. Signs and symptoms include itching, ulcer, pimple or discharge from the penis/ vagina,

Many STIs are asymptomatic and are therefore inadequately treated or left untreated altogether.

4. Facilitate a discussion on HIV by asking the following questions. Record their responses on flip chart paper.

- What is HIV?

- How can HIV be spread?

- What are the signs of HIV infection?

- What are the new trends of spreading HIV in yourcommunity?What should we do about it?

- What is lesbianism/homosexuality/gay? Can they transmit HIV virus? How should the community treat them?

- Can oral sex and heavy kissing transmit HIV virus?

5. Share the key points below and ask them to discuss whether they had any misunderstanding on HIV and its transmission before.

Key Points on HIV

HIV stands for Human Immunodeficiency Virus. HIV attacks the body's immune system and slowly weakens the body's defence against infections and illnesses like tuberculosis. A person with HIV is positive for life and can infect others. If HIV is left untreated, it can develop into a serious illness called Acquired Immune Deficiency Syndrome or AIDS.

1. HIV can be spread in the following ways:

- unprotected sex,(vaginal, oral or anal), with a person who is infected with HIV (man to woman, woman to woman, man to man)

- transfusions of contaminated blood

- sharing unsterile needles, syringes or razor blades

- using unsterile sharp instruments for circumcision, female genital mutilation, tattooing or body piercing

- from mother to child during pregnancy and childbirth, or from breast milk

NB/ **Having a sexually transmitted infection can increase the likelihood that HIV will be passed between partners.**

2. *Ways in which HIV is NOT transmitted:*

- touching, hugging and shaking hands

- mosquitoes or any other biting insects

- sweat or tears

- coughing and sneezing

- food , water and air

- sharing toilet seats, clothes and bedding

- swimming with a person who has HIV/AIDS

- giving first aid when good safety practices are followed

- contact of blood or other body fluids on unbroken skin

- giving blood if you are not HIV-positive

- caring for a person with HIV when appropriate precautions are taken

3. *Major Signs of HIV:*

A person can live with HIV for many years without having any sign of HIV.

Some common signs of HIV are:

- feeling tired all the time
- fever or night sweats
- increase in number of infections
- rashes and sores on the skin
- sudden loss of weight

- long-lasting diarrhoea
- white patches inside the mouth and throat
- women may have an increased number of vaginal yeast infections
- getting sick with tuberculosis (TB)

☼ Activity 12:

Brainstorming on Prevention of STIs and HIV (20min.)

Ask participants to brainstorm on the methods of preventing STDs and HIV/AIDS

Ask the participants to outline their roles in prevention of STD.s/HIV/AIDS

Key Points on STIs and HIV Prevention

The followings are major prevention methods which directly deal to avoid STIs and HIV infection:
- Use condoms correctly and consistently
- Avoid multiple sexual partners
- Keep abstinence or mutual fidelity between two HIV-negative partners
- Get tested to know HIV status regularly at any health facility offering HCT (HIV Testing and Counselling)
- Recognize signs of a sexually transmitted infection and get tested by a health worker
- Do NOT share needles or sharp instruments which can cause bleeding, such as razors
- Get tested for STIs and HIV for suspected signs of STIs and HIV, or after having sex with a HIV positive partner
- Get tested for STIs and HIV, if pregnant though PMTCT services In ANC

Empowering community members toward STIs and HIV prevention is one of the important activities of CHWs. We may be able to;
- Spread correct information on STIs and HIV in the community
- Keep encouraging community members to reduce risky behaviors through dialogue and other activities
- Act together with community members to reduce stigma on STIs and HIV in the community
- Encourage STIs and HIV positive community members to get treatment such as ART properly
- Encourage all community members to acquire life skills to improve their self-esteem and reduce vulnerability to HIV and STIs

☼ **Activity 13:**

Demonstration of Male Condom Use (20min.)

1. Prepare penile models.

2. Ask some volunteers to show others how to put male condoms on a penile model.

3. Allow the participants to comment and input on the demonstrations.

4. Show the participants correct procedure with explaining the following key points.

Key Points on How to Use a Male Condom Correctly
Using condoms consistently and correctly helps to prevent pregnancy as well as reduce transmission of sexually transmitted infections, including HIV. Condoms are often available in the community and in some cases may be available free of charge.

To use a male condom correctly:
1.Always check the expiration date (or date of manufacture) on the condom wrapper or package and discard if out of date.
2. Take the condom out of the wrapper, making sure not to damage the rubber with your fingernails, teeth or jewellery when opening the package.
. Hold the top of the condom and squeeze out the air at the tip, leaving room at the tip for the semen
3. Put the condom on when the penis is erect, but before it has come into contact with the partner's genitals (or mouth).
4. Roll the condom all the way to the base of the erect penis, using both hands
5. After ejaculation, withdraw the penis immediately before erection is lost, holding the rim of the condom to prevent spilling.
6. Tie a knot in the condom and dispose safely.

5. Ask some participants to demonstrate to put a condom on a penile model correctly as having shown by a facilitator.

6. Allow the participants to discuss how they can demonstrate correct condom use in the community.

How to use a female condom correctly

☼ **Activity 14:**

Role play and Brainstorming on TB Prevention (50 mins)

1. Ask a volunteer to play the following role.

Ali is feeling unwell, coughing without covering his mouth and occasionally covers the mouth with his hands, then wipes onto his clothes. He coughs again and seeing nobody is looking at him, he spits on the ground.

2. Ask the participants the following questions;

    ●   What did you see?

    ●   What did you hear?

    ●   Do you see people do this in your communities?

    ●   If you find such people what can you do?

3. Ask the participants "What is Tuberculosis?" let the participants explain what they understand by TB, TB infection and disease. Discuss and clarify.

4. Summarize the discussion and tell the participants "We are going to learn this unit on TB to enable us to promptly identify, manage, prevent and control TB, to enable us address challenges of TB in our communities. Share the Key Points below.

Key Points on TB and Risk Factors of TB

Tuberculosis is a disease that is caused by a bacteria and it is transmitted through air

The following risk factors increase the likelihood of one getting TB infection or disease.

●   Malnutrition

●   Chronic diseases (e.g. Diabetes)

●   Drugs that suppress immunity (e.g. cancer drugs)

●   Age (the very young and very old are more likely to be affected)

●   HIV infection

●   Poor ventilation and natural lighting

●   Unhygienic cough

●   Overcrowding

●   Occupation e.g. work involving asbestos, silica mines, living in households emitting high particulate matters such as bio fuel smoke

●   Chronic alcoholism/smoking

---

5. Ask the participants to look at the pictures shown below.
   Give them 2 minutes for this.

6. Ask the following questions," What do you see in these pictures? and lead the participants into a discussion based on their answers

7. Ask the participants "How is TB spread from one person to another?""What makes the spread to be more likely?"

8. Have the participants brainstorm on ways that TB is spread

9. Organise the participants into groups and ask them to discuss common myths associated with TB in the community and how to encourage community members to prevent from TB infections. Give them 10 minutes for the activity.

10. Allow 2 or 3 groups to presents. Let others give their inputs

11. Summarize and spell out the facts on how TB is spread. Share the pictures and key points below with the participants.

Key Points on TB Transmission

TB is spread from an infected patient to a healthy person through coughing, sneezing, talking, singing and laughing (droplet infection). These release TB germs are into the air.

Signs of TB

Cough lasting 2 weeks or more
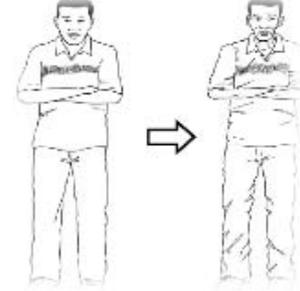
Night sweat

Fever

Chest pain

Difficulty in breathing

Weight loss

Being tired all time

Enlarged lymph nodes

- Loss of appetite

- Blood in the sputum

- Poor growth, history of contact with active TB patient, unexplained fever in children

Prevention of TB

Community members can prevent the spread of TB germs by:

- Opening windows to let fresh air flow

- Covering their mouth and nose when coughing and sneezing

- Recognizing signs of TB illness and getting prompt medical attention for evaluation and treatment

- Going to the health centre if exposed to somebody with TB

- Completing all of the TB treatment

- Treating people with TB medications is the best way to prevent the spread of TB.

12. Share the resource notes below on HIV and TB.

Resource Notes on HIV and TB

Anyone can get TB, but people living with HIV (PLHIV) are more at risk of getting TB. Tuberculosis is the leading cause of death of people infected with HIV. People with HIV should have access to HIV Testing and Counselling (HCT) services and should be evaluated and treated promptly if they have signs of TB.

Unit 4.4

PROMOTION OF HEALTHY LIFE STYLE (5H)

Objectives:

By the end of the unit, the participants will be able to:

1. Describe healthy eating and its importance
2. Describe importance of physical exercise and regular check up
3. Discuss how to reduce drug and substance abuse in the community

Duration: 300 min.

Methodologies: Brainstorming, discussion, role playing and group work

Materials: Flip chart paper, markers, masking tape, idea cards (you can make idea cards by cutting photocopy paper

Unit session plan

Time	Topics	Methodology
90 min	Nutrition: Healthy Diet for General Population	Story, discussion, mini lecture
30min.	Physical exercise and regular check-up	Demonstration, discussion
60min.	Reduction of Substance Abuse	Buzzing, Discussion

Healthy eating habits

☼ Activity 1

Story

> Atieno visited her boyfriend. He prepared and served her with a meal of Brown Ugali, freshly fried sukuma wiki and glittering Omena in a thick milky soup. To his surprise, the girlfriend frowned and walked away in protest complaining he is old fashioned and should have bought her chips and soda.

1. Ask the participants what they can say about the story
2. Does this happen in our community? In view of choosing fast foods over rich traditional foods
3. Why does it happen?
4. What do we do about it?
5. Summarize the responses and give the following key points

Key points

- Fast foods have a lot of dangerous fats. These fats lodge in the body system which can lead to increased health risk e.g. high blood pressure, diabetes etc.

- They lack fibre which is important to prevent constipation and may even lead to painful, swollen veins in the lower portion of the rectum or anus.

- The consumption of fatty and sugary foods like soda increase weight and cheat people they are healthy this may lead to obesity.

- Traditional foods like omena ,brownugali ,sweet potatoes, cassava and arrow roots are healthy food rich in fibre and has low fat and should be reintroduced to our meals

Health eating and lifestyle

Ask the plenary from, their own experiences, what causes cancer?Allow discussion for 5 minutes and share with them the leading causes of cancer in the world as below

Key points

1. Being overweight
2. Low intake vegetables and fruits
3. Increased intake of alcohol
4. Cigarette smoking
5. Low physical exercises

Tell each of the participants to ask their neighbor in the plenary of the fivecauses which is affecting them and what does one plan to do about it as a CHW.

Ask the participants what messages should be given to the children,adults and the elderly. Brainstorm for 5 minutes and share the table below:

For older children, adults and the Elderly

Healthy Eating and lifestyle for Older Children and Adolescents	Healthy Eating and lifestyle for Adults	Healthy Eating and lifestyle for the Elderly
• Children and adolescents need plenty of food because they are growing and active • For children older than 6 years of age, the protein requirements should take account of gender differences in the timing of the growth spurt and separate values are necessary for each gender. • Reduce added sugars such as sweetened drinks and juices • Use soybean, corn oil, sunflower oil or other oils in place of solid fats during preparation of foods • Use fresh, vegetables and fruits and serve at every meal • Eat animal source proteins regularly • Eat whole grain breads and cereals rather than refined products • Eat more legumes (beans), pulses and nuts in place of meat for some meals • Encourage children to play as a form of physical activity in order to stay healthy • Regular deworming to maintain appetite, enhance nutrient assimilation and food efficiency in the body	• For optimal health, adults need to: • Eat a variety of healthy nutritious foods daily • Ensure they eat three healthy meals daily • Eat healthy and nutritious snacks in the middle of the day when hungry • Eat plenty of fruits and vegetables and whole grain cereals and products • Limit foods that are high in fats, sugars and salt • Drink plenty of safe clean water • Limit alcohol consumption • Engage in physical activity to stay healthy and prevent obesity	• Eat small, frequent and healthy meals • Avoid foods high in unhealthy fats and salt as these increases the risk of heart and other related illnesses • Keep a healthy weight • Eat soft foods if teeth are missing or gums are sore • Limit the amount of alcohol intake • If living alone, relatives should help finding someone to help the disabled old people to buy and prepare good food • Old people are happier and eat better when they feel useful and should therefore be involved • Promotion of Income generating activities that give old people a chance to earn money or raise money to help old people or produce nutritious foods • Exercise that make one breathe should be encouraged e.g. dancing, digging or fast walking

Balanced diet

Tell the participants "From the story of Atieno and her boyfriend, we learnt that the food that Atieno wanted (chips and soda) were unhealthy foods. We are going to discuss components of a healthy diet"

1. Ask them what a balanced diet is?

2. Tell them to classify and give example of the foods that the body needs?

3. Summarize using the key points below

Healthy eating pyramid
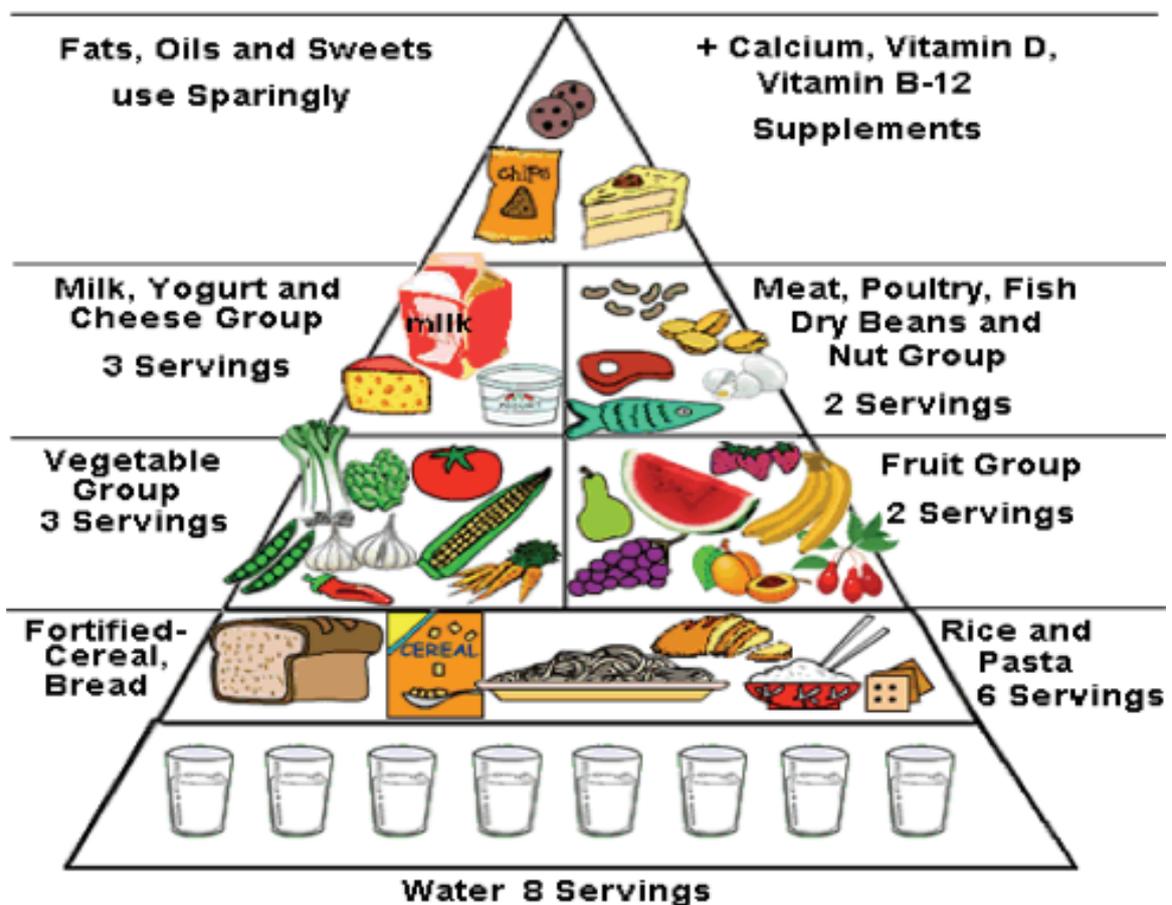
Key Points on How Our Bodies Use Food

Food contains nutrients – substances which the body uses for growing and functioning. They are divided in the following categories

Starches/Carbohydrates

These foods give our bodies energy to move, work and think. They include grain crops such as wheat, maize, sorghum, millet and rice, and root crops such as potatoes, sweet potatoes and cassava.

Carbohydrate that is not used immediately by our bodies is stored as fat.

Fat

Fats can come from animal products such as milk (butter) meat and fish or processed plant products such as seeds and nuts (sunflower oil and peanut butter). They provide the body with energy. They also help to keep us warm.

Proteins/body-building foods

These help our bodies to grow, repair and maintenance. They come from plants (beans and other legumes), processed plant products (peanut butter and soya mince), processed animal products (cheese, sour milk and yoghurt) and animals (eggs, meat, milk).

Fruits and vegetables

Fruits and vegetables provide the body with vitamins and minerals are also called micronutrients. Our bodies need small amounts of these substances to help different parts such as the blood, eyes, bones, skin and hair work properly. Many of these substances help to strengthen the body's immune system and keep us strong and healthy so that we resist infection. We get most vitamins and minerals from eating fresh fruit and vegetables.

Salts

Provide body with vital minerals e.g.Sodium which is important for control blood pressure and blood volume and functioning of muscles and nerves. Iodized salt provides Iodine, a mineral that is vital for foetal brain development and thyroid function.

Choose foods that are low in salt, and try to avoid adding salt to foods during cooking and at the table. The recommended daily intake for salt should not exceed 5g (1 teaspoon),

Sugar

Sugar provides energy. Foods and drinks containing sugar should be consumed in small amounts. Women should take 5 teaspoons, Men 9 teaspoons and children 3 teaspoons per day including sugar contained in foods and drinks.

Water

Water constitutes the major portion of the human body (50-70% or about two-thirds). It is important for regulating the body temperature, dissolve, absorb and transport nutrients around the body. Water also removes waste products from the body

Fortified foods

These are commonly consumed foods to which essential nutrients have been added to maintain or improve the quality of the diet e.g. the addition of iodine to salt, vitamin A to sugar, Vitamin A added to oil which is the best vehicle to carry this vitamin since it is a fat soluble vitamin and addition of minerals to flour that are removed during processing.

Emphasis on healthy meal

The amount we eat depends on our age, sex and time of life. A healthy meal should contain no more than 50 per cent carbohydrate (ugali, rice, potatoes, bread), 15 per cent protein (beans meat, eggs), a little fat (5 per cent) and the rest vitamins and minerals – vegetables and fruit. People should eat at least five different types of fruit and vegetables every day. Each day you should drink at least eight glasses of water. Always buy and consume fortified food as they are more nutritious compared to unfortified foods.

Physical exercise and regular checkup (30min.)

☼ Activity 2:

discussion on physical exercise

1. Ask the participants "What is physical exercise"

2. Allow plenary discussion for 5min

3. Summarize using these key points

Key points

- **Physical exercise** is any bodily activity that enhances or maintains physicalfitness and overall health and wellness. It is performed for various reasons including strengthening body and the heartsystem, weight loss or maintenance as well as for the purpose of enjoyment.

- Ensure you go for regular health checkupsatleast once per year e.g. screening for cancers

1. Ask the participants what is the habit of the community as far as the physical exercises are concerned.

2. Explore whether they link any diseases to lack of Physical exercises.

Physical exercise (15 Minutes)

This activity is important for the class to understand physical exercise.

1. All participants to stand and stretch out their arms and legs.

2. Ask each to touch the toes while standing at ease for 10 times with their hands alternately.

3. Ask them to stand with legs apart ,wider than shoulder length and let them touch their heels on ever side for 10 times .

4. Let everyone get out of the class and jog for 5 minutes around the class and come back to class.

5. Get volunteers , to demonstrate any physical exercise that they Know off

6. One to show how press ups are done on the floor

7. The other to show how Sit ups are done

☼ Activity 3

Reduction of Substance Abuse (35 mins.)

1. Ask the participants to pair up

2. Ask them to discuss what drug and substance abuse is

3. Ask them to outline the common drugs and substances that are commonly used in their community

4. Outline the variousdrugs and substances that can be commonly found in the community. Write them down in a flip chart

5.   Ask the participants to brainstorm on the signs of drugs and substance abuse

6.   Summarize the discussion using the following key points

Key points

- Drug and substance abuse refers to drugs, alcohol, or other chemicals that are able to change a person's behavior or make them become addicted.

- They include substances, such as alcohol, cigarettes and medicines, and illegal substances such as marijuana, heroin, or cocaine.

- The possession and use of illegal substances is punishable by law.

Signs of Drug Abuse

Many of the signs of excessive substance use can resemble depression, stress or other illnesses. It is important not to make assumptions and accuse individuals of substance abuse. People who use substances to excess can be secretive about their substance use and may strongly deny use.

It is important to approach individuals with concern, empathy and support. Signs include:

- changes in eating habits or unexplained weight loss or weight gain

- inability to sleep or sleeping too much

- smell of substance on breath, body or clothes

- extreme hyperactivity, excessive talkativeness

- needle marks on lower arm, leg or bottom of feet

- change in personality, mood or interests

- change of friends, or new friends that may be known drug users

- secretive or suspicious behavior

- change in daily habits, activities or grooming

Emphasize

Drug and substance can change personal behavior when excessively used and will have harmful effects on health.

Ask the participants what can community health workers can do to reduce drug and substance abuse in the community

Compare their action points the community health workers had identified with those mentioned below.

- Educate the community about the dangers of excessive substance use
- Discouraging young people from experimenting with harmful substances
- Providing information and linking people to services and support on key prevention activities, particularly those related to alcohol and other drugs use

Unit 4.5

PREVENTION OF INJURY AND VIOLENCE (40 MINS)

Objectives:

By the end of the unit, the participants will be able to:

1. Identify the common cause of injuries in the community
2. Describe ways of preventing injuries in the households
3. Discuss how to prevent injuries at home and community
4. Discuss how to prevent violence at home and community

Duration: 40 min.

Methodologies: Brainstorming, discussion, role playing and group work

Materials: Flip chart paper, markers, masking tape, idea cards (you can make idea cards by cutting photocopy paper

Unit session plan

Time	Topics	Methodology

Common home accident and preventive methods

☼ Activity 1:

Brain storming on the common cause of accidents/injuries in the households

1. Ask the participants to list the common causes of injury in the community
2. Ask them how they prevent injuries in their households
3. Summarize the causes and the prevention measures, write them in a flip chart and compare with the following points through a mini lecture.

There are 5 leading causes of accidents and injuries in the households namely; Falls,Poisonings,Fires,Suffocation, Choking and Drowning

FALL

Cause:Unstable gait of the toddler, presence of objects on floor, lack of supervision, curiosity of the children, etc.

Prevention:

- Keep floors free of obstructions.

- Ensure adequate lighting in the household area

- Exercise close supervision of children.

- Keep floor dry and free from wear and tear

- Always ensure bed-rail of the baby cot/bed is raised when the baby is in the cot/bed.

- Windows and doors must be locked to avoid misadventure by children.

CHOKING AND SUFFOCATION

Cause:Accidental swallowing of foreign body, strangulation, covering of head by blankets, accidental suffocation by pillow while baby sleeps in a prone position, near-drowning etc.

Prevention:

- Never place infants face down on soft bedding or pillows. They cannot raise their heads and might not be able to get enough oxygen.

- Keep plastic bags out of children's reach, and tie bags in a knot before disposing.

- Cut children's food into small pieces, and be sure to chew your own food thoroughly.

- Keep balloons away from babies and toddlers, who can swallow them and choke.

- Keep your eye on infants around strangulation risks such as window blind cords, long telephone cords, drawstrings, necklaces, and headbands

- Ensure small objects are kept out of reach of children..

- Foldable furniture should be properly placed and locked. Instruct children not to play with them.

- Instruct children not to play while eating.

- Avoid forceful feeding of babies.

- Never let children use milk bottle by themselves without adult's supervision.

- Never leave children alone next to containers filled with water..

BURN/SCALD

Cause: Scald by hot water, burn by fire, touch on hot objects such as cooking utensils, etc.

Prevention:
- For adults, never hold a hot drink/food and a child at the same time.

- Ensure foodstuff is at a reasonable temperature before feeding.

- Keep children away from the kitchen and hot surfaces and equipment

- While cooking, exercise extra care.

- Before bathing ensure that water temperature is safe,

- Matches and lighters should be placed out of reach of children.

- Warn children never to play with fire.

- If need to hold hot materials use, cloths.

POISONING

Cause:Food poisoning, accidental swallowing of drugs, detergents, insecticides, etc.

Prevention:
- Keep medicines and chemicals out of sight and reach of children,

- Always store chemicals in their original containers with appropriate labels.

- Never tell children drugs are "sweets" as this may give a wrong idea to children.

- Consult a health worker when feeling unwell and avoid self medication

- Never take other persons drugs

- Check expiry date of drugs; follow health workers instructions on dosage and timing.

- Never place different drugs in the same container

- Store food in dry and clean environment

- Cover cooked food and always heat cold food before eating

DROWNING

As children learn to play and explore, water from a pool, spa, bathtub, or bucket can be a delight. However, a child can drown swiftly and silently in as little as 2 inches of water. These measures can help prevent this tragedy:

- Keep children away from open water bodies

- Keep all water containers covered or emptied.

- Don't leave children unattended in a pool, wading pool, or hot tub, even if they are in a flotation device.

- Empty out small plastic pools as soon as you're done using them.

- Install self-closing and self-latching gates and doors leading to the pool or spa. Latches should be above a child's reach, and gates should open outward.

- Obtain cardiopulmonary resuscitation (CPR) training

- Be sure your baby-sitter understands pool safety measures. Train them in CPR

Key Message

Accident could not be completely avoided, but its occurrence could be prevented. To prevent accident to children, adults should pay more attention to home safety. They should also clear any hidden "hazards" at home and teach children about safety. If accidents happen, stay calm and call for help immediately.

Unit 4.6

COMMUNITY SUPPORT FOR VULNERABLE PEOPLE (60 MINS)

Objectives:

By the end of the unit, the participants will be able to:

●   Will be able to carry out screening for disabilities in children 2-9 years, and refer accordingly

●   Will be able to advocate for the rights of disabled persons in the community

Duration: 60 min.

Methodologies: Brainstorming and discussion

Materials: Flip chart paper, markers, masking tape, idea cards (you can make idea cards by cutting photocopy paper

Unit session plan

Time	Topics	Methodology

Introduction:

Starter (1): which people are disabled?

Ask the participants to give examples of disabled people in their community and how to identify & support them.

What is disability?

Disability has three recognizable dimensions, namely

A. Impairment, B.Activity restriction, C. Participation restriction".

A.   **Impairments:** This is the inability of the person to do his or her day to day activities.

B.   **Activity restriction:** This is a difficulty encountered by an individual in executing a task or action

C.   Participation restriction: a problem experienced by an individual in involvement in life situations.

Right of person with disability (From the Persons with Disability Act 2003)

The Actestablishes National Council to oversee the implementation of right of persons with disabilities. The role of the council includes

a)   prevention of disability;

b)   early identification of disability;

c)   early rehabilitation of persons with disabilities;

d)   enabling persons with disabilities to receive free rehabilitation and medical services in public and privately owned institutions;

e)   availing essential health services to persons with disabilities at an affordable cost;

f)   availing field medical personnel to local health institutions for the benefit of persons with disabilities; and

g)   prompt attendance by medical personnel to persons with disabilities.

Ask the participants how they would identify achild with disability

Allow plenary discussion and compare responses with the standard questionnaire below

Give each participant a sheet of the standard questionnaireand allow them to interact with it.

1.   Early identification of disability and refer to health facility/ rehabilitation center

1.1 Standard Questionnaire to identify disability among children aged 2-9 years (Ten Question Questionnaire)

TQQ is one of the standard questionnaires developed by WHO to identify children with disabilities among 2-9 years. The questionnaire is user friendly. If there are positive results, please refer a child with positive response to health facility.

THE TEN QUESTIONS SCREEN FOR CHILDHOOD DISABILITY (ages 2-9 years)

<u>Circle One Response</u>
<u>For Each Question</u>

1. Compared with other children, did the child have any serious delay in sitting, standing or walking? — NO — YES*

2. Compared with other children does the child have difficulty seeing, either in the daytime or at night? — NO — YES*

3. Does the child appear to have difficulty hearing? — NO — YES*

4. When you tell the child to do something, does he/she seem to understand what you are saying? — NO* — YES

5. Does the child have difficulty in walking or moving his/her arms or does he/she have weakness and/or stiffness in the arms or legs? — NO — YES*

6. Does the child sometimes have fits, become rigid, or lose consciousness? — NO — YES*

7. Does the child learn to do things like other children his/her age? — NO* — YES

8. Does the child speak at all (can he/she make himself/herself understood in words; can he/she say any recognizable words)? — NO — YES*

9. <u>For 3 to 9 year-olds ask:</u>
   Is the child's speech in any way different from normal (not clear enough to be understood by people other than his/her immediate family)? — NO — YES*

   <u>For 2 year-olds ask:</u>
   Can he/she name at least one object (for example, an animal, a toy, a cup, a spoon)? — NO* — YES

10. Compared with other children of his/her age, does the child appear in any way mentally backward, dull or slow? — NO — YES*

* Screening result is positive if any one or more of the responses with an asterisk (*) is circled.

2. Reduction of stigma for sick or disabled people

- Ask participants what they understand by te term stigma.

- Does stigma exists in your community

- Ask participants to share their experiences on stigma in the community

- Ask participants to share the effects of stigma in their community

NB: Active participation by a person living with disabilities from the community where the training is taking place is required.

What is stigma?

Stigma is a powerful discrediting and tainting social label that radically changes the way individuals view themselves and are viewed as persons. People who are stigmatized are usually considered deviant or shameful for some reason or other, and as a result are shunned, avoided, rejected, or discriminated. Stigma marks the boundaries a society creates between "normals" and "outsiders," between "us" and "them".

Impact of Stigma:

Importantly, fear of stigma may also jeopardize a person's participation in public health programmes. They may delay to present to the health services, increasing their risk of disability and continuing to be a potential source of infection in the community. Concealment is also common after diagnosis

Ask participants "What do we need to reduce stigma"?

(Discussion with the person living with disabilities on dos and don'ts.)

3. Support for sick and disabled persons in the community

The community has a role to support disabled people by providing them with equal opportunities in different areas of life.

- ### *Special supports from GOK*

    – Exemption from TAX for income up to 150,000 Ksh

    – Special institutions

    – Special primary school e.g

        • National rehabilitation center in Kenyatta hospital
        • Thika school for blind

- ### *Recommended support from Community*

    – To develop support group for person with disabilities

    – To integrate person with disabilities in community activities

    • To identify people in the community who should access rehabilitation services

    • To reduce social stigmas and enhance community understanding of disabilities.

    • To provide mobility aids and rehabilitation equipment where needed.

Unit 4.7

SEXUAL AND GENDER BASED VIOLENCE (SGBV)

Objectives:

By the end of the unit, the participants will be able to:

1. Identify forms of gender based violence
2. Explain the contributing factors and effects of SGBV
3. Describe Post Rape care services and the do's and don'ts for survivors of sexual violence
4. Identify appropriate referral points for survivors of sexual violence within the community

Duration: 90 mins

Methodologies: Stories, discussions, group work, brainstorming, interactive presentations

Materials:

Unit session plan

Time	Topics	Methodology
1 hour	Objective of this unit Forms of SGBV Contributing factors to SGBV Effects of SGBV	Story, discussion
30 mins	Post Rape care andReferrals and Reporting	Group work

Activities

☼ Activity 1:

Story and discussion to learn purpose of this unit, and enable identification of SGBV activities (1 hr)

Read the following story of Hanna

Hanna's story

Hanna is an 18 year old lady who lives in the Kibera slum with her husband and 2 children. She wakes up early every morning to look for work washing clothes so as to earn some money. Her husband Musa is a construction worker who goes to the bar after work every day and comes home drunk, demanding for food even though he never leaves money. He often gets angry when he is served food without meat, insults his wife and throws the food at her in front of the children. His wife heard rumors that he was having an extra marital affair, and suggested they use a condom when having sex. Musa reacted violently and beat her up, then forced her to have sex without a condom anyway. Due to the beating, she was severely bruised and also lost her 3 month old pregnancy. The last time Musa beat her, she broke her arm and had to be admitted for a week at the local health centre. Hanna is an orphan and her husband does not allow her to visit any friends and has threatened to chase her and their children away if she talks about their problems to anyone.

Ask participants:

1. What do you pick from Hanna's story?

   - Does this happen in our community?

   - Why does it happen?

   - What are the effects on the people affected?

   - What does our community do about it?

   - What else can we do to help the situation?

Summarize the discussion using the resource notes below

Resource Notes:

SGBV is any harmful act done to another person against his/ her will; and is based on society's view of what men or women should be, or should do.

Types of GBV include:

- Physical violence such as beating, kicking, stabbing, throwing items at someone, burning with hot water

- Sexual violence such as rape, gang rape, defilement, attempted rape, inserting items into another person's private parts, sexual harassment

- Psychological violence such as verbal abuse, restricting someone's freedom of movement

- Economic violence such as refusing to give money to your family for food

Factors that contribute to SGBV include socio- cultural aspect such as power relations, alcohol use; political aspects such as post-election violence

Effects of SGBV include ill health, HIV infection, unwanted pregnancy, miscarriage, low self-esteem, poor performance in school, lack of a home, poor nutrition, disability etc.

Role of CHWs

- Creating awareness on SGBV and the available services for victims

- Educate community on importance of training children on life skills

- Mobilizing the community to respond to SGBV cases e.g. reporting to authorities

- Referring victims/ survivors for services

- Report writing

- Giving information of SGBV at household level

☼ Activity 2:

Group work and discussion on Post rape care for people who have been sexually violated(30 mins)

Divide Group participants into 2 groups and have the groups do the exercises below:

- Group 1: List down the things you think someone who has been raped should do or not do

- Group 2: Copy the table below on flipchart and list down the services you think someone who has been raped will need from the different places.

Medical/ Health facility	Police	Community	Other

Summarize the discussions using the resource notes below

Resource Notes:

Summary on Post rape care services

At the hospital, you will:

- Get treatment for wounds and other injuries
- Be checked and tested for HIV, pregnancy, hepatitis and others
- Get ARV drugs to prevent HIV infection, if you are HIV negative. These drugs should be taken within 72 hours of rape and will be finished after 28 days.
- Get medicine to treat sexually transmitted infections and to prevent pregnancy
- Get counseling
- Be given a filled and signed yellow copy of the Post rape care form by the health provider. The original white copy will be given to the police and the last green copy will remain at the hospital.

At the police station, you will:

- Report the crime in the Occurrence book (OB) and get an OB number
- Be asked questions which you should answer truthfully and frankly
- Be asked to record a statement
- Be given a P3 form which you will take to the hospital, to be signed by the health provider, only after all your injuries have healed

The Community needs to:

- Understand victims and not blame them
- Help victims as needed e.g. shelters for children
- Report the offenders, or help the police to capture them
- Refer for PRC services as soon as possible, within 72 hours

Others services needed are:

- Family's understanding, support and protection
- Lawyers who can advise victims and follow up their cases in court

✷ Activity 3:

Learning assessment

Get the participants to stand in a circle. Throw a ball to one participant and ask what he/she has learned from the module. Ensure that the ball is passed around to every participant as each responds on what has been learnt.

5 Module 5: Basic Health Care and Life Saving Skills

Purpose: The purpose of this module is to equip CHWs with knowledge and skills to offer basic health care and simple life-saving skills at community level.

Objectives:

By the end of this Module, CHW will be able to:

- Identify common illnesses affecting children and adults in the community.

- Identify danger signs in children under five years, pregnant women and general public

- Demonstrate lifesaving skills

- Make appropriate referral

Course units:

1: Basic health carecare (110 mins)
2: Lifesavingskills (80 mins)
3: Referral (110 mins)

Duration: 5hours 45 minutes 5hrs

Unit 5.1

BASIC HEALTH CARE

Objectives:

- To identify danger signs in under five , pregnancy and delivery

- To identify common conditions that can be treated at home

Unit session plan

Duration	Topics	Methodology
12o Minutes	Danger signs in under-five, pregnancy and delivery	Min lecturer, brainstorming & visual aids
45 minutes	Common conditions that can be treated at home	Mini lecture, brainstorming and visual aid

✿ Activity 1:

Story on common conditions and danger signs (60min)

Activity 1: Starter

Josephine is a mother of 2 children, Kiki aged 4 years and Nina aged 6 months old respectively. Last night Kiki developed diarrhea after complaining of abdominal pain for which the mother gave him a cup of soup. This morning Josephine goes to get vegetables from her kitchen garden and on returning finds Nina having fits. She quickly picks Nina up and runs out of the house screaming. Otieno, the neighbor, hears the screams and comes out of his house to see what is happening, and on seeing the fitting child advises the mother to give the child boiling water. Even before the water starts to boil, Miriam, another elderly neighbor, arrives with goat fat in a bottle, and claims it is good for sick babies. Nina who had by now stopped fitting but remained drowsy is forcefully given a spoonful of fat mixed with boiling water. She starts vomiting and continues to vomit everything for the next one hour after which she seems to fall asleep. After few minute, on checking the mother finds Nina not breathing.

Q1: What did you hear in this story?

Q2: What health problems did you identify in this story?

Q3: Does what they have identified above happen in our community?

Q4: Why does it happen?

Q5: What should they have done?

Key point

They should have given ORS and zinc sulphate or fluids and refer the child to the nearest health facility. The community should not allow quacks or people who are not trained to administer major emergencies or treatment.

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1. Draw 4 participants from the plenary to role play and show how they handle fainting and nose bleeding. One to act as the affected person and the other to act as the helper.

2. Ask the class to comment on the methods they saw. Are they correct?

3. Demonstrate as per the notes below and ask for a return demonstration.

Share the other common conditions (cough or cold, nose bleeding, fainting, burns and minor cuts).

Key points on common conditions at household level

COUGH OR COLD: Any cough with fast breathing needs immediate referral. If the cough has lasted for more than 14 days it could be as a result of tuberculosis, asthma or whooping cough and will need referral for further assessment.

NOSE BLEEDING: Can be as a result of physical trauma, common cold or a bleeding problem. Tell client to sit, tilt face downwards, and apply pressure on soft part of the nose for a few minutes. Encourage client to breath by mouth. Ensure pressure on child's nose does not obstruct breathing. Do not handle blood if you are unable to protect yourself with gloves. Refer if bleeding persists.

FAINTING: occurs due to reduced blood flow to the brain. It is usually temporary. Ensure client is lying down and breathing, elevate legs to help increase blood flow to the brain. Refer immediately.

BURNS: Burns are caused by fire, hot objects or fluids. Skin can become infected or might be unable to maintain normal body temperature. Pour cold water on the burn for at least 10 minutes. Give painkiller and refer to health facility.

MINOR CUTS – Cuts are mainly caused by sharp objects. Cuts can lead to bleeding or if not properly handled can become infected. Bleeding from minor cuts is minimal. Disinfect, arrest bleeding and refer.

☼ **Activity 2:**

Give a mini lecture on danger signs in specific cohorts as depicted below. (60min)

1. High Fever /hotness of the body

Body temp more than 37.5 degrees Celsius in a newborn. Before referral mother is to be advised to remove excessive clothing to help reduce body temperature and referral immediately.

Picture to be provided and inserted

2. Seizures /convulsions.

A seizure/convulsion occurs when the brain malfunctions, resulting in a change in movement, attention, or level of awareness. It is characterized by jerking at the muscles spasms. Refer the patient to health facility immediately.

3. Not easily arousable/ less active

Child is un-usually sleepy, tends to sleep for longer time than normal and is not easily woken up. The child should be referred immediately to the health facility.

Picture to be provided and inserted

4. Chest wall in drawing

An infant has chest wall in-drawing if the lower chest wall goes in when the infant breathes in. Chest in-drawing occurs when the effort the infant needs to breathe in is much greater than normal. In normal breathing, the whole chest wall (upper and lower) and the abdomen move out when the infant breathes in. the child should be referred to the health facility

5.Difficulty in breathing

Signs of difficulty breathing

- Blue or graycoloring to the skin of the face or chest.

- A high-pitched whistling sound made when a person exhales.

- The skin pulls in and out between each rib with each breath. And you may be able to "count ribs."

- When a child is congested, you may notice their nostrils flaring in and out with each breath

- Refer the child to the health facility

Picture to be provided and inserted

6. Reduced body temperature

- Cold hands and feet

- Body temperature under 35.5 Celsius

- Refer the child to the health facility

Picture to be provided and inserted

7: Diarrhoea

Definition: Passing watery loose stool more than 3 times within 24 hour

Related danger signs

- Sunken eyes -

- The eye tend to intrude inwards

- Inelastic skin-

- Skin that once pinched it goes back slowly.

- Inability to drink orally-

- Not able to take fluids orally.

- Lethargy/ Fatigue-

- is tired and weak

- Drinking eagerly-

- Child drinks thirstily when offered water

- **Refer the child to the health facility** (Hydrate the child with ORS)

## 8.   Sunken eyes and sunken fontanel

2. How to prepare ORS solution

1. Wash your hands with soap and water.

2. Pour the entire contents of a packet of ORS into a clean container (a mixing bowl or jar) for mixing the ORS. The container should be large enough to hold at least 500ml.

3. Measure5ooml of safewater (or correct amount for packet used). Use the cleanest drinking water available.

In your community, what are common containers caregivers use to measure 500ml of water?
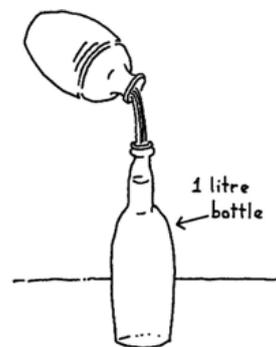
4. Pour the water into the container. Mix well until the salts completely dissolve.

How to give ORS solution

1) Explain to the caregiver the importance of replacing fluids in a child with diarrhoea. Also explain that the ORS solution tastes

    salty. Let the caregiver taste it. It might not taste good to the caregiver. But a child who is dehydrated drinks it eagerly.

2) Ask the caregiver to wash her hands and to start giving the child the ORS solution in front of you. Give frequent small sips from a cup or spoon. (Use a spoon to give ORS solution to a young child.)

3) If the child vomits, advise the caregiver to wait 10 minutes before giving more ORS solution. Then start giving the solution again, but more slowly. She should offer the child as much as the child will take or at least ½ cup ORS solution after each loose stool.

Check the caregiver understands.
For example:

●   Observe to see that she is giving small sips of the ORS solution. The child should not choke.

●   Ask her: How often will you give the ORS solution at home? How much will you give?

The child should also drink the usual fluids that the child drinks, such as breast milk.

If the child is not exclusively breastfed, the caregiver should offer the child clean water. Advise the caregiver not to give very sweet drinks and juices to the child with diarrhoea who is taking ORS.

How do you know when the child can go home?

A dehydrated child, who has enough strength to drink, drinks eagerly. If the child continues to want to drink the ORS solution, have the mother continue to give the ORS solution in front of you.

If the child becomes more alert and begins to refuse to drink the ORS, it is likely that the child is not dehydrated. If you see that the child is no longer thirsty, then the child is ready to go home.

Put the extra ORS solution in a container and give it to the caregiver for the trip home (or to the health facility, if the child needs to be referred). Advise caregivers to bring a closed container for extra ORS solution when they come to see you next time.

Give the caregiver 2 extra packets of ORS to take home, in case she needs to prepare more.

Encourage the caregiver to continue to give ORS solution as often as the child will take it. She should try to give at least ½ cup after each loose stool.

How to store ORS

Keep ORS solution in a clean, covered container.

Ask the caregiver to make fresh ORS solution when needed. Do not keep the mixed ORS solution for more than 24 hours. It can lose its effectiveness.

TIP: Be ready to give ORS solution to a child with diarrhoea. Keep with your medicine kit:

- A supply of ORS packets

- A 1 litre bottle or other measuring container

- A container and spoon for mixing the ORS solution

- A cup and small spoon for giving ORS

- A jar or bottle with a cover

Danger signs in pregnancy and delivery

Pregnancy and childbirth are natural events. Sometimes, however, complications can occur during pregnancy and childbirth that require immediate attention by a health worker. A pregnant woman should be referred immediately to a health centre if any of the following danger signs of pregnancy occur:

1.   reduced or no Fetal Movement

Fetal movements begin to occur as basic routine by18-20 weeks and should be monitored by at least twice-daily kick counts. Refer immediately if there is reduced fetal movement or no fetal movement.

2.   Abdominal Pains

persistent abdominal pain could indicate a miscarriage, or other complications and should be referred immediately to health facility.

3. Severe or persistent Vomiting

Severe vomiting that lasts for more than a day puts victims at risk of dehydration and should be referred to health facility

4. leaking of baby fluid   before due time for delivery

A persistent leak or sudden gush of fluid from the vagina typically indicates that the womanis losing amniotic fluid. Refer immediately to health facility

5. Swelling of legs, arms or face

Most women notice a little swelling in their legs and ankles during pregnancy, but severe swelling, especially in the face/legs or fingers, is cause for alarm. Refer immediately to health facility

6. Anemia

If a woman is feeling tired, weak, and dizzy, or if the insides of her eyelids or her palms are especially pale, she might have anaemia. She should go to a hospital or clinic for a test.

7. Convulsions / fits

A **convulsion** is a medical condition where body muscles contract and relax rapidly and repeatedly, resulting in an uncontrolled shaking of the body.Refer immediately to health facility

8. *Vaginal bleeding during pregnancy or profuse/persistent bleeding after delivery.*

Any vaginal bleeding during bleeding during pregnancy or profuse / persistent bleeding after delivery must be referred to health facility

9. *Severe Headache*

Refers to headache that is persistent, not relieved by any pain killers. It may show signs of increased blood pressure thus needs immediate referral to health facility

10. *Prolonged labour*

Picture to be provided and inserted

Normal labour can last anywhere from 5-18 hours. It can be longer in a woman having her first baby.

It is recommended that all women should deliver at facility, so refer all women in labour.

Unit 5.2

LIFESAVING SKILLS

Objectives:

- Describe the concepts of life-saving skills
- Demonstrate life-saving skills

Duration: 80 min.

Methodologies: Min lecture, demonstration, brainstorming & discussion

Materials: Flip chart paper, markers, masking tape

Unit session plan

Duration	Topics	Methodology
60min	Concept of basic lifesaving skills	Brainstorm, discussion
60min	Describe basic life skills on specific conditions	Min-lecture, demonstration,& discussion

☼ **Activity 1**

Ask the participants to express what they think about life saving skills. Allow discussion for five minutes.

Share the definition below

Key Point

Definition of life saving skills –Basic lifesaving skills, builds on a foundation of practical skills in knowing who, when and how to recognize and treat a person in need of emergency medical assistance.

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4. Ask for six participants to volunteer in the three scenarios namely
    i. drowning,
    ii. chocking
    and
    iii. a snake bite.

One to play as the affected person and the other one to come helping according to their own knowledge. This should be interesting to the participants.

5. Ask the plenary whether they gave the right first aid. List their observations.

6. Describe the lifesaving skills detailed below and demonstrate practically.

7. Ask volunteers to do a return demonstration.

NOTE: Recovery Position picture to be provided and inserted

Signs	Treatment	
Drowning: Occurs when water enters the lungs, blocking air entry	1. Keep the head lower than the body when getting the person from the water 2. Thereafter lay the person down. 3. If the person is breathing place in recovery position. 4. Treat low body temperature by removing all the wet cloths and covering with blanket or extra clothing. 5. If conscious, give a warm drink. Refer even if fully recovered.	N O T E : Picture to be to be provided and inserted
Chocking: Is when a foreign object or food stuff is stuck at the back of the throat causing a blockage of the airway.	1. If the patient is breathing, encourage to continue coughing. 2. If obstructed stand to the side and slightly behind him. 3. Support his chest with one hand and let him lean well forwards. 4. Give up to 5 sharp slaps between the shoulder blades. 5. Stop if the obstruction cleared.	
Snake Bite	1. Keep the person calm, restrict movement, and keep the affected area below heart level to reduce the flow of venom. 2. Remove any rings or constricting items. Create a loose splint to help restrict movement of the area. 3. If there are signs of shock (such as paleness), lay the person flat, raise the feet about a foot, and cover the person with a blanket. 4. Get medical help right away.	N O T E : Picture to be to be provided and inserted

Unit 5.3

REFERRAL AND LINKAGES

Objective

1. Understand the referral process and how to refer clients /patients

2. Conduct effective follow up after referral

3. Identify and solve some common referral challenges

Duration: 110min.

Methodologies: Interactive discussion, group works

Materials: Flip chart paper, markers, masking tape,

Unit session plan

Time	Topics	Methodology
120 Minutes	• Understand the referral process and how to refer clients /patients • Conduct effective follow up after referral	Role play Brainstorming, discussions,
60 minutes	Identify and solve some common referral challenges	Brainstorming, discussion

☼ Activity 1:

Stories on Referral (60min.)

Have volunteers read out the two scenarios below:

Scenario 1

Samuel has a 12 months old daughter called Mary. Angela, a CHW visits his house and finds Marry has been having diarrhoea for the last one day and now looks weak and is not responding when called. She tries to explain the need to take Mary to the nearest health center but Samuel the father of Mary refuses because he thinks Mary is sick because he believes the diarrhoea is normal because of teething.

Scenario 2

Nora is a 25 years old pregnant woman expecting her first born in 2 months. She started having severe abdominal pain the previous night and visited Tom a CHW to seek medication to ease the pain. However, Tom told her he could not give any drugs and she had to go to the nearest health facility immediately.

Nora refused his advice saying that the nearest health center is too far, more than 1 hours' walk and she does not have any money for transport to the health center. Tom reminds her of the help she can get from her neighbors and she finally agreed to go to the health facility.

Ask the participants the following questions to stimulate their feedback from the role-plays.

- Which danger signs were seen in each scenario?

- Why do you think Samuel and Nora were hesitant to go to the health centre?

- How did the CHWs succeed in convincing Samuel and Nora to go to health facility?

- What other concerns or issues do you face in the community that prevent people from going to the health facility

- What would you do to convince people like Nora and Samuel to go to the facility?

1. Summarize their responses and share the key points below.

Key Points on Referral

The term "referral" can refer both to the act of sending a person to a doctor or other health professional, or to the actual paper authorizing the person to visit the doctor or the health professional.

Timely referral reduces the risk of severe disease or death.

Early referral ensures correct assessment and treatment,

Barriers to referral

Ask the participants what would be the barriers to effective referral. Let them pair up and buzz for five minutes and get quick responses from the plenary. Summarize as below.

The caregiver does not want to take the child to the health facility because:	How to help and calm the caregiver's fears:
The health facility is scary, and the people there will not be interested in helping my child.	Explain what will happen to her child at the health facility. Write a referral note to help her get care for her child as quickly as possible
I cannot leave home. I have other children to care for.	Ask questions about who is available to help the family, and locate someone who could help with the other children.
I don't have means to get to the health facility.	Help to arrange transportation. In some communities, transportation may be difficult you may need to help community leaders identify ways to find transportation e.g. the community might buy a motor bike.
I know my child is very sick. The nurse at the health facility will send my child to the hospital to die.	Explain that the health facility and hospital have trained staff, supplies, and equipment to help the child.

The Referral Process

This process is summarized in the diagram below

Contact with patient

Screening is completed and decision for referral is Made

Filling referral form

- **Data of Patient /client :** Date, time of referral, name of the patient, age, sex & name of community unit.

- **Reasons for referral:** Main problem, treatment given, comments

- **Data of CHWs referring patient :** Name , mobile number, Village/Estate, sublocation, location, name of community unit.

Action taken by the officer & chw

- **Data of the officer who recieved the patient:** Date, Time, name of the officer, profession, Name of the health facility, action taken

- **Feedback to the community:** N ame of the officer , Name of the CHW, mobile no, Name of the community unit, call made by referring officer : yes, no . Kindly do the following to the patient:

- **Official rubber stamp & signature**

Filling in Referral Form

☼ Activity 2:

Practice of Filling in Referral Form (60 min.)

1. Tell the participants, "We are going to use a form called referral form when we refer the patient to health facility. The form is very important to communicate necessary information of the patient to health professional who is going to see the patient. And the health professionals also will notify you that they see the patient and any necessary follow up which is expected to be done by CHWs."

2. Distribute copies of referral form to the participants.

3. Explain the columns in the form step by step to the participants.

4. Ask the participants to bein pairs.

5. Ask each member to choose one of danger signs and ask the one in the pair to play as if they have the danger signs.

6. Ask the other to play a role of CHW and fill in the referral form according to the sign they see in their partner.

7. Switch the roles among the pair and repeat the same.

8. Ask the participants if they have any questions on filling in the referral form.

Annex

COMMUNITY REFERRAL FORM

SECTION A

Patient /client data	
Date:	Time of referral:
Name of the patient:	
Sex:	Age:
Name of community Health Unit:	
Reason for referral	
Main problem:	
Treatment given:	
Comments:	
CHWs referring the patient	
Name:	Mobile No:
Village/Estate:	Sub location:
Location:	
Name of community unit:	
Receiving officer	
Date:	Time:
Name of the officer:	
Proffesion:	
Name of the Health facility:	
Action taken	

SECTION   B

Referral back to community
Name of the officer:
Name of CHW:
Name of the community unit: Mobile No:
Call made by referring officer: Yes: No:

Kindly do the followingto the patient:
    1   .
    2.

Official rubber stamp & signature:

Purpose:

The purpose of this module is to equip CHWs with knowledge and skills to offer basic health care and simple life-saving skills at community level.

Objectives:

By the end of this Module, CHWs should be able to:

1. Understand the concept, sources and uses of health information.

2. Carry out household registration and mapping

3. Participate in collection, collation, analysis and dissemination of health information at community level

4. Use of data for community health planning and action on identified pertinent issues

5. Demonstrate understanding of the basic concepts in monitoring and evaluation.

6. Understand the importance of disease surveillance and participate in the process at community level

Number of Units

2 Units : Management and Use of Community Health Information, community disease surveillance

Duration

Evaluation method

Reflective Q&A, Role playing and group work

Unit 6.1

MANAGEMENT AND USE OF COMMUNITY HEALTH INFORMATION (7HRS 30MINS.)

By the end of the session the participants should be able to:

1. Explain the importance of Community Health Information

2. Explain how to conduct data collection

3. Know how to fill CHW data collection tools(MoH 513, 514& 516)

4. Know how to use Community Health Information

Unit session plan

Time	Topics	Methodology
20 min.	Introduction	Story & Brainstorming
90 min	Village mapping	Practical exercise
30 min.	Importance of community health information	Interpretation of Data and Brainstorming
140min.	Data collection & Tools for Data collection (MOH 513,514,515 and 516)	Brainstorming, roleplaying and pair work
30 min.	Interpretation of Community Health Information	Brainstorming
40 min.	Sharing Community Health Information Action Planning	Brainstorming
100 min.		

☼ Activity1:

Introduction to Community Health Information (CHI)

1. Read out the following case scenario in Milele Village

2. Ask the participants the following questions and record their responses on a flipchart paper.

| Case Scenario in Milele Village |
|---|
| The chief of Milele location called for a baraza to discuss reported frequent diarrhea cases in the location. He called on the various village elders to give the situation in their villages. The village elders requested to be given more time to consult with their CHWs and promised to give the chief the correct information the following day. |

- As a CHW what kind of information would you collect in response to the situation above?

- What would be the sources of the information?

- How will the information be used by the community to deal with the diarrheal situation?

Summarize their responses and tell the participants. "we are going to learn more on what is (CHI), how to manage and use it and come up with effective Community action plan by utilizing community Health Information(CHI) in this module."

☼ Activity 2:

Practical exercise of Village mapping (90 min)

1. Divide the CHWs into groups according to their respective villages

2. Ask them to draw a map of their village first on the ground using chalk, charcoal, sticks etc showing all the households, social amenities i.e. roads, churches/mosques, schools, water points, health facilities, market place, chief's camp

3. Ask them to brainstorm on the symbols they want to use to mark various items. The table below shows possible symbols that can be used.

4. Give them flip charts with felt pens with which to transfer the drawing.
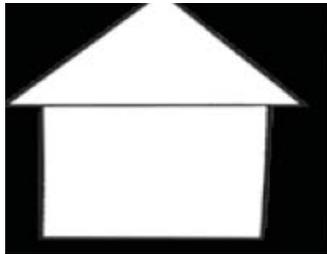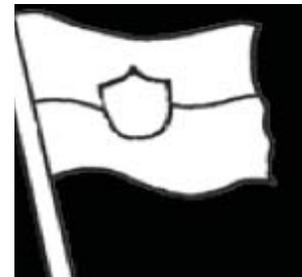
Household

church

Household with latrine
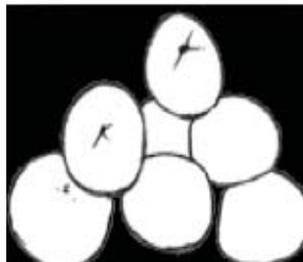

Mosque

water point

chiefs camp

health facility

market place

police post

school

Discussion questions

1. What is the importance of a village map?

2. How will you use the information from the village map in your daily work?

Key points

Importance of a Village map

- To identify various social amenities and resources in the community

- To identify the various households and their location in the community.

Use of the information from the village map

- Locating various households for purpose of household registration

- Planning community actions.

- To identify features that can pose risk of disease to the community e.g. stagnant water ponds, dams, waste fields

---

☼ Activity 3:

Importance of Community Health Information (30 min)

1. Copy the tables of number of diarrheal disease cases on a flipchart paper before the session starts.

2. Read out the case below and show the tables to the participants

Cases of Diarrheal Diseases in Village A and B

Village A and village B are small villages neighboring each other located at the foot of Mt. Kenya. They have similar features and have similar health problems. Village leaders in the two villages are trying to improve the living condition of villagers and getting regular report on disease cases and concerns from the community. The following is the information on the diarrhea cases reported from both villages.

The first table shows the diarrheal cases in Village A   which has 100 households

Month/Year	Number of diarrhea cases
March 2011	3
April 2011	10
May 2011	30

This second table shows the diarrheal cases in Village B which also has 100 households

Month/Year	Number of diarrhea cases
March 2011	10
April 2011	7
May 2011	3

3. Ask the following questions to the participants and record their responses on a flipchart.

    ●   What can you tell from the table of village A and B?

    ●   What is the difference with what happened in Village A and Village B?

    ●   Do you think you have to do anything in Village A? How about B?

    ●   What do you need to know more, if you want to solve the problem?

4. Summarize their responses and ask the participants "Why do you think health information is important?" Allow several responses.

5. Provide additional information to their responses using the Resource Notes below

Importance of Community Health Information

●   Helps in detecting problems, monitoring progress towards health goals and decision making

●   Empowering individuals and communities with timely and understandable health-related information

●   Provides proof for making rules and regulations referred to as policies,

●   Shows success of activities that provides evidence for implementing similar activities elsewhere (scale-up efforts)

●   Provides information that can be used for research;

●   Provides information for improving governance, mobilizing new resources, and ensuring accountability in the way they are used

☼ **Activity 4:**

Brainstorming on Data Collection (30 min)

1. Divide the participants into 3 groups and give them the following questions to discuss. Distribute flip chart to each group and ask them to write their responses for each question.

    ● What are the different kinds of data that you would collect from the community for community health serviceactivity?

    ● What are the sources of this community data?

    ● How would you collect that data?

How do you confirm that the data you have collected is correct?

2. Allow the groups to present their group work. Allow the other participants to give their comments and inputs for the presentations.

3. Summarize their discussion and provide additional points using the Resource Notes below.

Resource Notes on Data Collection

Definitions

Data: refers to factual information used fordecision making

Information: refers to knowledge derived from a study, experience or instruction

Types of Data for CS

● Basic information on household members (e.g. age, sex, education marital status)

● Basic Health Status (e.g. pregnancy, ANC attendance, Chronic illness, Disability status, Nutrition status, HIV testing, Immunization status of children under 5 years old)

● Household health promotion practices; (Water and hygiene, availability and use of bed nets, dish racks, presence of latrines, rubbish pits, Leaky tins, Family planning status of women of reproductive age)

● Household births and deaths records

● Health services and activities carried out by the CHWs and community

Source of Data

- Household members
- Rumours
- Phone communication
- Social gatherings e.g. Weddings, funerals
- Chief's barazas
- Schools
- Health records e.g. ANC cards, immunization cards
- Environment, etc.

How to collect data

- By asking/Listening to what people say about their health status
- By observation – Observe things that are important for the health of the community; for example, latrine and wells, are they safe? Are they utilized well? Do they need improvement?
- Taking count and recording: Check and count things or events, e.g., how many latrines are there? How many cases of diarrhea per week?
- By use of registers and checklists
- Taking measurements and weights, e.g. using MUAC tapes and weighing scales

☼ Activity 5:

Orientation on Data Collection Tools for Community Strategy (60min.)

1. Ask the participants to list any health data collection and record tools they know (e.g. Mother and Child booklet, immunization card, outpatient book and any registers at health facility, etc.) and let them explain what these tools are for.

2. Summarize their responses and explain the key points below.

> **Key Points on Data Collection and Recording Tools for Community Strategy**
>
> In addition to those tools you have listed, we have now 4 data collection and recording tools which Community Strategy has introduced. The tools are:
> - Referral form (MOH 100)
> - Household Register (MOH513)
> - Community Health Workers Log Book (MoH514)
> - Community Health Extension Worker Summary (MoH515)
> - Chalkboard (MoH516)
>
> The tools CHWs mainly use are Household Register and CHW Log Book. These two tools have different roles and it is important for CHWs to understand how each of them works. Let's look at the tools.

3. Distribute copies of Household Register (MoH513) to the all participants. And ask the participants the following questions.

- What does household mean in your community?

- What does a register mean?

4. Summarize their discussion in a flip chart.

5. Explain each indicator in Household Register exhaustively. Be sure to engage the participants e.g. read out some of the indicators to encourage participation. Clarify the indicators and points which requires better attention with using Resource Notes.

> Household;
> where a family stays and live together, shares together and eat from the same pot

Key Points on Household Register (MoH513)

- Household register is a tool to determine overall health status in your community.

- The first reports of Household Register which you will conduct immediately after this training will serve as a base line data for Community Strategy activities in your community.

- The register is updated every 6 months to know the changes that happen during the 6 months and assess success and challenges of your activities.

- After filling the register for all households the completed forms are submitted to CHEW.

- CHEWs will compile the data from all the CHWs and summarize to give the status of the households within the community unit which they share with CHWs as well as CHC for further action.

Types of data contained in Household Register are:

- Basic information on household members

- Basic Health Status

- Household health promotion practices

- Education status of household members

- Household births and deaths records

Tips for Filling Household Register

Please look at indicators in Household register and identify any indicators or points which CHWs can be confused therefore needs better attention. And clearly explain the indicators and points in this note. (For example, if the indicators say under 5 year, should children who is 5 years be counted or not? And explain abbreviations used in indicators clearly here)

6. Distribute copies of CHW Log Book (MoH514) to the participants and give them one minute to look at it. Then ask the following questions:

- Are types of data in the Log Book different from Household Register? If yes, how are they different?

- What do you think CHW Log book is for?

- Why do you think using the CHW Log Book is important for CS activity?

7. Summarize their discussion and share the Key Points below.

Key Points on CHW Service Log Book (MoH514)

- The Community Health Workers Service Log Book is a diary that the CHW uses to record information from the household during their visit as they give messages and services

- The basic information collected is accurate on what was done or identified in the household served.

- The Log Book measures the actual CHW's effort which should be written or filled during the household visit.

- The LOG book should be submitted to the CHEW for summary every month by the end of the month.

Types of data contained in Household Register are:

- Health services and activities carried out by the CHWs and community

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8. Explain each indicator in CHW Log Book exhaustively. Be sure to engage the participants e.g. read out some of the indicators to encourage participation. Clarify the indicators and points which requires better attention with using Resource Notes.

9. Ask the participants whether they have any questions on these two tools and respond to the questions. Then ask the following questions for a debriefing.

- What did you learn about data collection tools for Community Strategy in this session?

- What are the difference between Household Register and CHW Log Book?

- How are you going to collect and submit the two tools?

☼ **Activity 6:**

Pair Work on Data Collection with CHW Log Book (40min.)

1. Ask the participants to make pairs with his/her colleague; one to assume the role of the CHW and the other a household head for practicing filling in CHW Log Book.

2. Ask them to assume they are conducting a household visit and play their roles of a CHW or a household head. Ask them to remind what they already have learned in previous modules e.g. communication and counseling skills, various level health messages and activities, etc. during playing their role.

3. Ask the ones playing a CHW to provide any services e.g. health education, referral, etc. and interview to the household head and fill in the CHW Log Book accordingly. The participants who play a role of household head do not need to provide actual information of his/her own but decide a character of the household and play the role accordingly. Give them 20-30 minutes for the pair work.

4. Tell all the pairs to write down any difficulties in interpreting indicators, interviewing and filling the information in the tool when they encounter them.

5. After all pairs have done the pair work, ask the participants to share any difficulties they have faced during the pair work and provide further guidance accordingly.

6. Ask them the following questions for debriefing:

● What did you learn from this exercise?

● Are you confident in collecting data with Household Register and CHW Log Book now? If yes, why do you feel so? If not, why?

● What are the important tips for collecting data do you think?

7. Introduce CHEW summary (MOH515) and Chalk Board (MoH516) as using resource notes below.

⬇

CHEW Summary (MoH515) and Chalk Board (MoH516)

The CHEW Summary is to be filled monthly by the CHEW using the information from the Community Service Log books and Household Registers. The information collected measures the CHWs efforts and services carried out at the household and community levels.

The information captured on the CHEW summary is also replicated to the CHALK BOARD (MOH516) for sharing the information to the community during community dialogue which will be discussed in the next session on sharing community health information.

☼ **Activity 7:**

Brainstorming on Interpretation of Community Health Information (30min.)

1. Ask the participants, "What do you think you should do after collecting Community Heath Information with Household Register and CHW Log book? " Allow variety of responses and record them on a flipchart paper.

2. Let the participants arrange their responses along with steps which they think they need to follow after collection of CHI and compare the result with the Key Points below as clarifying necessary steps for CHI management.

Key Points on Steps of CHI Management Flow

As we discussed in previous sessions, our goal of collecting information is to assess our progress and to identify challenges with effective solution. In order to achieve the goal, we need to do following things after collection of the data:

● Summarizing the collected information

● Interpreting the summarized data

● Making the analyzed data presentable

● Sharing the data with the community and stakeholders

● Utilizing the data and responses from the community effectively in action planning

We shall learn further on interpreting data in this session and on sharing the data and action planning in the following sessions.

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3. Ask the participants to remind themselves what they discussed on the number of diarrheal diseases in Village A and B in Activity2 in the beginning of this module.

4. Ask them what they did when they saw these data and record their responses on a flip chart paper.

5. Summarize their responses and tell the participants, "You could find an increasing trend in diarrheal cases in VillageA and a decreasing trend in Village B. Then, you may have compared these opposite trends in the two villages to think about what have made a success in improving the situation in Village B while CHWs and members in Village A face the situation which urges them for rethinking their activity and strategy. We call this process "interpretation of data.""

6. Share the Key Points below.

Key Points on Data Interpretation

Interpreting information involves examining it in ways that reveal the relationships, patterns, trends, etc. that can be found within it. To do that, the most important thing for the CHWs is to look at the data critically by asking yourself: "What do these numbers show?"

The followings are some other important questions for interpreting data:

● What makes my community unique?

● What does the data mean for my community's health?

● How has my community changed lately?

● Does recent change affect the health of my community members? The work of CHWs?

● What are my community's major health concerns and challenges?

● Where are these challenges coming from?

● What are the gaps in our community health services activity if any?

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7. Ask the participants the following questions and facilitate a discussion for imagining actual process of data interpretation.

● Which information can you access and use for interpretation?

● What can be interpreted from each piece of information you have listed?

● When do you think is the most appropriate time and occasion to interpret Community Health Information?

● With whom will you interpret the data? Is there anybody who can assist you in interpreting the data?

☼ Activity 8:

Sharing Community Health Information in the Community (40 min)

1. Ask the participant the following questions:

   ● Why do you think it is important to share the Community Health Information and your interpretation of it with others?

   ● With who do you think you should share the information?

   ● When do you think you can share the information with them?

   ● How can you share it with the others?

   Write all the responses in a flip chart and discuss.

2. Add on if any points in the box below are not mentioned

Key Points on When and How to Share the CHI

When	How
During household visit	• by sharing information with household members for them to take actions to improve health status • By sharing information with household members for them to take specific action on Disease control and prevention e.g. on issues of water treatment, building latrines etc • By sharing information on how they can get referral for further health services
During community event e.g. chiefs baraza, community dialogue, campaign, etc.	• By presenting the major health issues to plan and take community collective health action • By presenting the major health issues with stakeholders for resource mobilization • By presenting health indicators trends using the Chalkboard (MoH 516) for community action
During monthly CHW/CHEW meeting	• By looking at the health indicator trend and using the information to plan • By using the health information to seek further assistance by facility health workers on challenging health issues

3. Explain the participants, "as mentioned earlier, we have a Chalkboard (or white board) to share the information with our community members and others."

4. Go through the tool with the participants explaining what the chalkboard displays and how it should be completed.

5. Share with the participants a completed sample of Household registers and a CHEW summary form with analyzed community health data.

6. Explain to them how the household register, CHW log book and CHEW summary relate to the chalkboard.

7. Show the participants how the CHEW will fill in the chalkboard and how to participate in starting discussions for the community dialogue process.

Key points on Chalk Board (MoH516)

● The chalkboard displays the general health status of the community unit.

● The chalkboard displays the basic community information that is updated every 6 months

● The chalkboard also displays health indicators that are reported monthly by CHWs for the whole year.

● The chalkboard is used during the community dialogue days to discuss the actions decided upon by the community.

☼ Activity 9:

Practicing Action Planning (100min.)

1. Explain and ask the participants, "We have learnt basics for our work and activity as CHWs in our Community Unit in the last 10 days. We are going to implement what we have learnt immediately after we leave the classroom. But before that, there is an important thing we should do. What is it?" Provoke them until they come up with an answer "Planning".

2. Ask the participants the following questions and record them on a flip chart paper.

   ● What is planning for you?

   ● Do you do planning in your life?

   ● What do you consider when you do planning?

   ● Is planning important for you? if yes, why?

3. Summarize their responses and explain to them "In the first day of the training, we draw our dream/vision for our community. Having vision is the most essential and first step of achieving it." Share the Key Points below.

Key Points on "What is Action Planning?"

In some ways, an action plan is a "heroic" act: it helps us turn our dreams into a reality. An action plan is a way to make sure your community's vision is made concrete. It describes the way your group will use its strategies to meet its objectives. An action plan consists of a number of action steps or changes to be brought about in your community.

Each change to be sought should include the following information in an action plan:

- Where do we want to go? (Change we want to have)

- From where? (Baseline, or our current situation)

- How we can know where we are? (The way for measuring our change)

- How can we reach there? (Actions to be taken for the change)

- Who will take the action?

- By when do we expect the action to be done?

- What resources are needed to carry out our actions?

The following are criteria for a good action plan:

- Complete? Does it list all the action steps or changes to be sought in all relevant parts of the community (e.g., schools, business, government, faith community)?

- Clear? Is it apparent who will do what by when?

- Current? Does the action plan reflect the current work? Does it anticipate newly emerging opportunities and barriers?

4. Explain the participants, "to make an action plan, we need to know where we are now and based on that, we can determine what actions we need to do to reach where we want to reach. Therefore, knowing current situation by collecting and interpreting information from the community is very important for our activity."

5. Tell the participants, "We are going to do an exercise for action planning from now, however, we need to re-do it after conducting Household Register because we can only know the exact situation of our community with the result of the Household Register. So, for the sake of the exercise, you will use your observation as a data to describe current situation in your community to develop an action plan till the result of Household Register will be availed."

6. Divide the participants by villages they come from. Distribute some sheets of flipchart paper to each group as well as marker pens.

7. Ask the groups to draw the following framework for their action plan.

Action Plan for XX Village From Day/Month/Year to Day/ Month/ Year

Targeted practice	Where we want to go	Where we are now	How we can know where we are	Actions to be taken	Who will take the action	By when we expect the action to be done	Resources needed for the action

8. Show an example before the group starts group work. For instance:

Action Plan for Kilongo Village   From 1/7/2012-1/10/2012

Targeted practice	Where we want to go	Where we want to go	How we can know where we are	Actions to be taken	Who will take the action	By when we expect the action to be done	Resources needed for the action
Hand washing	50% of community members wash hands properly	Only 10% of community members wash hands properly	• Household Register • Interview with community members • Observation	• Health education on proper hand washing at Baraza and other social gathering • Health education through H/H visit •Demonstration of how to make a leaky tin at Baraza, school and church • Community Dialogue on the hand washing • Follow up H/H visit	CHWs Chief CHWs CHWs Chief Teacher Pester CHWs & CHC CHWs	15/8/2012 15/8/2012 1/9/2012 1/9/2012 1/10/2012	Containers and soap for demonstration

9. Give the groups 40 minutes to come up with their action plan for next 3 months. Move around the groups and provide necessary support and guidance.

10. Allow the groups (if time is short for all groups, pick a few groups) to present their action plan and allow the others to give comments and inputs.

Note

11. Ensure the participants implement activities using the plan they have developed. Inform them that they will do another action planusing the result of Household Register after they conduct the Household Registration.

Unit 6.2

COMMUNITY-BASED DISEASE SURVEILLANCE (135 MINS)

By the end of the unit, the participants will be able to:

1. Explain disease surveillance and its importance to the community

2. Identify examples of priority diseases under surveillance

3. Explain the use of conditions to identify priority and other important diseases

4. Explain the importance of rapid referral of patients with these conditions to a health facility for diagnosis and correct treatment

5. Explain the importance of educating households on conditions that need rapid attention

6. Explain the role of the community health worker in disease surveillance, outbreak investigation and response, and prevention and control of diseases

Unit session plan

Times	Topics	Methodology
90 min.	Introduction	Brainstorming & Interactive lecture
60 min.	Presentation on Case identification	Interactive lecture and a story
90min.	Reporting tools for community disease surveillance (90min)	Illustration
30 min.	Role of CHW in outbreak response	Brainstorming

☼ Activity 1(30 min)

Introduction to disease surveillance and its importance to the community

1. Ask the participants what is the importance of keeping watch on disease patterns in your community?

2. Take the participants through the objectives of the unit and allow for a brainstorming session and then give a short presentation on meaning and importance of disease watch and action. Summariseusing key points below

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Key points

Disease Surveillance is: keeping watch on disease occurrences in the community with the aim of taking necessary action to avoid spread of the disease to others (outbreak); prevent serious illness or even death; and institute control measures to prevent the disease occurring again.

IMPORTANCE OF Disease Surveillance

- Identify diseases early (before they become severe) and refer patients to a health facility for investigation and correct treatment

- Identify populations at high risk for certain diseases

- Know what control and preventive health measures are needed for certain diseases, and whether they are working

- Check changes in occurrence of diseases, and provide a valuable record for future use

- Support planning for good health and the sharing of appropriate resources in the community

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☼ Activity 2 (60 min)

Presentation on Case identification

1. The facilitator makes a presentation on conditions and simplified case definitions covering the diseases under surveillance.

2. The facilitator then distributes copies of the Lay Case Definitions and leads participants in a group discussion on the diseases, conditions and simplified case definitions.

3. The facilitator uses a pictorial presentation on physical presentation of diseases.

Pictures for Polio, measles, neonatal Tetanus to be provided and inserted

Story

A community health worker from Mbogoini Health Unit, in the course of house visits, comes across a 3 year old child with weakness of the left lower limb, and fever. The weakness developed within a day and was followed by the fever.

Questions for discussions

1. What disease do you suspect?

2. Why does it occur

3. What steps do you take

4. What advice do you give to parents

LAY CASE DEFINITIONS

PRIORITY DISEASES	CONDITIONS	SIMPLIFIED CASE DEFINITIONS
Childhood diarrhoea Cholera Diarrhoea with blood	Sudden diarrhoea	Any person with 3 or more watery or blood-stained diarrhoea stools in 24 hours
Childhood pneumonia Influenza-like illness Plague	Chest problem	• Any person with cough and/or difficulty breathing and/or chest pain • Any person with body hotness and cough
Tuberculosis (TB)		Any person with cough for more than 2 weeks
Typhoid fever Malaria Meningitis Viral Haemorrhagic Fevers (VHFs) Brucellosis Leishmaniasis Trypanosomiasis Plague	Fever (body hotness)	Any person with body hotness, or who has died after an illness with body hotness. Body hotness is more serious if accompanied by: • drowsiness, confusion • fits • skin rash • bleeding from nose, mouth, skin or other sites • painful groin swellings
Measles	Fever (body hotness) and rash	Any person with body hotness and widespread rash on face and body
Yellow fever Acute jaundice	Sudden yellowness of eyes or skin	Any person with sudden yellowness of the eyes or skin for not more than two weeks, with or without body hotness
New AIDS, cancer, diabetes	Severe weight loss	Any person with rapid weight loss and frequent illness, and frequent urination
Sexually Transmitted Infection	STI, urine problem	Any person with discharge, ulcer, pimple or itching on his/her private parts
Urinary schistosomiasis		Any person with blood in urine
Guinea worm	Skin worm	Any person with a worm emerging from the skin
Leprosy Leishmaniasis Anthrax	Skin problem	Any person with a skin patch Any person with a skin ulcer or rapidly growing pimple
Trachoma	Eye problem	Any person with soreness of the eyes or pus or watery discharge from the eyes
Acute Flaccid Paralysis (AFP)	Sudden weakness or loss of movement of arms or legs	Any person less than 15 years with sudden loss of movement in one or both arms or legs (not due to injury)
Neonatal tetanus (NNT)	Newborn tetanus	Any newborn who is normal at birth, then after 2 days is unable to suck or feed and has body stiffness
Severe malnutrition	Malnutrition	Any child less than 5 years with severe weight loss, swelling of both legs and change in hair colour

☼ **Activity 3:**

Reporting tools for community disease surveillance (90min)

1. The facilitator shows the reporting tools used and goes through all the sections of the tools, illustrating to the group how to make correct entries in Form A and the CHW Referral Form.

2. The facilitator divides the participants in groups of four and gives a case study to show how the tools are used.

Fill Form A for CHW DISEASE SURVEILLANCE WEEKLY REPORTING CARD	FORM A
Only report new cases for the week	
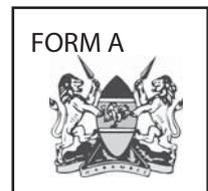
CHW Name:		CHU Name:		Week Ending: (Sunday)	
Sub-Location		Division:		District:	

WEEKLY SUMMARY DATA **Complete at the end of every week**	
Total Households	
Households contacted	
Households NOT contacted	

WEEKLY SUMMARY DATA *Complete data for the previous week ending Sunday*	
Total Cases	
Total cases referred to a Health Facility	
Total cases who attended a Health Facility	

AUGUST 2012

Conditions	Household No.	Date:	Age		TOTAL CASES
			< 5 Years	≥ 5 Years	
Sudden diarrhoea					
Chest problems					
Fever (body hotness)					
Fever (body hotness) and rash					
Sudden yellowness of eyes or skin					
Severe weight loss					
Sexually Transmitted Infection (STI), urine problem					
Skin worm					
Skin problem					
Eye problem					
Sudden weakness or loss of movement of arms or legs					
Newborn tetanus					
Malnutrition					
Animal bites					
Maternal death					
Newborn death					
TOTAL					

Notify the CHEW of any other health issues of concern, e.g. unusual sickness or death in people or animals

It is important to report surveillance data weekly. Please give your completed Form A to the CHEW each week on the due date or SMS the CHEW with the suspected cases and submit the form at the monthly meeting.

Signature: _____

Date: _____

Received By: _____

Signature: _____   Date:_____

Case study

David's community-based disease surveillance case summary

1.   David is a community health worker from Kanyamwegi Community Unit, Nyanza Province, Kisumu East District

2.   He is in charge of 10 households

3.   He visited 5 households in the week starting February 7 ending on Sunday February 13

4.   During the same week he also called 2 household leaders on the phone and met 2 other household leaders at the shopping centre

5.   The households visited and contacted were:

    a.   KSM002   f. KSM007

    b.   KSM003   g. KSM008

    c.   KSM004   h. KSM009

    d.   KSM005   i. KSM   0010

    e.   KSM006

6.   In household 4, he found a child aged 2 years with the following problems:

    a.   Watery stool more than 3 times a day, with no visible blood in the stool, the child looked very weak, eyes were sunken.

    b.   In the same householdhe found another child aged 8 years with the same problems

7.   In household 7, he found a 56 year old man with the following problems: Coughing, fever (his body was hot on touching him) and running nose (pouring mucus from his nose)

8.   In household 8, he discovered that a 36 year old woman had died of an unknown cause but the family member told him that before she died she had been coughing for the last 3 months and was treated but did not get well, she was becoming weaker every day until she died.

9.   In household 9, he found no-one with any sickness, but the household leader reported 6 of their 10 chickens had died during the last week.

10. All the other households did not report any problems.

Fill a CHW Referral Form for the child in Household 4 and another CHW Referral Form for the man in Household 7

Answer the following questions

- How many households were covered by the CHW through visiting or other ways of contacting, e.g. mobile phone call?

- What conditions were noted?

- Which sick persons required immediate referral to a health facility?

- What suspected outbreak(s) was/were there and in which area?

- How many deaths were reported, due to which condition or suspected disease?

- What other observations were noted that should be reported as "any other health issues of concern"?

Key points:

Conditions require immediate reporting: reporting should be done to the CHEW within 24 hours of detecting a condition.

Any person with a condition must be referred to the health facility as soon as possible.

The same conditions must be reported weekly to the CHEW by filling Form A.

First Aid can be given to any sick person, but this should not delay referral to the health facility.

The CHW must complete a CHW Referral Form and give this to the sick person to take to the health facility, or accompany the sick person with the CHW Referral Form to the health facility.

The sick person or CHW must request the health worker to complete the CHW Referral Form, and give Section D back to the patient to return to the CHW, after they have been treated.

Ask the CHEW to give feedback on reported conditions at the Monthly Meetings. A single condition can be selected to be discussed in more detail at each Monthly Meeting.

Ways of submitting reports

- Household data - from CHW in Form A to CHEW by Monday of the following week (data covering Monday to Sunday) by paper copy or mobile phone call

- During Health Reporting Days or

- Collected by one CHW and the report given to another CHW (lead CHW) to submit to the CHEW

☼ **Activity 4:**

Role of CHW in outbreak response (30 min.)

1. The facilitators allows for a brainstorming session by enquiring whether CHWs have a role to play in outbreak detection and response.

Roles that CHWs plays in outbreak detection and response, and in control of outbreaks

- They assist in identifying conditions in households.

    - **where they come from and**

    - **any factors common to the**m.

- In the homes of the cases, CHWs:

    - **enquire if there are any other persons with similar complaints**

    - **apply the Lay Case Definitions to identify the condition**

- They refer persons with the suspected condition to the health facility.

- They participate in health education to community members.

- They apply relevant disease control measures as directed by the CHEWs or District staff.

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