Jamhuuriyadda Somaliland

جمهورية أرض الـ صومال

Republic of Somaliland

MINISTRY OF HEALTH

COMMUNITY HEALTH WORKER (CHW)

TRAINER'S (ToT) MANUAL

MARCH, 2013

COMMUNITY HEALTH WORKER (CHW) TRAINER'S (ToT) MANUAL

SUPPORTED BY:

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Contents

FOREWORD

REPUBLIC OF
Wasaarada Caafimaadka

SOMALILAND
Ministry of health

THE MINISTER

REF: MOH/ M/1.00/51 /13 Date: 16/03/2013

FORWARD

Somaliland people are experiencing one of the lowest health statuses in the world. Under-5 mortality is in the range of 117 to 225 per 1,000 live births. There has been little or no progress in reducing child mortality in the last 20 years. Maternal mortality is among the highest in the world, between 1,044 and 1,400 per 1,000,000 live births. Sixty one per 1,000 new-born infants die within the first month of life, the highest neonatal mortality rate in the world. Most of our population are living in the rural and remote villages which are facing limited access to essential basic health care services. One of the reasons being lack of qualified health workers and as evidence shows that the majority of the maternal and child deaths occur at communal levels which necessitated our attention to be focused on it.

The impetus of revising and standardizing the community health worker's materials emerged from the need of MOH to have updated national training material aligned with the EPHS blue print in which we have adopted as the health delivery mode in Somaliland. The overall vision is to guide us an appropriate and accessible basic primary health services are available in Somaliland to children, women and men at community level through educating selected, trained community members in health promotion and providing first level services. They have a crucial role to play in enhancing the health system's capacity to prevent maternal and child illnesses and in promoting child spacing, skilled antenatal and postnatal care and delivery and timely referral of complicated deliveries, maternal and neonatal emergencies and have very strong and crucial role in educating and supporting families about how to recognize and respond appropriately to danger signs, particularly in children and childbearing women. The review of these materials have been started and accomplished with the full engagement of all concerned stakeholders and partners. The CHW materials consist of the following:

- Community health workers curriculum
- Community health workers manual
- Curriculum for trainers of Community health workers
- Manual for trainers of Community health workers

Last but not the least, we would like thank all the Ministry of health staffs, our health professional associations, UN and INGOs agencies who have participated in the review and redrafting of these materials. In particular we would like to thank THET, UNICEF, DFID and EC for their technical and financial assistance in supporting this process. We hereby endorsed these materials and committed to implement it and sincerely beseech all partners to follow suit and work with us according to these materials to assist in the strengthening and reformation of an effective and equitable primary health units in Somaliland

Dr.Hussein Muhumed Mohamed
Minister of Health, Republic Of Somaliland

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Tropical Health and Education Trust (THET) would like to thank Dr. Gillian Barber for providing expert consultancy service towards the development of these Community Health Workers (CHW) Training Materials. We are also cognizant of the fact that without the funding from UNICEF and DFID as well as the invaluable support of the Somaliland Ministry of Health, this work would not have been accomplished.

We would like to acknowledge the partners and stakeholders who gave of their time, knowledge and ideas to the review of the 2008 Community Health Worker training materials, and the development and approval of the Ministry of Health Somaliland 2013 materials. These materials being the;

- Community health worker curriculum (2013)
- Community health worker manual (2013)
- Curriculum for trainers of Community health workers (2013)
- Manual for trainers of Community health workers (2013).

The following organisations were represented at the review and approval workshops, interviews and through email and telephone communications. Their unwavering support, assistance and guidance was invaluable.

Ministry of Health, Somaliland
Amoud University School of Nursing
AMREF Nairobi
Burao Institute of Health Sciences
CARITAS
Edna Adan University Hospital
Hargeisa Group Hospital
Hargeisa Institute of Health Sciences
Health centre and Primary health unit staff including Community health workers (Berbera and Burao areas)
Health Poverty Action
Horn Health Concern
Medair
Merlin
Open University REACH programme
PSI Somaliland
Regional health offices Sahil and Tohgdeer
Save the Children UK
Somaliland Family Health Association
Somaliland Nurses' and Midwives' Association (SLNMA)
UNICEF regional office Nairobi, and Somaliland office Hargeisa
WHO

We now have the materials needed to scale up Community Health Worker training in Somaliland. What remains are practical actions by each agency in coordination with the Ministry of Health to ensure that community health and health for all Somalilanders becomes a reality.

Mahad Sanid every one!!

THET

GLOSSARY AND TERMS USED

AIDS	Auto-immune Deficiency Syndrome
CHC	Community health council
CHW	Community health worker
HIV	Human immunodeficiency virus
IEC	Information, education and communication
M and E	Monitoring and evaluation
MDG	Millennium development goal
MoH	Ministry of Health
OHP	Overhead projector
PHU	Primary health unit
THET	Tropical Health and Education Trust
ToT	Training of trainers
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Role titles used in the CHW documents

Community health worker	A person who has been appointed by the community of origin and the MoH having successfully completed the CHW course
Course leader	The person given the responsibility for leading an individual CHW course
Lead trainer	The person responsible for overseeing CHW training in the region or in Somaliland
Participant	A suitably qualified person who is undertaking the CHW Trainer course
Trainee	A person undertaking the CHW training course
Trainer	A person who has undertaken the CHW Trainer course and is given responsibility for training CHWs
Programme	The programme provided for enabling communities to have specially trained lay health workers (CHWs) based in their communities and supervised from nearby health centres. OR The entire package related to CHWs comprising policies, job descriptions, job aids, curricula and manuals.

SOURCES AND RECOMMENDED RESOURCES

The following resources are the main ones consulted in the preparation of this manual and the accompanying ToT curriculum. The list includes important resources for trainers.

Specific references are listed in the Endnote

This list also includes items from the CHW manual (2013)

Somaliland and regional documents

Ministry of Education, Somaliland /CARITAS (2004) *Hygiene and sanitation training manual for village health promoters,*

Ministry of Health and Labour Somaliland (2008) *Guiding policy for training CHWs and TBAs*

MoH Somaliland (2008) *Curriculum for CHWs*

MoH Somaliland (2008) *CHW training manual*

Ministry of Health Somaliland/CARE (2010) *National malaria vector control training manual for Somaliland*

Ministry of Health Somaliland (2011 draft) CHW Job description

MoH Somaliland (2011) *Training of trainers manual*

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UNICEF (2011) *Caring for the sick child in the community: manual for the community health worker*, WHO, http://whqlibdoc.who.int/publications/2011/9789241548045_Manual_eng.pdf Last accessed 10 03 13

UNICEF (2012) *Nutrition, hygiene and health promotion training: a trainer's guide*, http://ochanet.unocha.org/p/Documents/Nutrition,Hygiene%20%20and%20Health%20Promotion%20Training%20Guide_%20Training%20for%20Trainers.pdf Last accessed 10 03 13

UNICEF/URC (undated) *Infant and young child feeding counselling: a community-focused approach*, *Counselling cards*, *Trainer's Guide*, http://childhealthandnutrition.care2share.wikispaces.net/file/view/CFA%20Trainers%20Guide.pdf/80041749/CFA%20Trainers%20Guide.pdf Last accessed 10 03 13

UNICEF (undated) *Outpatient therapeutic programme (OTP): technical note for participants*

UNICEF (2012 draft) *Maarcyanto xaaladah isku dhafan ee heerka bulshada Somalia*, (*Integrated community case management of childhood illnesses).*

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WHO / JHPIEGO (2005) *Effective teaching: a guide for educating healthcare providers*, http://whqlibdoc.who.int/hq/2005/9241593806.pdf Last accessed 10 03 13

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Lankester T (2008) *Setting up community health programmes*, Oxford: Macmillan / TALC

Patel V (2003) *Where there is no psychiatrist*, London Gaskell / Royal College of Psychiatrists

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St. John Ambulance, St. Andrew's First Aid, British Red Cross (2011) *First aid manual*, 9th. edition, Dorling Kindersley

Werner D (2009) *Disabled village children*, Hesperian (Books and resources downloadable from www.hesperian.org)

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INTRODUCTION AND HOW TO USE THIS MANUAL

This Trainers' manual is for those who are training Somaliland Community Health Workers (CHWs). It is based on the Curriculum for Trainers of CHWs 2013. It also relates to the CHW Curriculum 2013 and CHW Manual 2013.

It is very important that all of these other documents are available to those using this Manual for trainers. It cannot be used alone. Some of the content of those documents is repeated here but most is not repeated. There is frequent cross-referencing. You will need to use all documents during the training of trainers (ToT) course.

Although CHW training has been taking place in some parts of Somaliland for some years, the 2008 CHW curriculum and manual needed updating and expanding. There was no Curriculum for Trainers of Community Health Workers. The Manual for Trainers needed to be made appropriate for CHW trainers and to Somaliland. This task has taken place as part of THET's UNICEF-led programme 'A continuum of care approach to sexual and reproductive health in Somalia' in conjunction with the Ministry of Health (MoH) Somaliland.

The following documents make up the complete package of 2013 CHW training materials:

- Community Health Worker Curriculum
- Community Health Worker Manual
- Curriculum for Trainers of Community Health Workers
- Manual for Trainers of Community Health Workers.

The vision and aims of the trainers' course

The vision of the trainers' course is that selected community members will receive appropriate and stimulating learning experiences both during their initial CHW training and as they gain experience from suitably prepared nurses and midwives.

This links with a wider vision that appropriate and accessible basic primary health services are available in Somaliland to children, women and men at community level through training selected community members in health promotion and providing first-level services. These are the CHWs.

The course has several aims. These are described in more detail in the Curriculum for Trainers. Trainers will be able to

- support the learning and development of those selected for training as CHWs by their communities and the MoH
- ensure that CHWs are able to provide safe, competent and timely first-level health services to members of their communities through meeting the CHW competencies
- encourage CHWs in becoming role models
- assist CHW trainees as they develop the competencies
- trainers themselves become lifelong learners who remain up-to-date and develop their practice as trainers.

The whole CHW programme is founded on certain principles, called the philosophy in the CHW and Trainers' curricula. These describe what the programme planners believe. Again these should be read in detail as part of this course. In brief there are philosophies of the person, of learning, of teaching and of assessment:

The person : what do we believe about the people taking part?

This focuses on people's needs and the effect of their environment. It talks of their rights to decide what happens to them and their need to take responsibility for themselves.

Of learning: what do we believe about learning?

This focuses on learning being an active process with learners taking some of the responsibility for meeting their learning needs over their lifetime. It talks of factors that make learning happen more successfully. It also highlights that the competencies to be achieved need to be clear.

Of teaching: what do we believe about teaching?

Teaching is about helping trainees to learn. It is not about filling them up with knowledge and skills but helping them to be more independent in learning. Teaching is about making sure where possible that no barriers stop trainees from learning. It is also about making sure that there is a good reason for teaching the way we do.

Of assessment: what do we believe about assessment?

Assessment is aimed at deciding how trainees are progressing toward achieving their competencies. It is also aimed at measuring how well they have achieved them. The fairness of assessment and the importance of helping trainees to self-assess where appropriate is covered.

Activity

1. Read these summaries of the philosophy then go to the Trainer Curriculum and read the full version there.
2. Think about what they mean. Do you understand them? Try to explain them to each other in your group.
3. Think about your own experiences of learning and being trained. Did these experiences match the expectations you read about in these philosophies? How were they different, or how were they the same?
4. Think about your experiences of teaching. Did you follow these? If not, what could you do differently.

As you can see, this manual and training course is already involving you in your own learning. It is active. The CHW course will be just the same. The intention is that you will experience the same learning and teaching methods here as your trainees will in future. This leads to more effective learning than just reading or being talked to or lectured.

The ToT course tries to use active and adult learning principles (see Unit 2) just as does the CHW course. There are many places in this manual where you are not given the answers. You are

encouraged to think about issues yourselves, and to talk with each other on the course and come up with responses and idea from your own experience. The learning builds on what you already know and can do just as it is hoped the CHW trainees will also.

This course will take you through the things you need to know, those things you need to be able to do, and the behaviours you will need to show so that you can do the job properly. You will end up with enthusiastic learners who will become motivated and competent CHWs in their communities. The course also takes you through the CHW training course so you are clear about how to organise and run it.

Although the CHW curriculum is laid down in detail you can still use your imagination and ideas to some extent in order to make it your own. The CHW manual contains all the knowledge, skills and behaviours CHWs are believed to need to fulfil the role in Somaliland at the present time. This knowledge, skills and behaviours are together called 'competencies'. Competencies are

- what learners needs to know
- what they need to be able to do
- how they should behave.

For CHWs (and yourself as trainer), competence is the ability to apply knowledge, skills and behaviours to performing the role effectively to meet the needs of others. A competency is a benchmark against which performance can be measured.

You will find a set of competencies for yourself in the Curriculum for trainers and in this manual. There is a set of competencies for CHWs in their curriculum and manual. Most education for health workers round the world is based on competencies.

Of course things will change over the life of the 2013 programme materials and you may need to change some things. You may need to add things or update them. It is good again to use your own imagination to some extent. For example you are encouraged to invent learning activities for the trainees. It will be important of course to inform the programme organisers of important changes you believe are needed. This way the programme will remain the same across Somaliland.

The rest of this manual takes you steadily through the CHW training course. You will look at roles and responsibilities – your own and that of CHWs. You will consider learning and teaching strategies and how communication and behaviour change works. You will get to know the CHW course in some detail and will think about how to assess trainees. You will show what you can do with an assessment that runs through the course.

The Table below shows the Learning Units for trainers:

Learning Unit outlines

Unit number	Unit title	Days
1	Welcome and Introduction to the • Trainer role, competencies, responsibilities and ToT Course • CHW role, competencies, curriculum , manual and training course • The potential impact of CHWs on health What makes a good CHW programme?	To be discussed 3 days
2	Approaches to learning and teaching CHWs Facilitating participatory learning of skills and knowledge Supporting trainees in role development	9 days
3	Communication and behaviour change (BCC) Applying BCC to CHW training	6 days
4	Getting to know the CHW manual Key health issues in the CHW role and manual Specific units in depth e.g. new ideas and practices	10 days
5	Assessing CHW trainees, techniques and issues	4 days
6	Teaching project (continuous through the ToT course).	4 days
Total days		**36 days**

Assessment of trainers

As you take part in this ToT you need to demonstrate that you have achieved the requirements and the competencies laid out in Annexe 1. This is a continuous process with work to carry out during the ToT and to be presented at the end. Individual ToT Learning units are not assessed separately. For this reason, ToT assessment is described first before the individual Learning units are described (see next section).

Assessment of trainers

As noted above, you need to demonstrate that you have achieved the requirements and the competencies laid out in Annexe 1 as you take part in this ToT. Those responsible for appointing trainers will then know you are familiar with the CHW course and are competent in various practical learning and teaching skills.

ToT assessment is a continuous process with work to carry out during the ToT course and to be presented at the end. Individual ToT Learning units are not assessed separately.

It is important that you think about the assessment requirements right from the beginning. You can start work on them early. This makes it easier to complete in good time and to show how well you meet the expectations of a Somaliland CHW trainer. For this reason, ToT assessment is described first before the individual Learning units are described.

The assessment consists of formative and summative assessments. These are shown in the Table below. They are described in more detail below the table. Learning unit 6 covers assessment but assessment activities should continue through the course, not be left to the end.

Assessment types

Assessment type	Formative/summative	Annexes
Record and reports on teaching practice experiences (knowledge and skills)	Formative and summative	2
Teaching practice assessments (knowledge and skills)	One or more formative	3
	Summative	

NB Formative as well as summative assessments must be completed.

Formative assessment

Formative assessment is used to provide feedback on learning and progress.

Feed-back may be provided for any course activity. This may be made by

- self-evaluation
- peer-group evaluation
- the Course leader or Lead trainer.

Formative assessment will be made of

1. the preparation and presentation of CHW teaching sessions, simulated where necessary. Feedback will be provided by the Course leader using the assessment sheet provided (Annexe 3). Support will be given to make any improvements needed.
2. progress in keeping the course record of teaching experiences (see below and Annexe 2).

Summative assessment

Summative assessment is used to make a judgement about progress and put a value on it.

In order to undertake the final assessment, participants on the Course will need to

1. present completed teaching practice records that include reflection on the experience of carrying out the tasks (see Record of teaching experiences Annexe 2)
2. prepare and present one further CHW teaching session, again simulated if necessary. This will be assessed by the Course leader, again using the assessment sheet provided (Annexe 3).

A Pass grade and certificate will be awarded on successful completion of requirements with 60% marks.

Participants may be appointed as Trainers for the CHW Course following the successful completion of the Trainers' Course.

Record and report of teaching practice experiences

You will be expected to keep a record and reflective reports of your experiences (Annexe 2).The reports will give you the opportunity to think in a systematic way about how well particular experiences and tasks went and how they might have been done differently. You are encouraged to use a reflective cycle for this (see Learning Unit 2).At least five reports on different teaching practice tasks should be prepared.

You will be expected to present these records at your final assessment.

The blank forms can be copied from Annexe 2. You will need to use extra blank sheets for the reflective reports. Reflection is discussed in Learning unit 2.

Unit 1: Introducing the CHW and trainer courses

This Unit helps you to develop your understanding of the CHW role and your own, and become familiar with the way the CHW course is organised.

These are the things you should know and be able to do after studying this learning unit:

- Outline the features of the management structure for the CHW programme in Somaliland including training
- Describe the role and scope of practice of the CHW in Somaliland
- Discuss ways in which CHWs can help to improve health within their communities
- Discuss key issues that have impact on CHW programme and training success
- Describe, discuss and fulfil the CHW trainer competencies and responsibilities
- Organise a CHW training course
- Begin to refer to and make use of the CHW Trainers' manual
- Support trainees / CHWs in identifying, understanding and overcoming local constraints.

The role of trainers of CHWs

Trainers have a vital role in preparing CHWs for working in their communities. You will have the responsibility of supporting the trainees through the course and helping them to learn and develop the knowledge , skills and behaviours they need. You responsibility will include making sure they achieve the competencies before certification. You will be involved with assessing them for certification. You may be involved with their selection in the first place. Nominated by their communities they will still need to fulfil the criteria laid down for CHW entry and you will be well-placed to help with this process. The selection criteria are laid out in the Community Health Worker Curriculum (2013).

Activity

1. Discuss the selection criteria for CHW trainees.
2. How can the process be made fair and open?
3. Do you see any difficulties in recruiting the women and men needed to train to fulfil the CHW role? If so, what do you believe these are? How could you help overcome these?

Trainer competencies

Just like the CHW trainees, you have competencies to fulfil. These are fully described in the Curriculum for Trainers of Community Health Workers (2013) and repeated in this document as Annexe 1. The overall trainer competencies relate to

1. familiarisation with CHW programme issues and training
2. development of the knowledge, skills and behaviours of trainees

3. personal support of trainees
4. assessment of trainee achievements
5. collaboration and communication with others
6. accountability.

The reason why competencies are used now is explained also in the curriculum. They are considered now to bring clearer indications of what people need to know, be able to do and how they should behave once a learning experience is complete. They relate to how well they perform, how well they do the job they are trained to do. They produce clearer and broader outcomes for performance than just working on learning objectives.

Activity

1. Look at the full list of competencies for trainers in the Curriculum for Trainers of Community Health Workers (2013).
2. What do they tell you about your role and the way you should be performing it once you have undergone this course?
3. Make a presentation to the group about one of the six overall competencies. You could do this in small groups, each group choosing a different one.
4. Discuss the ideas you have raised. Talk about what you think will be easy to do and what may be more difficult. How can you make achieving the competencies as easy as possible?

The trainer competencies are broad. In order to fulfil them, you will need to think about what you are doing, what went well and how you can continually develop yourself as trainer, teacher or educator. This is part of the reflective approach that is part of contemporary teaching.

The Somaliland CHW

Somaliland policies (see Resources below)

The MoH Somaliland has three important documents that include CHWs. These guide how they work and what they can do:

- Guiding policy for training CHWs and traditional birth attendants (Ministry of Health and Labour 2008)
- Job description of Somaliland public health workers (undated)
- Essential Package of Health Services for Somaliland (2009).

Some of these documents are older and may be updated before too long.

Activity

The person running this course can provide copies of these documents listed above.

1. Look at them in groups and pick out the important points about CHWs and what they tell you about their role. (Remember some things have already changed in their role and entry criteria since they were written).
2. How is the CHW role different from other health workers?
3. What is special about CHWs in Somaliland?
4. They have a different boundaries (scope) to their practice from other health workers. Try to work out where this stops. You could write out on a large sheet of paper the various key jobs or roles health workers undertake. CHW role and impact on community health

Why does Somaliland use CHWs instead of only using higher qualified staff?

There has been a lot of debate around the world in recent years about the advantages and disadvantages of using people with lower educational and professional qualifications to assist in providing health services. It is not just in countries with limited resources that this is happening. Some of it is for reasons of cost and lack of resources especially human. Some is because people with some knowledge of health issues that actually come from the communities in which they will serve may be able to achieve more than strangers.

Community-level health workers are seen as an important part of achieving the health-related Millennium Development Goals. These are goals that almost every state signed up. The plan was to work toward measurable achievements in improving people's lives by 2015. The health goals are

Goal 4: Reducing child mortality rates

Goal 5: Improving maternal health

Goal 6: Combating HIV/AIDS, malaria and other diseases.

It is always important of course that health workers with less training should have good access to advice, and the ability to refer people quickly and safely to a 'higher level' of service.

This is discussed in more detail in the Introduction of the CHW Curriculum and the Curriculum for Trainers of CHWs. You can use this for the next activity.

Activity

1. Divide into groups.
2. Half the groups should prepare speeches or presentations that make an appeal to imaginary officials to extend the CHW programme to a new area;
3. The other half should prepare a presentation to give to an imaginary Community Health Council (CHC) and community leaders about why they should consider nominating and supporting a CHW for their community.

If CHWs are going to perform well in their communities and fulfil people's needs, then they need to be very well prepared and supported. CHWs became unpopular in many countries for some years because they failed to perform well. Now it has been realised that they can help people to change unhealthy behaviours, stay healthy, and access curative services promptly They have a particular

role in health advocacy, health promotion and education, identifying danger signs of illness so that medical help can be sought before it is too late. They can also provide some first-line curative services themselves with a limited kit of supplies.

To do this properly, certain provisions need to be in place. These are

- nomination by the community and continuing encouragement ad support
- improved access for both women and men to selection, training and employment
- well-conducted and thorough training
- clear competencies to be achieved
- regular and reliable supervision and management from named nursing staff once working in their communities
- supportive attitudes from supervisors or managers
- regular supplies
- regular updating
- clear boundaries for what they can do
- encouragement to serve their own communities long-term.

Activity

Divide into two groups (or four if the course membership is large).

1. One (or two) group(s): Prepare some ideas about the risks of using community-nominated CHWs
2. One (or two) group(s): Prepare some ideas about the advantages of using community-nominated CHWs
3. Come together and each present your case
4. Discuss together how the risks can be reduced, and how to maximise the advantages.

The Somaliland CHW programme and training curriculum

The Somaliland programme provides for women and men to be nominated by their communities and the MoH to then train as CHWs. Once trained and certificated, they can work in their own rural (and sometimes urban) communities as health advocates and promoters, health educators and mobilisers of community action to improve health. They provide first-line curative services and identify dangers signs particularly in children under-five and refer appropriately. They have a strong role in teaching families how to identify danger signs of serious illness, to classify them and to act appropriately.

The CHW curriculum and competencies

The CHW curriculum is laid out in detail in the CHW Curriculum (2013).

Activity

1. Consider together the differences and similarities of these competencies from the roles and task of other health workers in Somaliland.
2. If you have experience of training or working with CHWs already, how do these competencies differ from what you are used to?

The CHW manual

The Community Health Worker Manual (2013) provides detail of the learning experiences and the knowledge, skills and behaviours CHW trainees need. The manual follows the curriculum closely with each Learning Unit on the curriculum having a matching numbered Learning Unit in the manual. The final two Learning Units do not have matching manual sections as they are experiences (case studies) that help trainees to integrate all they have learned through the rest of the course and apply it to real people they meet in their work.

The manual provides most of the information CHWs need to understand. It provides opportunities for practical experience but most of this is not detailed as they need to learn first-hand, not by reading about it. The same applies really to the knowledge-base. The more practical and real you can make this, the better they will understand and remember. Applying it to what they know already and have seen happen, perhaps to their own life experiences, is very effective. There is a lot more about this in Unit 2 of this manual.

One of the important features of the CHW manual (2013) is the activities that are provided for CHWs throughout the Learning Units. These are intended to make them think (just like the activities in this ToT manual). It will make for the best learning experience if you enable them to carry out these activities with your support in the classroom. You will need to encourage them, guide them if they go far off track, and help them to think imaginatively.

It is not intended that trainees be sent away to read the manual alone. Even in Somali, this may be difficult for some of them. There is a great deal of information there. It is a guide and a source for them when they want to look something up. It helps you to see what they need to learn and do. It can form the basis of learning sessions that you arrange. Some items you will want to talk about in less depth. Some items you will want to take further. You may want to

- spend less time on issues that they are already knowledgeable about
- re-arrange the order a little
- alter some technical aspects as new ways of doing things e.g. when new medicines become available or new protocols are written.

The manual is intended to be used flexibly. It is intended that CHWs have the Somali version of the manual to keep when certificated.

How the CHW course is organised

There is detail about how the course is organised in the CHW curriculum (2013). In summary, the course is run over 34 weeks of learning divided into six blocks.

A recommended Course outline is shown below.

	Learning base	Health centre or other placement	Community-based learning	Home leave	TOTAL WEEKS
Block 1	4 weeks	1	1	1	6 and leave
Block 2	4	1	1	1	6 ....
Block 3	4	1	1	1	6 ....
Block 4	3	1 ½	1 ½	1	6 ....
Block 5	3	2	1	1	6 ....
Block 6	1	3 consolidation experience		end	4
NB Block 6 is Consolidation / revision / final examination / extra placement					**Overall 34 weeks**

As can be seen from this table, a specific feature of the CHW course is that they spend time in the training centre, then time at home and a nearby health centre and repeat this several times. This is designed with three aims in mind:

- that trainees should not lose touch with their communities
- that they should be able to apply what they are learning directly to life in the community
- that the course should be made easier to attend for women and men with family and other responsibilities.

While back in their home community, they will normally have a short period of leave, a period of guided learning activities to be carried out in the community, and a period based in a nearby health centre. Special arrangement may have to be made when health centre and community of origin are very far apart. It is a criteria for selection that it is possible to provide a properly qualified person to supervise and guide the trainee's learning when away from the training centre.

Activity

This programme will probably present some challenges:

1. What do you think these may be?
2. How can any challenges be overcome?

The specific timing of each CHW course will be decided by those responsible for the CHW programme. It will need to take into account public and religious holidays and major events, and local needs. The timing may not always be the same for every individual course. For example, the institutions and organisations undertaking the training may have different commitments which will govern timing. The key issues will be to keep the trainees engaged and motivated, and make sure they have reasonable breaks that allow them to visit home and undertake learning activities there. Meanwhile it will be important that Blocks are not so far apart that trainees and their sponsoring communities lose interest or confidence in the continuation of the course.

Other arrangements

There may be circumstances where it is decided to run the course differently e.g. separating the Blocks. It will then be important for lead trainers to consider the issue of continuity and progression, and how trainees can be encouraged to complete. Special provision must be made for these issues.

Individual Blocks or Learning units may also be used for refresher courses for those who have completed the whole Course. It is not expected that those who have received some CHW training in the past pick up individual Learning units unless their previous training is accepted as equivalent in Somaliland.

CHW course standards and regulations

Much of the arrangements needed are described in the Course Standards and Regulations sections of the CHW curriculum (2013). You will need constant access to this.

Activities

a. Divide into five groups. Each group take one section from the CHW Course Standards.

1. Read and talk about the Standards.
2. Decide on two key issue that you believe are easy to achieve and two that are not.
3. Prepare a 10 minute presentation and give it to the rest of the group including
    - an overview of your section of the Standard
    - these issues that you raised in your group discussion.
4. Lead a discussion with the rest of the course members.

b. Divide in to the four groups. Do exactly the same thing with the Regulations section. Leave out Certification. This time you could try different ways of presenting than just talking. If you have experience of drama or role play, you could use this. (You will look at these as teaching and learning methods later).

Managing CHW courses

The way individual CHW course are managed will probably vary across Somaliland and between institutions responsible for them. You may hold a budget as trainer, you may not. You may be responsible for resources, for arranging premises and facilities or others may do this. You may take part in the selection of candidates, or this may be done before you are employed to run the course. You may teach a course as a one-off. You may be asked to undertake several. You may be engaged and contracted for the purpose, you may be seconded by your employer.

You will certainly need to arrange the course programme or be very involved in doing so. You will need to plan individual Learning Units and timetables, learning experiences and monitoring progress. If there are two of you then the tasks can be shared. Two is preferable to just one to run a 32 week course.

Planning for trainee placements and arranging visits will probably be part of your role. You need to know where trainees can go and who will supervise them. Supervisors will be registered nurses or midwives. Supervisors will need some preparation for their role supporting and guiding individual trainees who come normally from communities nearby. The health centre designated should where possible be the one that serves the catchment area in which the trainee's community is placed.

Once a good number of CHWs have been certificated through this programme and have gained experience, it may be possible for some to be selected as supervisors of trainees, or even trainers.

This course has a lot of flexibility built into it. This means that everyone involved will have to be very clear about who takes specific tasks and responsibilities. This is to make sure nothing gets left undone or remembered only at the last minute.

NB the curriculum has sections on Standards and Resources that must be followed in decision-making.

Here is a check-list of some of the tasks to be completed. You may think of more. NB the check-list includes early steps to be taken prior to appointment of trainers for completeness.

Contract with provider	Budgetary arrangements
Selection and appointment of programme organiser/director	Selection and appointment of trainer of trainers
Selection and appointment of trainers	Arrangements for support and ongoing supervision of trainers
Identification and arrangement of premises for the training centre	
Selection of trainees	Decisions about who will take responsibility for trainee selection
Selection of supervisors	Preparation and ongoing support of supervisors
Organisation of CHW course	Planning of individual blocks and learning units including practical experience
Day-to-day running of the course, supervision and support of trainees	Planning of learning sessions
	Planning of guided learning experiences
	Planning of field trips and other placements
Certification	Trainee assessment
This then leads into the appointment, ongoing management, supervision and updating of CHWs.	

Unit 2: Approaches to learning and teaching CHWs

This Unit develops your skills of organising and carrying out participatory learning opportunities for trainees and supporting them in their development.

These are the things you should know and be able to do after studying this learning unit:

- Discuss approaches to adult learning;
- Model appropriate teaching methods for CHW use in health promotion and education;
- Plan individual courses using the CHW curriculum and manual;
- Plan and conduct participatory activities for learning skills and knowledge;
- Prepare and use appropriate audio and visual aids;
- Lead discussion in small and large groups;
- Support trainees in contributing to discussions and asking questions;
- Present and explain information to trainees in ways they understand;
- Model appropriate behaviours and attitudes when working with trainees;
- Discuss appropriate behaviours and attitudes with trainees.

What makes a good training experience?

We have all attended training and education events and programmes b before, maybe many times. You will therefore a have clear idea of what makes a good and useful experiences and what seems a waste of time. Your trainees may well have had these experiences also. They may come to you keen and well-motivated. They may come rather bored and not very hopeful of becoming interested. They may come just because it is the only way they can become a CHW, or continue in the role if they have already worked as a CHW.

It is worth exploring what makes a good experience before going further to look at learning and teaching ideas and strategies.

Activity

On your own

1. think back at previous learning experiences
2. note these down under 'good 'and 'not-so-good' columns
3. think how could the not-so-good have been improved? Why was the 'good' to your liking?
4. What lessons can you learn for your own teaching?

If you are working in a group, you could

1. do this exercise alone first (this makes sure you all think hard!)
2. turn to the person next to you and share your ideas
3. both turn to the next pair and do the same
4. write your ideas on big sheets of paper hanging on the wall – one 'good' and one 'not-so-good'.

5. Where are the similarities and differences between you all? Can you find common issues? What lessons can be learned?

Approaches to adult learning

This is strongly linked to the activity you have just completed. It is well-known now that we all learn in often different ways. We have particular ways we prefer to learn, or ways we learn best. We may enjoy some activities and dislike others. We are all different but there are some generalisations we can make. These mainly focus around the ideas (theories) about adult learning. You may be familiar with these. If so, this Learning Unit will refresh your memory and you will be able to contribute well to the learning of others in the group. If you are not very familiar, then this will give you some issues to think about and ways of making sure the training you give is effective.

Activity

1. In groups, talk about how to make sure learning is effective.
2. Then either write down your ideas ready to discuss with the main group or play them out as a role play or drama if you are already familiar with this.

The point is to get you talking and review what you already know. You can say this is a 'pre-test', but an informal one. You could try it again at the end of this course as a 'post-test'. That would show up what you have learned by doing the course.

Basic ideas or theories about learning and teaching

Many people have had ideas about how to describe learning and teaching, and how to make the experience as good as possible. The ideas come mostly from psychology because they concern how people think. Some come from sociology – how people are affected by their what happens around them. The ideas considered here are

- adult learning
- needs-based learning and Maslow
- learning styles
- student-centred learning
- active learning
- progressive learning and 'scaffolding' theory
- experiential learning
- reflection
- relating theory to practice.

This manual presents these ideas and helps you to think about what the ideas mean for training CHWs but does not consider them in depth. It seems like a lot of theories and they may seem obvious. Most however are linked. Also, looking at ideas makes all of us stop and think about what we do and the way we do it. Understanding and being reminded of these basic ideas will help in the way you run the CHW course and with the learning experiences you provide. It will also act as a firm foundation when you support trainees as they learn how to carry out their health education role.

Adult learning

If you were asked to name some of the learning and teaching theories, some of you would certainly come up with 'adult learning'. Adult learning is perhaps the most well-known theory or idea in education for health workers. The idea suggests that adults have different educational needs from children which must be taken into account. Adults have life experience and it is important to respect this and acknowledge what they already know and can do. Teachers need to build on this which means getting to know the person and what their learning experience and needs are.

Adults make use of this previous experience as a basis for new learning. They use it to solve problems and find answers to issues and dilemmas. Adults can be very motivated but it is important that they see the learning tasks as relevant and important (see below). It is important to ensure that the teaching you do is as closely related as possible to the real situation trainees live and work in.

Adults will have had good and bad experiences of education and training. They will also have preferred ways of learning – their preferred style. Taking these into account will help them to make the most of any new learning opportunity. This is considered below.

Adult learning is an important idea. However it could be argued that the same applies to children. They also have some knowledge and experience already however young they are. They also learn in different ways from each other and have preferences.

Motivation

Adults need to know why they are doing something and how it fits in with their goal. Relevance is vital for motivating adults. Motivation is basic to successful learning. Motivation is the reason learners achieve anything, whether it be skills, knowledge learning or attitude and behaviour change.

People's motives vary and trainers need to understand their individual learners' motives and expectations so they can design activities that will stimulate them.

- Some people learn because they enjoy developing themselves. They are ***'learning – oriented'***;
- Some learn because they enjoy the activity whatever it is. They are '***activity-oriented'***;
- Some learn because they want to achieve something e.g. become a CHW. They are '***goal-oriented***'.

Most people actually have a mixture of motives for learning.

Whatever the age and experience of learners, they have some basic characteristics and needs. These and their impact is summarised in the table below.[i]

Characteristics and needs of learners

Idea	How this affects learning	Trainers' actions
We all have experience	We want what we know and can do to be recognised We are used to doing things in certain ways We need to build on this	Ask about previous knowledge and experience Respect it Link it with new learning Help people learn from each other Encourage trying new things
We like to work together	We like to collaborate We expect others to aid learning	Find out what people learning needs are Make sure everyone knows their role and responsibilities Ensure learners have some influence over what happens Include everyone Seek feed-back regularly
Learning must be relevant	We are too busy to have our time wasted We are motivated to learn useful things We need to be able to apply learning quickly	Respond to needs in planning activities and resources Ensure learners know what to expect early on Link learning to reality Help learners to apply new ideas or skills early Link new learning to old
We need to feel safe	Failing or being ridiculed or ignored or upsets us We need success, respect and support	Ensure learners feel welcome, respected, safe and encouraged to take challenges Ensure learners can feel confident in your ability to support them Support learners as they get to know each other, especially using small groups Monitor the conduct of groups to avoid negative behaviour Begin with easier tasks before moving to more difficult ones Pace the learning to encourage success Build in encouragement Value each contribution Accept feed-back
We need to enjoy learning	We learn best when we want to learn We learn better when it is enjoyable Liking each other helps learning Being praised is enjoyable	Try to make learning enjoyable Show enthusiasm Think creatively when planning Use energisers and refresher activities Encourage learners to work with others they are comfortable with Encourage learners to socialise during breaks Arrange social activities outside class hours
Timing	We do not concentrate for long Early learning can stick around Learning stick best if used soon after	Use early stages of sessions for important ideas Keep sessions short Vary the learning activities during a session Help learners to use new ideas and skills as soon as possible
Reminders	Having things repeated helps us remember Recent learning sticks better	Use reinforcement of messages including at the end A framework for a session helps learning

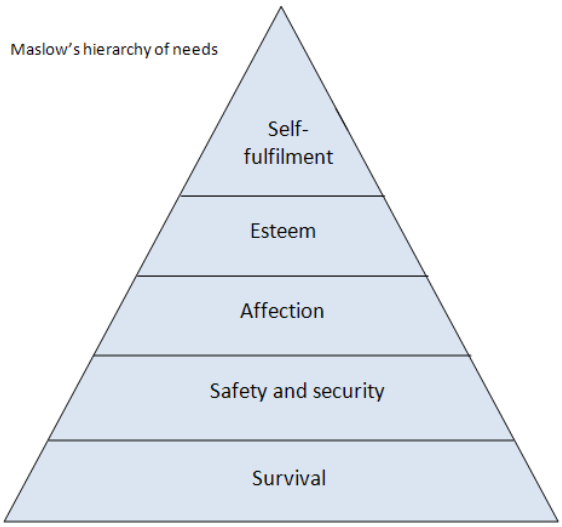
		Summarise previous learning before starting new Ask questions to jog learners' memories
Action learning	Doing is remembered better than hearing or seeing Practice increases confidence	Keep learning active Make sure learners all join in Give time for reflection
Responsibility	We want to do well We want others to do well We like to act responsibly We like to be given responsibility but may need encouragement	Support learners in identifying their own learning needs Encourage learners to take responsibility for their own learning Follow learner suggestions where appropriate Encourage self-evaluation by learners Encourage respect for their own achievements and those of others
Learning style	We learn in different ways We like to stick to what we know and understand	Introduce varied learning activities to suit different style Encourage learners to recognise their preferred learning style and try new ones Be prepared to move away form your own preferred teaching style

Learner needs and Maslow

Maslow was a psychologist who described the importance of meeting basic needs for people to be able to reach fulfilment of their potential. To make the most of their lives and be satisfied people all need certain things. This is often described as a pyramid (see figure # below).

If the 'basic' needs are not fulfilled (at the base of the triangle) other needs cannot be properly met either. For trainers this means that learners will not perform well if their basic needs are not met e.g. they are:

- worried about family matters
- hungry or too hot
- experiencing big arguments with a husband or wife
- your session is going on late and they are worried about walking home in the dark, or picking up a child from school.



Because this is very important for everyone and for staying healthy, you will find a simpler version in Learning Unit 4 of the Community Health Worker Manual (2013).

Learning styles

The way individuals learn best is not always the same. It is helpful for learners to understand how they learn best, and for their teachers to take this into account also.

Activity

- Talk with another course member about how you each like to learn, then share it with two others.
- Make a simple chart on which you list the ways you each prefer to learn. Each of you tick your preferred learning styles
- Meet with others in the course group and compare your findings. Which is the most popular learning style? Which is the least popular?
- How does this insight help you in your training role?

The learning styles you may have described are

- learning through feeling
- learning through thinking
- learning through doing
- learning through observing and seeing
- dependant or directed learning
- independent or self-directed learning.

You can allow for different learning styles by using variety of methods. You could use different methods for different topics, or you could use a variety of methods while teaching one topic. It would be very time-consuming to take account of every different preference at every teaching opportunity. Compromises always need to be made. As long as learners know that their preferred styles are taken into account wherever possible, most will consider that to be fair and they will all learn well.

Student-centred learning

What do you think about the two approaches to teaching and learning in these two scenarios?

Approach 1	**Approach 2**
The trainer stands at a board at the front of the classroom. He tells the learners to open their notebooks and copy down what he writes and says. He begins to write on the board and talk at the same time. He has decided on the topic. He directs the learners what to do and how to do it. He instructs them to learn this overnight. He will test them tomorrow. He leaves the room.	A group of learners are puzzled about the best ways to communicate with their village Community Health Committees (CHC). They decide to meet together and talk about it. The trainer is available, listens in from time to time, gets trainees to think through the issues by asking questions, but does not take over. They ask the trainer to help when they get stuck. The group shares out some tasks, two of them talk to an experienced CHW. Two talk to a CHC about how the members would like to be approached. They report back to the group. The group shares its ideas with the whole class and they all discuss it.

With Approach 1 learners are told what they need to know and be able to do. They are told exactly what they need to learn. The teacher can be sure that learners have heard all they need to learn. It is often called the didactic approach. Is this familiar to you? 'Didactic' teaching is when the teacher instructs, learners are given no chance to contribute or sometimes are even denied the opportunity to even ask questions. Formal lectures are usually 'didactic' with the teacher speaking, often reading from notes, and the audience just listens.

This scenario is an extreme example of didactic 'directive' teaching: no proper learner involvement, no chance to question the trainer or discuss issues, no attempt made to ensure the learners understand or think about what they have heard. The learners understand clearly what facts they need to know, they may be able to recite them or the trainer's words. Can they apply this learning to their role as CHWs?

With Approach 2, learners are more independent. They have come up with a problem and looked for ways to solve it. They have not relied only on the trainer. They may of course go in the wrong direction. They may miss important issues. They have developed skills, the skill of learning more independently and being enquiring. They should be able to use this in their work. This approach is called being 'student-centred'.

There are risks and dangers in both. There are also advantages in both. Most teachers and trainers actually combine both approaches. We use different approaches for different issues that learners need to address. The section below on learning and teaching methods explores this further.

Activity

- In groups, discuss what you believe the risks and dangers are, and the advantages of the directed and the student-centred approaches to training. You could present these ideas to the whole group and get each other discussing the issues. You could go further and find innovative ways of presenting your ideas.

In brief, student-centred learning is all about putting the learner at the forefront rather than the teacher. If we choose to use a more didactic approach at times, this is because we believe it is the best one for the particular issue, not because that is what we always do, or because it is the easy way out.

Thinking about student-centred learning leads us on to active learning.

Active learning

If we focus our teaching and training on the learners as described in the previous section, we have to use active-learning approaches more than passive ones when the learners just absorb (we hope) what we are teaching them.

Active learning makes sure that trainees do not just listen or copy or learn 'by rote' without understanding. They are fully engaged and their interest is ensured by involving them in what is being done. They are then more likely to be able to use what they have learned and perform independently and effectively afterwards.

When people really understand they can also use the knowledge and skills to help them with other similar activities. This is called 'transferable' learning. Here is an example of transferable learning.

Transferable learning
A group of CHW trainees learn about identifying danger signs and classifying sick children. Now they can

- do this themselves
- teach families how to do it
- use the knowledge and skills to identify danger signs and classify sick adults as well as children

Transferable learning results from the learning process which has three steps. These are

- new information is learned
- the learner sees how they can put this into practice
- they use the learning to fulfil their role.

Then they transfer this learning to another slightly different situation.

CHW trainees should take some of the responsibility for their own learning. Even CHWs who have less initial education than say, nurses, midwives or doctors, can indicate what they believe they need to know and do just from their life experience. Some will know because they have already worked as CHWs in the original programmes. Active learning and encouraging them to take responsibility will in fact be extra important for experienced people. Otherwise they could easily 'turn off' if being 'told' what to do and to learn, with their own ideas and experience being ignored and devalued.

Giving responsibility to learners (or better to say 'helping them to take responsibility') is important but they still need guidance. They should be guided in the early stages and gradually be encouraged to become more independent. This is especially true when a learner's school experience has consisted only of the didactic teaching described above. Even though most CHW trainees will have had limited education, they can still be gradually be given more responsibility for their learning. Important advantages are that

- they learn better how to develop and reach their competencies
- they are more likely to become lifelong learners. Lifelong learners continue to learn and are able to identify what they need to learn and how they need to develop.

Here are some more examples of active learning

- Trainees need to learn about how an EPI programme is conducted. A small group gets together, decides who may be able to help them find out, and goes to visit them. Maybe they arrange to go out with an outreach team. They then report back to the rest of the trainees.
- You want the trainees to watch a video. Before they watch it you prepare some questions for them to answer afterwards. The whole class answers these questions together and discusses what they have learned. You might encourage them to talk about challenges that the video gives them. You could give separate questions to different small groups and they then share these with others.

Progressive learning and 'scaffolding theory'

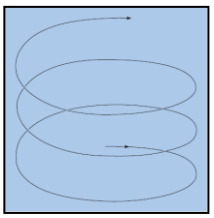
It is known that people learn best when they can build up their knowledge and skills gradually. It is unlikely that you would expect a new trainee to perform a complex skill such as presenting information to a community on the EPI campaign about to be held. First you would make sure they understood why immunisation is important and how it is done. They would observe and help with an outreach visit, have the opportunity to observe health education sessions. Then they could develop presentation and communication skills in a safer environment such as the classroom and under supervision in a real situation.

The trainees are learning progressively. They are given, or take on, challenges that are at the right level for them. This is called 'scaffolding' because they build up what they do based on the framework of earlier learning. They progress one step at a time just as a builder would climb up the scaffolding poles he has already put in place to put more poles on top. They don't try to build the top first. The theory has a name. It is called Vygotsky's Scaffolding theory'.[ii]

As you work through the CHW training course with your trainees you will find that progressive learning features there in the curriculum and in the manual. Trainees do not always learn everything about a topic immediately. They learn something about it, then learn more later. One example is that trainees learn first about danger signs of serious illness in children and about referral. Later they learn more about actual diseases and illnesses and how to treat them.

Learners learn best by

- building up knowledge and skills
- revisiting past learning
- making new connections
- helped by experts who provide challenges – but achievable ones.



This approach to building up knowledge and skills if sometimes called 'spiral learning' as learners revisits topics and expand what they know and can do. Spiral learning is illustrated in Figure above.[iii]

Experiential learning

Much of the CHW course is built on learning by experience. This is essential for any practical role. Trainees need knowledge, they need to understand what to do and how to behave, but they have to be able to perform in practice.

This may sound obvious but it is all too easy for learning from experience to be pushed out because it is time-consuming. It may also be very difficult to organise. How do you help a trainee to learn from experience when getting something wrong or being inexpert might cause harm, upset or offence to the patient or client on the receiving end? This is a problem that all teachers of health care workers have to address.

Activity

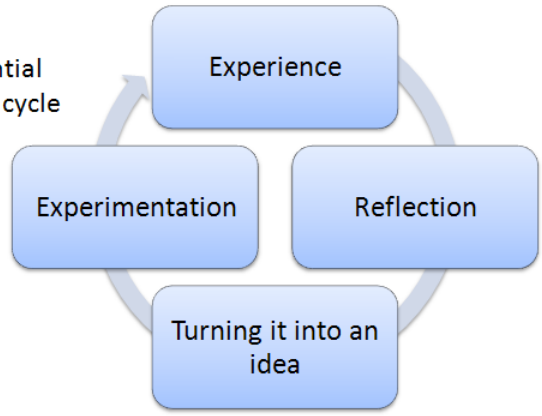
Share your experiences of supporting learners to develop skills through experience. If you have not previously taught learners, then think back to your own training or more recent situations where you have learned something new. What was good? What worked? What could have been better and how could it have been done differently?

The issue of experiential learning is highlighted by the very old saying:

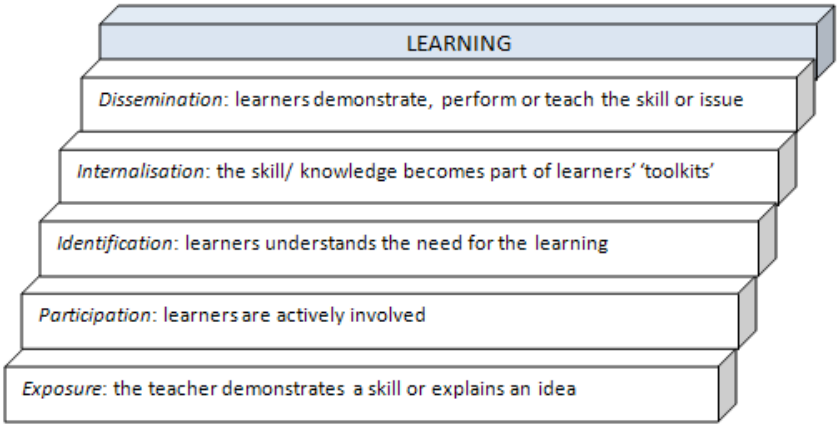
"I hear and I forget. I see and I remember. I do and I understand".

So 'doing' is so important that it needs to be incorporated into most learning. Another psychologist, Kolb, described experiential learning as a continuous cycle. Learners have an experience, think about what happened, develop new ideas, and try new things out.[iv] This experience of trying things out or 'experimenting' can lead to cycling again through the steps as in the figure to the right.

Kolb's experiential learning cycle



Others (Steinaker and Bell[v]) described learning by experience as a series of steps in a staircase as in the Figure below.



Considering experiential learning leads us on to 'reflection'. You may be familiar with the idea of 'reflective practice' in health care work.

Reward and feed-back

Learners need the reward of knowing how ell they are succeeding. For this reason, and to encourage learning, feed-back needs to be provided at frequent intervals, not just at the end of a course. Giving feed-back frequently is part of continuous assessment.

Thinking about your teaching (reflection)

Reflection means thinking about what we are doing as practitioners (nurses, midwives, doctors, teachers). If you are reflective in your approach to your work this will 'rub-off' onto the CHW trainees too and you can help them to think about their own practice and make continuing improvements. It can be hard and tiresome to stop and reflect on what you are doing, but it can also energise you and give you renewed enthusiasm. Your trainees will notice the difference compared with others who maybe just do the same thing in the same way all the time.

There are two types of reflection recognised and introduced to nursing some years ago.[vi] These are

- reflection in action
- reflection on action.

What is the difference made by the words' in' and 'on'? Are we just playing with words? Here are two examples:

- While I am drafting this manual I am thinking all the time about what you need in it and how it can be best expressed. That is reflection 'in' action.
- Before I started today, I thought about what I wrote yesterday and made some changes. That is reflection 'on' action.

Relating it to your proposed work as a trainer, look at the scenario in the box below.

You are talking to your trainee group about how to work with their CHCs and persuade them to support health promotion activities. Some of the trainees are taking notes, some are talking quietly to themselves, others are texting. While you are talking, you are considering at the same time how you can liven them up and stop the chatting and texting. That is reflection in action. Later you discuss the issue with your fellow trainer who was not in the room. She has the same problem. What can you both do about it? That is reflection on action.

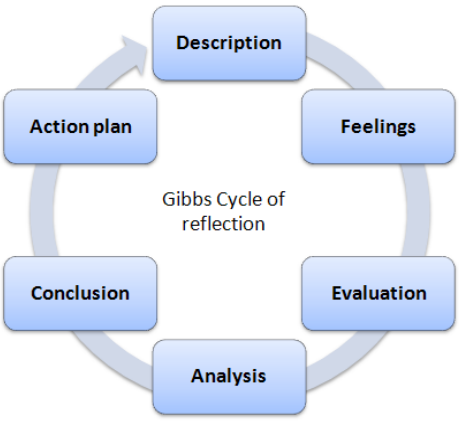
Activity

Think about this scenario in the box below and decide what is reflection in action and what is reflection on action.

You are running a child health clinic with your trainee. It is taking you longer than usual because you are teaching her. Three mothers walk out in disgust at the long queue. You are trying to think of a solution while you carry on so that others don't leave too. Later you talk with the trainee about what she thinks could be done better next time.

Reflection can be taken further. It helps if issues are considered in a systematic way. This makes sure you achieve the maximum benefit from the effort you put in to reflection. One way of doing this was described by Gibbs[vii]. It is a reflective cycle because you go round the stages and maybe go round again. You will be encouraged to use this for your log book and journal for this course (see Assessment).

The figure to the right shows how Gibbs' cycle of reflection works.



Using theories when training

These theories or ideas are only as good as the use we make of them. When preparing to teach, it is important to consider what these ideas say about learning and teaching and how they affect what we choose to do and how we do it. It is not so good for this manual to tell you how to use them. It is better for you to be active. Below there is one scenario for you to try out.

Activity

1. You need to spend time on water and sanitation in Learning Unit 5 from the CHW manual.
2. Which theories do you believe have something to say to help you do this with your trainees?
3. How could you use the ideas to decide how to conduct training sessions?
4. When you have tried this, you could give each other scenarios to consider.

Concentrate on the learning and teaching theories or ideas in this activity. This can be applied to methods later in the Learning Unit.

Theory and practice integration

This means that the knowledge (or theory) trainees develop is related all the time to what they actually do, or will be doing, and how they should behave. Trainers can help with this by pointing out links to practice in the classroom, and links to knowledge are made when learners and trainers or supervisors are with the trainee in the practice setting. The trainer could

- tell stories and make-up realistic scenarios when trainees are learning in the classroom
- quiz the trainee about her knowledge on a topic when working together in a health facility or the community.

This issue of 'theory-practice integration' has a lot of prominence now in the preparation of health workers all round the world. It helps to make sure learning is relevant, that it relates to the competencies learners need to achieve, and that learners can see why they need to address a particular topic. It makes learning real.

Preparing for teaching

To provide good learning experiences for trainees it is important that the learning environment is right and that you are well-prepared. Trainees need to know what is happening and what they are expected to do and to achieve. These issues are the subject of the next two sections.

The effective learning environment

People learn best if the environment they are in is right. This environment can include the support they have and the way they are treated. It can include the physical facilities such as class-room space or clinic, wash areas and toilets. It can include the resources that are available to help learning, and to help trainers to teach.

It can be more difficult to ensure practice learning environments are good for teaching. They may be very busy with people in a hurry to be seen, there may be little privacy, they may lack equipment. The urgent needs of very sick people may have to come before teaching. At the same time even that is an experience for trainees who will watch others performing under stress and learn from it.

The Learning and teaching standards in the CHW curriculum set out the minimum requirements for training in communities, health centres and other placements. They include issues such as safety and security as well as the more obvious ones for learning environments.

One of the most important challenges you will face may be arranging for the supervision of trainees when based in their home community or nearby health centre. If this is impossible perhaps because of distance or poor mobile reception those selecting trainees must think carefully about whether the trainee can undergo the course. It may occasionally be necessary to base the trainee in another community closer to facilities and supervision for some of the CHW course. This should only be if there is no other way to make sure the community of origin has the benefit of a certificated CHW.

Here are some pointers in the table below that you can use to ensure the learning environment will be a suitable one. Most points apply to the community environment as well as health centre.

The good clinical learning environment

People-centred management style	Staff feel valued and their morale is high There is a good team spirit with a sense of group pride and mutual respect Clear working standards exist and are followed Staff have opportunities to update and progress
Support for trainees	Trainees are welcomed Trainees are properly orientated Supervisors are qualified and properly prepared for teaching role Varied learning opportunities exist Teaching strategies are varied Trainees are encouraged to take some responsibility for identifying needs and for learning Practice is based on sound knowledge and evidence Knowledge and practice are integrated

	Trainers and supervisors are familiar with what needs to be achieved Trainee and trainer or supervisor review progress regularly together Constructive feedback on progress is provided Learning outcomes are agreed between supervisor (or trainer) and trainee at the beginning of placements / experience Learning time is protected. Trainees are not used just as an extra 'pair of hands'
Resources	There is time for good quality care There is time for teaching and supervision The environment is clean, safe and in reasonable repair There are adequate supplies and equipment for patient care Relevant teaching aids are available There are an adequate number of patients / clients and support staff An individual supervisor is identified who is a good role model

Facilities

The CHW curriculum (2013) document describes the required Standards for facilities in the Resources section.

Activity

1. As a group, devise check-lists to use to ensure that facilities that you plan to use (or are expected to use) meet the Standards in the CHW curriculum. You could include
   - the CHW learning centre
   - health facility placements and community experiences.
2. If this can be arranged, try these out on actual facilities chosen or on other facilities that are similar. Remember to think about safety and hygiene, and learner comfort as well e.g. safe water and food provision.
3. If you identify any problems that mean facilities do not meet the Standards, what could you do about it? Who could provide help to put things right?

Learning and teaching resources

Important resources are

- time for good quality teaching
- time for effective trainee supervision
- teaching aids and equipment
- enough clients or patients so that trainees have plenty of practical experience
- clinical (community) environments that learners can reach with transport and safe accommodation or easy access from home.

ACTIVITIES

a. Develop checklists for resources you believe you need bearing in mind budgetary constraints.
b. Local organisers have assigned one trainer for a class of 30 trainees. What would you do?

c. An issue for some learners may be child care. How easy will it be for them to make satisfactory arrangements? What can trainers do to ensure unnecessary barriers are not left in the way of trainees who have home responsibilities?

Support and trainer attitudes

The best facilities and resources in the world cannot make up for unsupportive attitudes of some trainers. Trainees may have limited confidence when they start. They may have no education or training since leaving school. They may have had little reason even to read or write in Somali. They may fear being criticised, ridiculed or bullied by trainers or other trainees. They may be keen but not sure they can fulfil the CHW role. They may have worries about working as a CHW in their own communities where people have known them since childhood.

Activity

Write down some of these issues that may concern trainees as they begin the course. What approach could you take to increase their confidence and make sure their fears do not become real and unpleasant experience?

Here are some pointers to ensure the learners' experiences are good ones:

- Trainers and supervisors in placements are well-prepared for their roles
- Varied learning opportunities are available
- Varied learning approaches and methods are used
- Trainees' pre-existing skills and knowledge is respected and valued and taken into account
- They are encouraged to take some responsibility for their own learning and activities, starting slowly at first then increasing as they gain confidence
- The teaching and the work they do are based on up-to-date and sound knowledge and practice
- Knowledge and practice are integrated. This means that
- Constructive feed-back is given on performance. Feed-back needs to be stimulating and encouraging
- Trainees can understand why a topic is important
- Trainees have clear objectives given them or developed with them
- Trainers and clinical supervisors are familiar with the objectives
- Their progress and performance is reviewed at regular intervals with the trainer or supervisor. It is important not to leave this until the end of a course or placement .

Preparing individual courses and learning experiences

The CHW curriculum is designed for you including aims, objectives, content, methods you could use and assessment for each CHW learning unit. You will need to decide just how to cover the content with the trainees in individual sessions yourself. You will need to decide on

- the timetable for each Block and for the learning units in them

- what you want to achieve (objectives)and what you want trainees to achieve for individual sessions
- the needs of these trainees e.g. what do they already know or what can they already do?
- their preferred learning styles: what works best with these trainees and for this type of topic?
- the learning and teaching approaches and methods you believe are best to use taking the points above into account
- where the session is to be held e.g. classroom, health centre, community
- the teaching resources you will need and how to obtain or even make them
- any assistance you will need e.g. supervisor from a health centre
- a detailed lesson plan including how you (and the trainees) will evaluate what you have done.

Setting objectives for sessions

Objectives describe what you want to achieve and what you want trainees to achieve. For objectives to be useful to you and the trainees you need to write SMART objectives. Smart stands for:

Specific	Exactly what is to be achieved is described
Measurable	The achievement can be measured e.g. can be assessed
Achievable	It is realistic
Relevant	It matters
Time-bound	A time or date is given by when the objective is to be met e.g. by the end of the session or course.

Some objectives can be difficult to measure. It is easy to measure some achievements e.g. when they have examined five children, or made a health education teaching aid, or explained correctly how to identify a danger sign for illness. It is not so easy to measure a trainee gaining confidence in a task, or how courteous she is to clients. Sometimes these are subjective judgements. This is particularly so when your are looking at the behaviours or attitudes of trainees.

Activities

These activities may help you to think further about this:

a. Look at a few objectives in the CHW and your own curricula. Do they meet the SMART criteria? If not how could they have been better written?
b. You are talking to trainees about ways they can work with CHC members. Try to write some SMART objectives for this session. How will you measure the achievements?

Lesson planning

There are many ways of lesson planning. You may be experienced in it. If so:

Activity

1. Discuss with your colleagues how you do it
2. Demonstrate how you lay your plan out (PTO)

3. Discuss the advantages and disadvantages of the different version.

Here below is an example of a classic lesson plan. There is a full-sized version in Annexe 4 which you can print and use as a framework.

Sample lesson plan

Date: ** *** ****			**Learning Unit number 4**	
Title: Healthy people				
OBJECTIVES: By the end of the session trainees will each • describe three measures they take to ensure they stay healthy • give two ideas for keeping their families healthy • present a poster or drama explaining what children need to stay healthy.				
Time	**Content**	**Teaching method**	**Resources needed**	**Who will help**
00	Welcome and introduction	Talking		Trainer colleague
20	Session objectives	Talking	Poster or slides	
30	How do you stay healthy?	Discussion, question and answer	Flip chart papers, pens	
00	How do you keep your family healthy?	Small group work and feed back		
00	Break			
20	What do children need to stay healthy?	Small groups, make posters or prepare a 10 minute drama	Poster-making equipment	
30	Lunch and prayers			
30	Feed back	Dramas presented to whole group		
15.30 – 16.00	Evaluation of learning and Summary of day.	Quiz		

A lesson always needs some structure and generally, trainees need to know something of what will happen and what is expected of them.

The plan will need

- an introduction which sets the stage for the session and include
    - the topic and why it is relevant
    - how it fits with other learning
    - objectives
    - explanation of the plan
- The learning activities in a logical sequence
    - knowledge and skills development activities, different ways can be used to develop the same information to encourage effective learning
    - assessment or information about future assessment of this topic
- Summary

- what has been done
- objectives that have been achieved and how
- an assignment can be given to reinforce learning.

The lesson plan should

- tell the trainees what will be done
- do it
- tell them what they have done and achieved.

An important point for lesson planning is how to make learning mean something. If you ask yourself these questions and share the information with the trainees it will make their learning much more meaningful.

- Why are we learning this?
- What are the key points of the issue?
- How do I use this knowledge?
- How does this relate to other contexts? (How it is transferable?)[viii]

Teaching and learning methods

"The mediocre teacher tells, the good teacher explains, the superior teacher demonstrates, the great teacher inspires".[ix]This old saying sums up what it is to be a teacher or trainer.

The approaches to learning already looked at above heavily influence the way teachers actually teach and support learning. There are many methods available, you will be familiar with some of them. This may be from working previously as a trainer. You ay have experienced them when on a course or during your initial health worker education, even at school.

During this ToT it is important that you try out as many methods as you are able in the time available. It may be better to concentrate on methods you are unfamiliar with or which you are not confident in doing. The log book contains a form for recording the experiences you have (Annexe 3). It will help you to reflect on what you do, what worked, what you had problems with and maybe why. You can use a journal for this or add it to your log book. This way you can use and evaluate various teaching and learning styles and methods.

You will of course experience some of them from the receiving end just by being on the ToT course as the lead trainer uses the methods. It would be good also to ask to see the lead trainer's objectives and lesson plans so that you can learn from them.

Methods work better in some environment than others. You would not give a multi-media-lecture in a PHU. You would not give direct patient care in a classroom. Examples of methods that may be used within different learning environments are summarised in the table below and explored in more depth below that. You can think of the ideas below as your 'methods tool box'.

Methods used within different learning environments

Health centre, PHU, community only	Health centre, PHU, community and classroom	Classroom, skills lab (if available) only
Direct client care under supervision Management of facilities Field trips Health education sessions	Demonstrations and skills practice Mini 'lecture' sessions Reflective discussion Peer-group learning Enquiry-based learning Scenario-based learning Incident analysis Simulations	Multi-media Demonstrations using models Lecture- discussions Role play and drama

Experiential learning

Experiential learning is at the heart of the CHW course. Trainees learn 'on the job' as well as in the classroom. They also learn by actually experiencing something ,e.g. taking part in simulations or role play where they can feel what it is like. Role play of counselling or being given advice about health care are examples where they may actually feel what it is like to be on the receiving end of what CHWs do.

Enquiry-based learning

Enquiry-based learning is commonly used in health care professional education. There is no reason why CHW trainees could not use modified, simplified form of it with good support. It really means learning by finding out. Although trainees would not be expected to search library books, articles and the internet, they can make enquiries in other ways. For example, a group could decide on some issue they want to find out about, decide who has the knowledge, and approach the people who can help them. It is sometimes called 'discovery learning' especially in the education of children.

Support will probably be needed to ensure they stay on rack, and maybe to identify who can help and approach them.

Presenting information

We have discussed the importance of trainees taking some responsibility for their learning. Some other healthcare workers e.g. nurses and midwives are encouraged now to find as much information as possible out themselves. This is less easy for CHW trainees because of their limited educational background. Only if they speak English and can access the resources will they be able to use texts and the internet. They can of course be encouraged to seek out information from their Somali CHW Manual. It is inevitable that trainers will need to provide them with some of the knowledge they need while remembering what the says about 'telling'.

One issue always is time. There is always conflict between the time available, the amount that learners need to know and do, and how well they understand it. After all, this manual could direct you to the great wealth of material available on education and training, on the internet, in books and journals. However you would be unlikely to have the time for finding, reading and analysing it all and the implications for you as a trainer so it has been done for you.

Compromises have to be made but there are ways of trying to ensure trainees can understand and apply what they learn from you.

Lecture/discussions

As we discussed earlier, learning is more effective when trainees are involved and able to take responsibility. Part of this responsibility is to prepare for classes. How well they can do this depends partly on how much experience they have, or how much previous education they have. As trainers, you may find yourself with trainees whoa re as far apart as a man who has never left his community and has reached the minimum required standard for entry to the CHW course. You may have a young woman who has studied at university and returned to her rural home to marry and have a family. Trainers can help trainees to prepare by suggesting they come with

- ready-prepared questions about the topic
- relevant stories and situations from their experience living in their own communities
- ideas from reading the trainer has given them if they care able to do so.

This gives students confidence and enables them to contribute and take part in class more usefully. Of course to do this, trainees need to know what they will be learning next.

A common compromise is to give very short 'mini' lectures to trainees, short talks that cover a small section of a topic, never more than a few minutes at one time. These can be mixed with other activities. An important 'other activity' is questioning and discussion.

Visual and maybe audio aids can be very useful. They provide an alternative way of representing what is being said, can help understanding and help to retain the attention of listeners. At the same time these audio-visual aids should not be overdone e.g. too many videos, and too detailed overhead projector or PowerPoint slides. This common experience has led to an often-used phrase 'death by PowerPoint'. Using these is discussed shortly .

Discussion and questioning

Questioning and probing techniques

Questions and discussion should be encouraged during lectures and it is the responsibility of teachers to ensure this happens. Questioning techniques have to be learned by trainers; the skill does not always come easily. It does not mean just firing questions at unsuspecting trainees who desperately try to find the answer while others avoid eye contact with the trainer for fear of being the next victim.

Questioning can look for ideas, what trainees think about what you have been saying, their experiences and opinions. You can get the class talking to each other and challenging each other and what each has said. Trainers can turn a discussion around and ask other trainees what they think about what has been said. Trainers can themselves challenge what trainees say and ask them to explain what they mean, or why they believe this.

Sometimes the answer to a question is different from what was expected. It is important to ask yourself whether you had phrased the question well. This is reflection 'in action' discussed earlier in this Unit. Just repeating it may be enough. If not then the question should be asked differently. Often other trainees have understood and can help.

Trainees may give the easy answer, covering a topic very superficially. If this happens and the trainer is not satisfied the trainee can be pushed a little further, called 'probing'. It helps to make sure the questions you use are 'open' and not 'closed'. Closed questions provide limited information.

Type of question	Examples
Closed questions can be answered just by 'yes' or 'no' .	'Have you seen a child with whooping cough'? 'Can you describe what happened to the child you saw with whooping cough?'
Open questions require more to be said, not just 'yes' or 'no'	'Describe what happened to the child with whooping cough'

Of course the first closed question can be a good lead-in to the open question.

Brain-storming

Brain-storming is a popular but often misunderstood technique for discussion. A leader/note-taker is needed to take ideas and note them on charts (or delegate another person to do this). People are encouraged to throw ideas rapidly forward, without stopping to discuss them at the time. No judgement should be made at that point about how right or wrong points may be. All are accepted and written down. No attempt is made right then to categorise them. Once plenty of ideas have been collected, only then can discussion, analysis and sorting begin.

Brain-storming is very useful for stimulating people to think and be creative, and also for finding out rapidly what people believe about a topic.

Using scenarios, stories and case studies

One way of bringing some realism to mini-lectures and discussions is ***telling stories*** of incidents and situations met in the past. Most trainers will have seen many different situations happen, will have met many different people with all sorts of issues and problems. They will have needed to find ways of dealing with them. Discussion how trainees would deal with such a situation can be a good method of engaging them. Stories and incidents must be kept completely anonymous so that no-one can know who was involved.

Scenarios can be presented to trainees for them to think about and plan what they would do. This can be done well in groups. Scenarios are used many times in the CHW manual and trainers can make use of these to encourage trainees to work together and address specific topics.

Case studies are rather like scenarios but are real. For a case study, the trainer (or even a trainee) can present what happened to someone to the group They can then discuss what was done and whether they would have done things differently. Case studies must be kept anonymous as with story-telling.

Critical incident analysis is another effective way of teaching. It is a form of case study. This is used now in nursing, midwifery and medical education but it could also be used for CHW trainees in a simpler form. Trainees are presented with an incident that has happened. They look at it to decide what actions they believe were right and what they may have done differently and why. Here are two examples:

- A CHW refers a child and family to the nearest health centre because the child is very dehydrated after having diarrhoea for five days. The family are turned away because the health centre is too busy. The child dies on the journey home.
- A CHW is talking privately in the Primary Health Unit (PHU) building to a woman who says she is being beaten by her husband. Her husband arrives and starts to fight the CHW who suffers a black eye and broken jaw.

Anonymity and confidentiality

With true stories, case studies and incidents, it is important to conceal the identities of not only the patients and family members involved, but staff too where possible. This is because

- openness is needed so that health care staff can learn how best to deal with difficult situations in future
- people have a right to confidentiality
- it is more likely that truth is revealed if people do not feel threatened or that they will be blamed. It is easier to learn lessons when people are confident of this.

Working in groups

Group work is a popular form of active learning. Trainees can take some responsibility for their own learning and feel really involved. It is good for discussion, solving problems, enquiry-based learning and helps to develop communication skills. Trainees can develop their own ideas by hearing those of others and share experiences.

Group work does need to be carefully managed. The trainer needs to ensure that groups stay focussed and that relationships are even without stronger individuals dominating the others. If roles such as leader, reporter etc. are assigned or taken, they should be changed from time-to-time so that everyone experiences each role. This is valuable experience for using groups in communities e.g. for health promotion and mobilisation activities.

Brain-storming (see above) is often used in group work.

Demonstrating and encouraging skills development

Clinical skills practice[x]

Before undertaking skills sessions, teachers need to

- be confident in the procedure or skill
- have necessary resources and equipment prepared
- ensure the space is available, client ready and agreeing to be involved, clinical staff permission obtained.

During sessions, trainers or supervisors

- explain the purpose and outline of the session
- review the steps that make up the procedure
- demonstrate the procedure using checklists if available

- observe trainees carrying out the steps individually, in pairs or groups
- provide guidance as necessary
- determine trainee readiness to carry out procedures or activities with clients/patients.

It always helps if the trainer can relate the demonstration or skills practice to theory and knowledge. Using simple models or diagrams on posters can help trainees to relate the anatomy to what is being done. Most ready-made posters may be too detailed for CHW trainees and are very expensive. Trainers can make their own with a minimum of cost and effort. They may be much more effective than commercial posters. Making posters and visual aids is considered below.

Simulation

Simulation may be used as a preliminary to actual practice with clients or when experiences are uncommon or difficult to carry out. Planned realistic situations are provided in which trainees can apply their knowledge and skills as a learning exercise, and try out their skills with no risk to actual clients. Feed-back may come from trainers / supervisors or other trainees. Examples might be responding to a child with severe breathing difficulties or a man who has a convulsion. Simulations can be used repeatedly until trainees are confident. A useful way simulation can be used is in 'skills drills'. In skills drills, a set of predetermined actions must be followed. Skills drills help trainees to deal quickly, calmly and correctly with real emergencies. Examples might be dealing with an unconscious person, or woman who is bleeding after a birth.

Simulation and skills drills are very useful tools for revision, follow-up training and refresher courses. They can also be used for assessment. This is discussed in Learning Unit 5 of this manual .

Drama

Drama can bring situations to life for those taking part and observing. It can raise important issues and lead to discussion and questions. It can help trainees to practice communication skills. Preparing for the drama can help them to think through ideas, issues and actions. Drama is normally planned carefully and has an audience. It is often used as a health education tool for example to encourage birth preparedness and complication awareness in a community. It can be used for trainees' own learning as well as a tool they can use in their communities.

Role play

Role play is more spontaneous than drama. Those taking part put themselves in the place of the people depicted, and act and react naturally as the situation unfolds. It can help to develop communication and interpersonal skills. It can also raise issues and help those taking part (and observers) to understand the emotions and the experiences of others.

For this reason it can have a negative impact on those taking part as well when emotions become too powerful or raise personal issues or memories. It should be used with care and, at the end, those taking part should deliberately 'return' to their normal selves and should have the opportunity to debrief or talk about the experience privately if they need it.

Role play has other uses in that trainees can try out different behaviours and attitudes in a fairly safe environment and see what reaction they bring. As with drama they can practice the skills of interviewing and communicating.

Role play can be used just within the actual trainee group and without observers. Sometimes this is desirable if the topic is very personal. Typical examples of role play that might be very personal are

- counselling session prior to HIV testing
- discussing breastfeeding with a newly delivered woman
- talking to parents of a newborn girl about FGM
- talking to a woman who may be experiencing domestic violence.

Both these activities need to be facilitated and supervised by trainers to ensure learning opportunities are maximised and no harm results. The harm can be intense, e.g. if the people taking part in the role play have had close experience themselves of such a situation. They may even be undergoing it at the time of the role play. A good example is that so many women are abused in some cultures that it is almost certain that someone in a group of any size will have personal experience or be close to another who has been.

Using teaching aids

Videos and audiotapes

These can give excellent support to teaching sessions when they are available. Videos can be bought ready-made. They can be made fairly easily now by trainers (or trainees themselves) using borrowed or their own simple digital cameras. Making your own at least ensures they are just what is required for the particular topic.

Sound recordings can be easy to make also to address a particular issue. An example is recording people in a community talking about their experiences of using a PHC or referral to a hospital. The class could then discuss what they have heard and the lessons they can learn from it.

The main problem with videos and audio recordings can be the need for a reliable power supply and the equipment for playing the recordings. The same can be said for projectors.

Flip charts and white or black boards

These have the advantage of being cheap. However they are not as easy to use as many believe. It is all too easy to talk to the board rather than to the listeners. When writing it is important to

- position your self so you can write then turn easily and quickly to the audience
- use limited colours that will show up
- write brief key points only, maybe 5-6 words per line and 10 lines per sheet on flip chart pads
- never speak until you have turned back to face the audience.

Projectors

The use of projectors has become almost universal in training where electrical power is available. These may be overhead projectors (OHPs) or data projectors with laptop computers.

OHPs are fairly cheap to buy but require the purchase of supplies of expensive acetate sheets and special pens. They are quick to prepare and it is easy to do sketches and more detailed drawings in

advance, or even while talking. It is also possible to build up a topic such as an anatomical drawing easily by laying one sheet on top of another.

Data projectors are very expensive and can be troublesome especially with power fluctuations and even for experienced presenters. The most common media used is PowerPoint software or an equivalent. Limitless illustrations are available for including in presentations if internet access is easy, and photographs and diagrams can be included. Even video or audio clips can be inserted with practice. Including your own drawings can be very effective but is more difficult unless access to a scanner is available.

When designing PowerPoint or OHP presentations there are some great benefits and huge pitfalls. Here in the table below are some do's and some don'ts.

DO -- ✓	**Do NOT -- X**
Use a common theme / appearance / colour on one set of slides.	Vary the theme in one slide set without good reason.
Use a small variety of special effects to catch people's attention or emphasise a point.	Use too many special effects, colours, textures, whizzes and bangs in one presentation or slide! it is too distracting.
Keep the number of words on each slide to a minimum. About five lines of text is enough. Stick to key points.	Put too much on once slide. Keep quotations very short. Try to put all information down. Focus on 'notes'.
Keep the font size as large as possible and at least 24 point, larger for headings.	Use font less than 24 except for items like references that are there for information, not to be read at the time.
Use two or three colours on a slide at most. Alternating two colours when using bullet points works well.	Several colours on one slide is distracting.
Time beforehand how long it takes to talk through the slides with time for discussion.	Allow at least one minute on average for slides, much more if the content is large or needs a lot of discussion.
Talk around the slides. Explain key points. Use them as notes to remind yourself.	Read the slides out. The audience can do that for themselves. They have probably done so before you do.
Look straight at your audience. Check the content from the laptop screen. Check behind you at intervals to ensure the projection is what you expect. Then turn back to the audience.	Read from the large screen with your back to the audience.
Position yourself so you can see the audience, and the laptop or Overhead projector.	Get in the way of those looking at the screen.

Posters

If you make your own posters you can save a lot or money and make sure they cover what you want them to. It is not so difficult. Even if you don't believe you are artistic you can make good visual aids. You do need large sheets of paper and good think pens. If you want drawings, you can usually find them in text books or magazines.

Drawing people is maybe the most difficult but drawing matchstick men and women is very effective.

Writing on posters is where most people go wrong. It may seem obvious, but if the poster cannot be seen from a reasonable distance it does not do its job of communicating. As with slides, it is very important to put key points on posters and no more. If you can get more than about five words on a line using flip-chart paper, you are writing too small. 3-4cms high is a good minimum for lower case letters and about 6 for upper case. They may need to be larger if the room is big.

Colour is very useful but remember the points about slides – not too many colours, and perhaps alternate line colours for making separate points stand out.

Activity

1. Try making a poster about any subject you like. Try to include a few lines of written points, maybe just key words, and a drawing or two.
2. Go to he back of the room and c heck ho well you can read it.
3. Look at each others' posters and pick out what is good and what could be improved on each one.

Films and audio-tapes

These are very useful for giving trainees insight into situations they cannot experience easily provided there is electricity to power the equipment. They are excellent for stimulating discussion. They should not be used to keep trainees occupied while the trainer does something else.

It is very important to familiarise yourself with the equipment before the session. You also need to have watched or listened to the film or audio before the class to ensure the topic is what you expect, to help you plan important discussion points, and to prepare you for questions and issues that might arise.

Models

Models are used a great deal in health worker training. There are some very expensive anatomical models. Most just show the structure of the body, some are called simulators. These permit the learner to do things like take blood but these are even more expensive.

You may be able to borrow models when you need them e.g. from a nursing school. If you are good with your hands you could even try making simple models. It is quite easy for example, to make a simple rag doll. This can be used to show trainees how babies are born, or how a woman should hold her baby to ensure good breastfeeding positioning, or to learn how to teach a mother to do Kangaroo baby care if born very small.

Handouts

Handouts are popular with learners. Note taking is often encouraged in courses but it can stop the learners from listening and taking part. Handouts can be given early in the class so trainees can write on them, or you can keep them until the end if you want to prevent the audience reading ahead.

As before, handouts are best kept as simple as possible. They may be key points, or activities for learners to do, or copies of a presentation. They can be anything you want them to be – just remember the printing costs – and the need for anything published to be translated into Somali.

Basic clinical equipment

The basic equipment items that trainees need to use fir their work become training aids in themselves. This may seem obvious but it highlights the fact that you (or supervisors that work in clinical settings) can not teach properly without them. Items must be provided and available. If this is a real problem, you may need to put together a kit that you carry with you, e.g. to a community PHU or health centre. This equipment will be needed anyway for simulation in the classroom.

Preparing teaching aids

It is important to prepare any aids to be used. Ask yourself these questions in the checklist below[xi]

Be Prepared: a checklist for using training aids

<table>
<tr><td colspan="2">What equipment is needed?
Where is the equipment?
Is it in good working order?
Where should it be placed and when should it be put there?
Who will put it in place and s et it up?
Do I know how to operate (and trouble-shoot) the equipment? If not who does and will they be available?
Is the seating arranged so people can see?
If sound is used, is it the right level for people to hear comfortably?</td></tr>
<tr><td>Chalk or white board
Is the board large enough?
Is it clean?
is there chalk / whiteboard pens and erasers?
Is there a pointer available?</td><td>Flip charts
Have pages or the pad been properly secured?
How will I secure extra pages?
Are there pens available in different colours if needed?</td></tr>
<tr><td>OHP
Are pre-prepared transparencies in the right order and numbered in case you drop them?
Do you have a supply of bank transparencies for writing on?
Pens of different colours and thicknesses?</td><td>Data projector and laptop</td></tr>
<tr><td colspan="2">Where is the power socket? Is it working?
Does the equipment lead reach the socket?
Is the screen or projector tilted so that the projection is rectangular, not trapezoid (‘tomb-stone effect’)
Is the projector placed so that the image is the right size for the room and number of people?
Is the lens focused so the image is clear on the screen?
Does the room/screen need shading from the sun?
Is the equipment ready to run? Does it need warm-up time?
Have you practised?</td></tr>
</table>

Using patients in teaching trainees

CHW training will be more real to trainees if patients and community members are involved to some extent. Of course they can be used as models if they agree. But also they can be interviewed and may be very pleased to help CHW trainees in this way. Patients know what care, support and what sort of advice they would like to receive. If they can talk to trainees, the trainees will have a clearer idea of their role and responsibilities and the impact of what they do.

Teaching methods for sensitive topics

Some topics are very sensitive and need careful attention. Examples are talking about HIV and STIs, about violence and other abuse such as sexual, about infertility, and FGM. Trainees may be reluctant or refuse to talk and share their views and experiences. They may say nothing and leave a teaching session in a troubled state. Trainers need to be vigilant to ensure nothing they do causes damage. Encouraging individuals to contribute or at least talk to you privately may be useful. However trainees have a right to hold back on such sensitive topics. As trainers, we have no right to force trainees to confront their issues and deal with them. There may even be personal implications for trainees such as when their families realise that the trainees have been challenged to consider the topics.

Some methods are better than others for encouraging learners to talk. Small groups can be useful provided there is total certainty of confidentiality and that group members trust each other. The trainer needs to keep a close watch on what is happening as an individual could become very emotionally upset. They may be affected but choose to conceal it.

Considering sensitive issues in a large group, perhaps in a mini-lecture and discussion format can be easier. It is unlikely to encourage unwilling contributors but can make it easier for them to conceal their feelings if they wish.

Sometimes you have to be sensitive about the actual content of what you teach as well as how you teach it. Even if something is understood medically as correct, it may not be acceptable locally. You may need to consider how much knowledge CHWs need and whether certain information could make life difficult for them. An example is child spacing. CHWs need to know about the main types of child spacing methods available in Somaliland. They maybe need to know about other methods rarely used in Somaliland, or which people coming from other countries may have used (e.g. sterilisation, or termination). But maybe the CHWs just need some information but should not actually provide the information about it to community members. You could talk about this in the activity below.

Trainees need access at all times to you or another trusted person if they wish to talk through how they feel after sensitive issues have been addressed in class.

Trainees may of course have to deal with such issues as CHWs in their communities. It is important that they have access to a named person whom they can consult or with whom they can talk about issues that arise in their communities. This needs to continue after certification.

Activities

a. Take one of the topics above, or another that has arisen in your mind and decide how you would help trainees to learn and think about it during the course.
b. How could you help trainees to think through ways in which they could address sensitive issues in their communities?

Teaching health promotion and education skills to trainees

Health promotion and education are very practical topics. Trainees will need practice in carrying them out. They need sufficient knowledge about the topics. They need to discuss issues around health promotion and education. They need to develop the skills and attitudes that make an effective health promoter and educator.

While working through Learning Unit 7 in the CHW curriculum and manual, CHW trainees will need plenty of opportunities to try out skills in the safe environment of the classroom. They can then plan and carry out health education sessions in health centres and in their communities as they gain confidence. They can look for and make use of opportunities to fulfil their roles as promoters of health. While still on the course, they need some guidance and supervision and the opportunity to feed back discuss what happened with other trainees and the trainers. Each new block will need time to be set aside for such discussion.

During the course, most trainees will find they need to consider their own behaviours, including health behaviours. Behaviour change applies to them as well as to members of their communities. The next section considers this.

Appropriate behaviours and role modelling

The health promotion and education roles of CHWs is primarily about encouraging behaviour change where it is needed. The trainees themselves will be on a similar pathway as they learn more about health and about working with the individuals and families in their communities.

First and foremost, CHWs are role models. So are trainers role models for trainees. Trainees are likely to follow the model provided by their trainers. When these role models are good ones, then trainees can develop into people who have a positive influence in their communities and present a good and helpful attitude to their clients and patients. If the examples shown by trainers is less helpful, some trainees will understand that they should not follow it. Others will assume the behaviour is acceptable. An obvious examples are unhealthy behaviours or poor attitudes.

Activity

1. List some examples of desirable health behaviours that trainers and trainees need to display.
2. List some examples of undesirable health behaviours that trainers and trainees need to display.
3. Now try the same for attitudes toward each other and to clients.

It is worth doing this activity yourself in private, maybe in groups in your ToT course, and in the classroom when acting as trainers. The CHW manual has a section on behaviour change.

Issues in the classroom

Trainers need to learn to deal with different types of issue in the classroom. Here are some common ones:

- talking too much
- focussing on issues that are not relevant
- talking for the sake of being heard and seeming important
- fear of being seen as 'too clever' or willing
- refusal to say anything
- withdrawal (if the trainee is not like this normally the trainer need s to ask herself why, what is going on with that person)?
- talking to neighbours or each other across the room
- talking to outsiders i.e. texting or even talking on a mobile
- unpleasant disagreements among group members or with the teacher
- the trainee who asks to use the toilet frequently. Are they are actually phoning?
- The class looks bored, they may be yawning, looking at their watches, each other or out of the window, perhaps packing their bags.

Activity

a. What would you do about this last issue? How about energisers? What energisers do you know? You could try them out on each other.
b. How could you deal with the other issues above?
c. What other things have you seen happen in a class?

You may even see instances of bullying and other bad behaviour in the classroom. It may help to make some ground-rules with trainees at the beginning of a course. Then other trainees may help to deal with issues even before you know about them. Sometimes disciplinary action has to be taken.

However much trainees need some independence, trainers do need to have some control in the class. Otherwise chaos can reign and topics the trainer considers to be important do not get considered. Keeping to the plan matters although some flexibility is a good attribute for a trainer. Valuable topics can come up unexpectedly. Either the trainer decides to 'go with the flow' and follow this theme, or put it to one side with a promise to return to it later. It is possible that a 'stray' topic may actually indicate an issue that needs attention e.g. something that has happened in a trainee's last period in the community.

Some of these unexpected items can be covered before they become a problem if trainers ask at the beginning of sessions about issues trainees wish to bring up. This is particularly so at the start of a new block period.

Classroom layout

One of the key issues that can have an impact on trainee behaviour is the layout of the classroom. If trainees sit behind desks and in rows, you will lose the interest of those sitting at the back very easily. For a start, enthusiastic learners often sit nearer the front. You need good eye-contact, they need to hear you clearly, and you need to be able to distract or even challenge those who are causing problems. Also rows and desks may remind them too much of school and the often regimented and 'dependent' way they were taught.

Just changing the classroom layout so that there are fewer rows, maybe turning the class around so that long rows go across, can change everything. Even better is to use a 'café' style layout with chairs grouped around tables and encourage movement, or have people sitting in circles. They can discuss issues more easily like this when you ask them to.

Of course it is more difficult for teachers to see everyone's face when such layouts are used. The answer to this is easy: walk around as you talk and work with them. You can engage everyone's interest better this way, use eye contact, get people discussing with you, and even challenge people causing difficulties.

Behavioural and attitude issues in practice

CHW trainees have behavioural / attitude competencies to achieve. Most of these are the same or very similar though most of the competencies. These can be summarised as

- readiness to collaborate and cooperate, with clients, families, CHCs, health centre staff, supervisors / managers
- participatory in their approach to collaboration rather than being directive
- enabling others to act for themselves
- having respect for others including clients
- being conscientious and thorough
- punctuality, for duties and with reports
- able to follow instructions
- accuracy
- honesty
- being fair and non-judgemental to others
- does not discriminate against others on nay grounds
- has a personal commitment to healthy lifestyle
- i meticulous about putting own messages into practice
- being a good role model for healthy living choices
- being alert to health promotion and education opportunities
- committed to safe practice
- being alert to danger signs of serious illness
- being prompt and conscientious in taking action for referral
- enthusiastic and motivated
- organised, systematic and thorough
- innovative

- follows guidelines
- knows limits to own role and adheres to these
- discrete, does not gossip and maintains confidentiality
- shows commitment to own ongoing development.

These attributes or qualities are taken straight from the CHW competencies. They re not categorised in the list above. Some can be taught, some are natural attributes the person may already have. Others are 'caught' rather than taught and they depend on role models such as that of their trainers and health care staff they meet.

Activity

The list above is long. Some items may mean the same as others or be closely related to them. To break the list down and understand the qualities better you could:

a. Write out or print, cut and paste the various qualities onto cards or pieces of paper. Sort them out in these ways:
    - qualities that are natural to the person
    - qualities that need to be taught
    - qualities that are most likely to be 'caught' or learned from role models
    - the most essential qualities.

b. Discuss these issues:
    - How would you bring out natural qualities and make sure they are encouraged?
    - You notice that a staff member at a health centre is not a good role model. How would you deal with this?
    - How can you support trainees who lack confidence, are timid and do not use their imagination or initiative at all?
    - How can you help trainees who re too confident, fail to follow guidelines, or are unsafe in doing things their own way?
    - CHC members form a village ask to see the trainer to say that their trainee lacks respect for them, does things without discussing with them, and is not good at collaborating . What would you do?

You could be imaginative and use methods such as posters, drama or role play to present your ideas to the main group. Some of these active and imaginative methods could be used to explore the options for what to do even before you get as far as presentations.

Ethical issues in training and CHW practice

CHW trainees need to have the opportunity to discuss the ethical issues they may encounter. There are also some issues regarding training.

Some of the issues about their training have been addressed above e.g. their right to non-disclosure of personal issues, and the need for trust and confidentiality in the interactions between each other and their trainers. Other issues might be how trainers deal with:

- trainees with unhealthy lifestyles or unhelpful attitudes
- bullying in the classroom
- trainees who appear to be troubled.

The prime ethical consideration for all health workers including CHWs and their trainers is 'first do no harm'. The SLNMA has a Code of Ethics for nurses and midwives in Somaliland. It is a good idea to look at this with trainees and see how much of it applies to CHWs. This is a worthwhile discussion for the ToT course as well.

It may be helpful to encourage trainees on the CHW course to discuss and make a set of ground-rules for their class. It is better to provide support and some guidance rather than telling the trainees what to include in ground rules. Questioning and probing can help them to think of what is needed rather than having ground rules imposed on them. Trainees will then feel they own the ground rules and be happier to follow them.

Monitoring and evaluation of courses and trainee experiences

It is important to know what trainees think of the learning opportunities and experiences that they have had. They can give valuable feed-back about how effective the teaching has been and, if necessary, how it can be improved. The trainers also need to consider together how successful they believe their activities have been and any changes they think are needed. This helps to make sure the quality of the course remains good and that learning needs are met.

This evaluation can include staff who work with trainees in health centres, and of course from community members and CHCs.

There are different times when evaluating the course can be appropriate. You may want to find this out at the end of a day, at the end of a Learning unit or a Block, and certainly at the end of the Course. It is important not to wait until the end before doing any evaluation as it is then too late to change anything for this group of learners. However it is not sensible to evaluate too often. It wastes learners' time and they are likely to lose interest.

It is always a good idea to obtain the views of individuals first even if you want learners to discuss what they think in a group afterwards. Otherwise the evaluations you receive may be the views of the most powerful group members rather than the real views of individuals.

There are different ways you can evaluate.

Activity

Talk together about occasions when you have been asked to evaluate a learning experience.

- How was the e valuation carried out?
- Did you think the evaluation tool was useful?
- What were the main topics that were addressed?
- Do you know how the results were going to be used?

- Can you think of better ways of evaluating a course?

Two basic ways of gaining views are to

- count responses to questions that have been given a value
- give the opportunity for people to write their views down more freely in sentences.

The first type of evaluation tool is easy to analyse. It does not give much idea of what people really think. The second is more difficult to analyse but gives you a better idea of the strengths and weaknesses of what you have been doing.

Here are two examples of ways to evaluate a particular topic. The examples are all in italics to make it easier to distinguish between the manual text and the examples.

1. *The content was relevant to meeting my learning needs. Put a cross in the box that shows what you believe.*

Strongly agree	*Agree*	*Do not agree or disagree*	*Disagree*	*Strongly disagree*

You could have a list of questions like this. It is called a rating scale. You may also have heard it called a Likert scale – one particular type of rating scale. With this sort of evaluation tool it is a good idea to make sure you word the questions in such a way that the person completing it does not just tick unthinkingly all down one column. You may prefer also to leave out the middle column. Many people will just tick down the middle column as it saves them having to make up their minds and helps them to feel 'safer', but it does not help you to find out their views.

2. *Give an example in the box below of how you believe the learning experience met your learning needs, or did not meet them.*

With this type of question you could first ask for 'yes' or 'no' about whether learning needs were met. Then you could ask for more detail. This is a 'closed' question (yes or no) followed by an 'open' or 'free-response' question. For example look at 3 :

3. *Did this learning experience meet your needs? Tick 'yes' or 'no', then write why you think this beside the one you chose.*

Yes	
No	

Writing the questions this way helps you to 'count' responses AND to find out more about what learners liked or did not like.

In reality, evaluation tools often use both types of questions. They commonly use a rating scale for some topics, and 'free-response' questions for others or to enquire more deeply into the answers in the rating scale.

It is always important to design an evaluation tool for a particular group. For example, using designs like these above with CHWs who only speak Somali and have received limited school education may not work too well even if translated into Somali.

Activity

a. How do you believe you could overcome the difficulties CHWs may have in completing an evaluation tool? What other methods could you use?

If you decide to talk to the trainees to find out their views you will need to be very careful not to influence their responses. You might gain a clearer picture of their real views if someone else conducts such a verbal session.

Another important way of ensuring you do receive real opinions is to make sure any evaluation tools are anonymous. Otherwise people are more likely to say what they believe you want to hear. They may be scared of being punished, e.g. by being given low marks.

So to summarise, you need to

- decide what information you want to know
- decide how best o find this out e.g. rating scale or 'free-response'

Then you need to

- design the tool
- try it out (pilot it)
- make any changes the pilot has shown up as being needed.

Finally, it is important to remember that the day-to-day evaluation of your own teaching practice is very important. All the time you will be thinking about what happened, how well it went, about things you could do differently. This is responsive teaching, reflective teaching, student-centred teaching. Teaching without thinking about it is 'deadly' both for the learners and for ourselves.

Unit 3: Communication and behaviour change with CHW trainees

Trainers will be able to model appropriate approaches to communication and behaviour change while working with trainees, encourage the development of communication skills and necessary behaviour change in trainees themselves, and support the development of trainees' communication and behaviour change (BCC) skills for use as CHWs. This unit is an overview of a complex topic. The relevant Learning Unit 7) from the 2013 CHW manual is an integral part of this Unit for trainers.

These are the things you should know and be able to do after studying this learning unit:

- Analyse and develop your own communication skills
- Discuss and use appropriate communication approaches with trainees
- Discuss the role of society and culture in communication
- Discuss barriers to effective communication and negative impacts
- Discuss issues of lifestyle choices, discrimination, stigma, bad practice and past life experience among trainees
- Enable trainees to identify and address issues of lifestyle choices, discrimination, stigma, bad practice and past experience
- Teach communication skills and support their development in trainees
- Support trainees in building relationships within their communities
- Avoid offending the dignity and self-determination of trainees, and support this in their practice
- Assess attitudes to behaviour change among trainees
- Build on existing knowledge of trainees and encourage them to do so within communities
- Discuss basic behaviour change theories and explain ideas simply to trainees
- Enable trainees to
    - identify barriers to behaviour change and healthy lifestyles
    - assess health behaviours in communities
    - assess attitudes to behaviour change activities within communities
    - use appropriate techniques depending on the environment and people involved
    - develop skills for motivating and mobilising communities
    - target messages and use appropriate methods
    - receive feed-back and determine results.

Communication and behaviour change in CHW trainees and trainers

Behaviour change will be a gradual process for trainees. Just as is noted in Learning Unit 7 of the CHW manual, understanding why change is needed is an important part of making changes. As their knowledge and understanding grows so should their realisation that it all applies to them too, and that perhaps they and their own families need to make some changes. Of course it may be necessary sometimes to stimulate them into considering their own behaviours as well as those of their clients and communities. As the manual reminds trainees, an alternative name of health promotion and

education is IEC 'Information, Education and Communication'. Information is vital so change that is needed can be identified, and so people can take action.

This growing awareness is in keeping with the behaviour change cycle where people need to realise the possibility of change and be prepared to consider doing so.

Communication with the trainees will be as important as their communication with their communities. There are to substantial section in the CHW manual that you need to be familiar with in order yourself to put the ideas into practice with the trainees.

In fact your own communication skills and behaviours as trainers will be very significant in supporting appropriate behaviours and the development of knowledge and skills in trainees.

Activities

a. Read through the sections on communication and behaviour change in the 2013 CHW manual Learning Unit 7.
b. Work through the activities there, applying them first to your interactions with the trainees. What implications are there for you as a trainer?
c. Then look at the various aspects of those CHW manual sections and note down and discuss how you would teach them.

Unit 4: Getting to know the CHW Manual

This Unit helps you to get to know and understand the CHW course, its curriculum, manual and learning units.

These are the things you should know and be able to do after studying this learning unit:

- Describe the contents of the CHW curriculum and manual
- Discuss issues for learning and teaching arising in the curriculum and manual
- Outline key health topics arising in the curriculum and manual
- Explain new ideas and approaches arising in community health care provision in the 2013 manual e.g. integrated community case management of child illness
- Discuss the implications for yourself, CHW trainees and their supervisors
- Discuss the health knowledge, skills and attitudes/behaviours expected of CHWs and how best to support trainee learning (see Unit 2)
- Use the curriculum and manual contents and appropriate learning and teaching approaches (see Unit 2) to prepare and carry out practice teaching sessions with ToT peer participants
- Use the curriculum and manual contents in preparing CHW trainee learning opportunities.

Revisiting the CHW curriculum (2013)

It is recommended that you read and discuss the appropriate sections of the CHW manual curriculum as you work through this section. You could also check the sections of the curriculum against the CHW manual to see how one influences the other.

The curriculum approach

The CHW course is founded on the idea that women and men with limited education are able to provide some health services for their own communities with appropriate training and support. They can then contribute to preventing and reducing ill-health and to saving lives in Somaliland.

The approach to the training is one that values trainees as respected people nominated by their communities. They have life experiences and knowledge and understanding of their own communities that contribute to their education experience and the performance of the role.

Regulations

The CHW curriculum (2013) includes regulations for ensuring that courses are conducted fairly and rigorously. You need to become familiar with these. They cover

- trainee selection and admission
- attendance and leave of absence
- disciplinary action
- assessment
- certification.

Activity

Read through the regulations and look for particular points that you do not understand or need discussion. Then discuss the points in your groups and in the main ToT group.

Course organisation and structure

The course lasts for 34 weeks. The way this is organised can have some flexibility depending on circumstances and, for example, public and religious holidays. However the general principles should be maintained.

The intention is to provide the best opportunities in terms of accessibility e.g. for people from remote communities, women and men with family, farming and other responsibilities. At the same time the intention is to maximise the learning opportunities for the trainees and enable them to reach their potential.

For this reason the course is structured in blocks of learning which will be based at a learning centre. Between periods at the learning centre, trainees will have time at home. One week will be for leave, one for guided learning activities which will need to be supervised to some extent. This may be difficult but it is essential that some way is found of doing this. One week is set aside for placements, mainly in the health centre that serves the trainee's community of origin. Some may be arranged elsewhere.

As the Somaliland CHW programme develops and more CHWs are in place who have undergone this full training, it may be possible to arrange short placements for trainees with more experienced CHWs. These need of course to be judged as working in an appropriate and effective manner.

The course content builds progressively. The early stages feature helping trainees to begin to understand Somaliland health care and their place in it. It provides the foundations on how the body works, healthy living and a section on first aid. This bears in mind that trainees may be expected to 'perform' on their fist visit home. If they can at least help with accidents this will build their morale and enhance their status in the community without people expecting too much. Looking at accident prevention early on will help them start on some health promotion and education activities where they see the need.

The knowledge, skills and learning about behaviours continues to build until the final block. This allows for a period of consolidation of practice. Trainees can here carry out the duties of CHWs with more guidance and supervision than they will have once certificated.

Resources

The resources needed are laid out in the CHW curriculum (2013) so that those responsible at all levels know what you need to perform your trainer role properly. The section covers these resource issues which you are advised to read and discuss:

- financial
- human
- physical resources and learning environments
    - CHW learning centres

- health facilities for placements
- community experiences.

Learning, teaching and assessment strategies

A variety of learning and teaching methods will be used that foster active engagement of CHW trainees in their own learning. Most CHW trainees will have very limited experience of learning beyond primary school level and will need support to enable them to develop into CHWs who can work in their communities supervised from the health centre and who are able to develop their own role and practice with increasing experience.

In order to help CHWs to develop appropriately it is important that learning and teaching goes beyond the didactic methods that they probably experienced in school so that trainers act as facilitators, making use of individual trainee and group prior knowledge, skills and life experience. A collaborative approach to learning will help trainees to develop initiative and an appropriate degree of self-reliance as well as encouraging participation in their own learning, perhaps for the first time for some.

Linking knowledge and practice

Trainers will also help trainees to link theoretical and practical learning and integrate what they learn as a group at the learning centre with the reality of working in communities. An important part of this is the case studies. They will link theory to reality and knowledge to practice. These case studies are

- Community assessment
- Family case study
- Mother and baby case study

Case studies may also be used in other ways e.g. child spacing could well be taught using case studies. It is vital of course that privacy and confidentiality is guarded at all times and the permission of those acting as the subjects should be gained.

Practical experience

Practical experience will be gained in a variety of ways and may vary depending on the local context. This is explored further in the CHW Trainer manual but in brief

- Basic skills may be first learned in a simulated environment such as the classroom or a skills lab where available.
- Health centres, health posts and communities local to the training centre may provide appropriate environments for closely supervised practice and learning activities.
- It will be helpful for trainees to visit health facilities such as referral centres but this should not be the prime environment for practical learning.
- An important environment for practical learning will be the community of origin, with guided learning activities being provided for the period trainees spend ‘at home’. Such activities will be relevant to Course units already studied and will be supervised from the local health centre or by the trainer.
- Trainees will keep a log-book of experiences and activities that will be used as the focus of review/discussion with supervisors and trainers (see Assessment below).

Adult learning

The learning experience or trainees (and for their trainers) is built on ideas about how adults learn best and that people's needs and preferred learning styles may be different. The strategies and methods used for supporting learning are based on the principle that learning needs to be active and the learners engaged. They need to be encouraged to take some responsibility for their own learning especially as they become more confident even though their school education may have been relatively limited.

Competencies

The curricula (for CHWs and for their trainers) are designed around competencies. Competencies are what people need to know, be able to do and how they need to behave in order to achieve effective performance as CHWs.

Assessment is designed to ensure that competencies are achieved. It also takes the practical nature of the training into account. As well as trainer-led assessment, trainees need to be encouraged to take on some self-assessment, again as they become more confident. This helps them to develop the ability to recognise the limits to their skills and knowledge, and identify some of their own learning needs in future rather than just being told when they need to update.

For recognition as a Somaliland CHW, there will be a judgement made about the quality of their skills and that their knowledge is sufficient. More difficult is to assess behaviours and how appropriate they are but this needs to be done too.

Assessment

The assessment methods used are described in the CHW curriculum (2013). They are considered further in Learning Unit 6 of this manual.

The Standards and Regulations sections of the CHW curriculum (2013) include assessment as important issues.

The ideal is that community members have some say about how well their own trainees are achieving their goals. This is discussed further in Learning Unit 5 of this manual.

Course learning units

The CHW Learning Units build gradually through the programme. Later Units often refer to previous ones with trainees revisiting ideas, skills and information at different points in the course. All but the final two Units are matched by sections using the same title and numbers for simplicity. The final two Units are case studies and trainees are encouraged to draw on learning from earlier in the course for carrying these out.

The individual learning units are described here in overview.

Activities

It is recommended that

1. trainers briefly look at the CHW learning Units first, then read them through in more detail

2. small groups then take individual Units from the CHW curriculum and manual and look at them in more depth
3. group findings are presented to the larger ToT course membership. Time given will depend on the time available.

Here below are some key questions for consideration in this way:

- What is the Learning Unit about?
- What are the goals?
- Which CHW competencies are covered and how is this achieved?
- What are the main features of the content?
- For those who have experience of it , how does the content compare with the previous (2008) document?
- How would you teach the main parts of the content?
- How could you make sure practical and community-based learning is included? Remember the periods trainees will spend on learning activities when at home.
- Do you see any difficulties with the practical learning and how could you overcome it?
- How could you assess trainee achievement?

Going through the Learning Units in this way will divide up the task but give everyone the opportunity to find out about every Unit and discuss them. You can also use your imagination to find ways of carrying out this task other than just 'talking' at your colleagues.

Course monitoring and evaluation

Monitoring the way the course is organised, managed and conducted, and its success is a shared responsibility. The MoH has the main responsibility for deciding how this will be done, how often, and who will carry it out. They are responsible for making sure it happens. They also are responsible for ensuring that findings of Course monitoring and evaluation (M and E) are used to maintain its quality.

A final overall responsibility of the MoH is ensuring that the materials remain up-to-date. Curricula normally need reviewing every 3-5 years and some sections of manuals may well be out-of-date by then too. Adjustments can of course be made during the life of the materials to keep them up-to-date. This is best implemented across all courses in Somaliland but individual trainers and supervisors may identify topics that need change and notify the authorities.

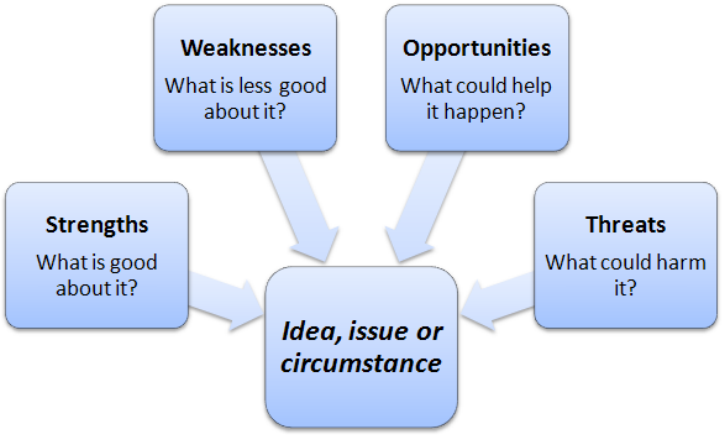
The sharing of responsibility goes beyond the MoH. Other agencies and individuals who are involved may have responsibilities delegated to them by the MoH. M and E is a concern for all

M and E is included in the CHW curriculum (2013) in the Course Standards section. It is important for you to become familiar with the Standards and put them into practice.

a. Read through the Standards for M and E in the CHW curriculum (2013) and think about how you can ensure the Standards are achieved. This is best done in groups. Questions to ask yourself are:

1. What are the strengths and weaknesses of the Standards, and the opportunities and threats that apply (SWOT analysis see figure below)?
2. How can you overcome any weaknesses?
3. How could you deal with threats?
4. How can you ensure trainees have the best possible learning experiences?

SWOT analysis



One of the recommendations in the CHW curriculum is that a national picture is developed of the characteristics of communities that support CHWs well.

1. What do you believe these characteristics are?
2. Draw up a list of criteria that you would use to make sure CHWs are selected form communities that will be supportive.

Overview of the CHW manual (2013)

Approach to community-level health care

The whole CHW programme is based on the idea that local people with some training and adequate supervision can help community members to improve their lives and live more healthily.

The prime focus of the CHW role and the curriculum and manual is on health promotion, educating people about health issues and supporting them as they mobilise themselves to action.

It is also based on the importance of identifying serious illness and helping people to obtain the health care they need.

The focus is on children under five and childbearing women to a large extent because of their vulnerability and high morbidity and mortality rates. However CHWs live in the communities they serve; they cannot ignore others such as men, older children and vulnerable groups such as adolescents, those with physical and learning disabilities, and the elderly. They are trained to meet their needs to a limited extent and using a limited kit of supplies.

New issues and approaches in the CHW manual

Two ways of working are emphasised in the 2013 CHW curriculum and manual. These match current approaches of UNICEF and other agencies. The Integrated community case management of childhood illness approach is new to the CHW programme.

Health promotion, education and mobilising of communities

Promoting good health, helping people to learn about ways of staying healthy, and assisting communities to mobilise themselves to make change is at the heart of the CHW programme and these documents. There are substantial elements of the course that address the topics. Learning Unit 7 of the CHW curriculum and manual but trainees are encouraged to consider these aspects at many other points in their course.

Integrated community case management of childhood illness(ICCMCI)

ICCMCI focuses on children under five years of age. It takes further the older primary health care-based Integrated Management of Childhood Illness (IMCI) approach to caring for children in the community. The newer emphasis is strongly on teaching and supporting families as they learn how to provide care themselves. The CHW role is to help them develop the necessary knowledge and skills. Families learn how to

- prevent illness in their children
- identify danger signs of serious illness
- classify children who need urgent referral to the health centre for treatment
- provide initial treatment before referral helped by the CHW
- take children with danger signs to this next level of health care, involving CHWs as necessary without delaying the referral.

The CHW role in severe illness is as a supporter of families, and provider of initial treatment while assisting with referral and travel arrangements.

Using the manual contents to develop trainees knowledge, skills and behaviours

The CHW manual is intended to provide the opportunities that trainees need for knowledge and skills development and for developing appropriate attitudes and behaviours. Trainers can work through the manual with the trainees, helping them to learn and use their new knowledge to fulfil the CHW role. Learning Units are not intended for 'rote learning', learning and reciting without real understanding. The trainees need to be able to make use of what they learn.

Trainers will want to use the activities that are included in the manual, but also develop their own activities and ways of teaching and supporting learning and development.

The manual is also intended as a reference manual for CHW trainees so they can review previous learning or look up topics when confronted with an issue in their communities. The status as a reference manual will continue once certificated and working in the role.

The manual will also be useful to supervisors of trainees based in health centres, and future supervisors and managers. Every health centre that has CHWs in its catchment area should have a copy.

Trainee supervisors should also have easy access to copies of the CHW curriculum and, if possible, to this ToT manual.

Unit 5: Assessing CHW trainees

This Unit develops your understanding and skills of assessment so that you can make fair and reliable judgments about trainee progress and achievements.

These are the things you should know and be able to do after studying this learning unit:

- Describe the CHW assessment regulations
- Discuss principles of assessment
- Discuss issues in assessment
- Monitor trainee progress through the CHW course
- Support under-achieving trainees
- Design, set and mark different types of tests of knowledge, skills and behaviours
- Make judgments about trainee achievements
- Deal appropriately with trainees who fail assessments
- Deal with complaints and appeals
- Use fair assessment practice without discrimination or favour.

CHW trainee assessment will measure achievement of specific, relevant knowledge, behavioural and skills competencies. Assessment will also assist with diagnosing trainees' strengths and weaknesses and aid their progress and development. It will reflect the context of practice and the methods used for teaching and learning. Although theory and practice are often assessed separately, an emphasis on integration of both is always expected.

Principles of assessment

Competencies

The emphasis is on assessing the achievement of the CHW competencies, and the knowledge skills and attitudes required to perform the competencies. Assessment needs to be of practical skills, of knowledge and of attitudes and behaviours.

It is important to identify problems and assist trainees as they develop their competence rather than looking only at success or failure in achievement at the end of the course. This means assessment needs to take place at various places in the course, not only at the end. This is continuous assessment.

There are assessment opportunities described in the CHW curriculum for each Learning unit. Some assessments are 'formative' (helping development), some 'summative' (making a judgement about achievement that counts toward final marks). Formative assessments can be done during each Learning unit.

Feed-back as motivation

In Unit 2 we discussed motivation. Learners need the reward of knowing how well they are succeeding. For this reason, and to encourage learning, feed-back needs to be provided at frequent

intervals, not just at the end of a course. Giving feed-back frequently is part of continuous assessment.

Learners can have learning reinforced positively or negatively. Positive feed-back will encourage and reward. Negative feed-back punishes poor achievement rather than encourages. Positive reinforcement is always more effective in helping learning.

Some ways of positively reinforcing are

- giving individual attention (not bullying or singling out for criticism)
- praising for a task done well
- kind remarks and compliments
- highlighting successes.

Praising always brings better results than criticising. Try to praise what is good even if there is the need to point out problem areas too.

Reliability and validity

Assessment needs to be both reliable and valid. These are explained in the table below.

Reliability	**Validity**
Reliability means that the same test will bring the same answers or responses each time it is used. This is difficult to achieve sometimes. If a trainer gives a trainee a practical task to do e.g. talking to a mother about the importance of exclusive breastfeeding to six months, the trainer will make judgments on what the trainee does. • What the trainee does depends on the mother as well as on herself. • If two separate trainers give the same task , they may have different views about what is important. So both the trainers views, and the mothers' own actions bring in unreliability. This does not mean that such assessment should be avoided. It means it is vital that the issue is understood and taken into account.	Validity means the test measures what it says it will measure. Using the same example again: the test is intended perhaps to measure trainees' knowledge. • It may be measuring trainees' ability to communicate more than knowledge, e.g. a trainee may have very good knowledge but is a poor communicator so fails the test. • Similarly, a test may actually measure trainees' ability to memorise, not their understanding of a topic. Again this needs to be understood. If a test asks for facts, it should be a type of test that actually measures factual knowledge. it ought also to have some way of checking understanding too e.g. by using structured and unstructured questions (see below).

Assessment types and techniques

Formative and summative assessment

Formative assessment provides feed-back to trainees and to their trainers about their progress in meeting requirements. Trainees are given marks or grades to give a value to their achievements but they do not count toward the final marks.

Summative assessment marks do count toward the final marks or grades. They also provide feed-back but a specific judgement is also being made about whether or not trainee progress is satisfactory.

Monitoring trainee progress

Trainee progress is monitored as they work through the course. If trainees continue to fail to achieve through several learning units or blocks despite support, consideration needs to be made of discontinuing. No trainee should reach the end of the course without a reasonable expectation of success. This is unfair and wasteful of resources. If they are unlikely to pass, they should be discontinued once this is obvious. Normally this stage is reached only after support has been provided and remedial action taken without adequate improvement.

Assessment in the CHW curriculum

The learning Units in the CHW curriculum use different assessment methods. Most methods are discussed in more detail below the list.

Formative assessment is mostly by means of oral or written quiz/tests, short practical assessments and observations. Summative assessments are aimed at ensuring trainees are successful in each Unit. However it is important to avoid overloading trainees with assessments. It is often appropriate to assess Units together. With some assessments, trainees plan activities during their Blocks, carry them out in their home communities, and report back on return for the next block. The table below shows the planned assessments but these may be adjusted by agreement with those responsible for the overall programme.

Summary of CHW assessment

Unit	Formative	Summative
1	Quiz only	None
2	Mini presentation to class	Test
3	Short structured test maybe MCQ	Short structured test
4	Quiz	Practical and oral first aid exam
5	Oral quiz	Case study
6	Discuss preparation for community assessment with trainer Quizzes	Present report on community assessment to class OR report on health education session ON RETURN after home break Discuss – should they do both community assessment and health education sessions? Needs more thought.
7		
8	Short practical tests with oral	Demonstrate a child examination and make

	quizzes	recommendations (real if possible, simulated if not).
9	Practical exercises	Demonstrate child growth screening or monitoring OR demonstrate giving nutrition advice to child or pregnant woman
10	Structured written test	Structured written test Observation of trainee working with outreach team if possible
11	Short tests	Oral or written structured test OR observation working with clients
12	Short tests	Oral or written structured test OR health education session
13	Contribution to class discussions	Oral and practical test e.g. observation of record keeping at the PHU building or managing the PHU
14	Discuss family case study plans with trainer	Verbal feed-back to class in next Block with simple written report OR report from local supervisor NB Could combine this with Units 11 and 12 to avoid overload. This then becomes the main assessment for the block.
15	Discuss preparations for health education session with trainer	Assessed health education session re. maternal and / or child health
16	Practical and oral test e.g. breastfeeding and support	Practical and oral test e.g. breastfeeding and support OR assessed home visit to woman with newborn
17	Discuss case study with trainer	Verbal presentation to class and simple written report. NB This assessment could be combined with Units 15 and 16.
18	Quiz Observed activities e.g. role play	Short structured test, written or oral Simulated child spacing session with clients OR health education session
19	Verbal presentation on experiences to be given in class following community experience	Oral and practical summative tests of knowledge and skills (see below)

Knowledge assessment methods:

- Formative tests during learning units
- End of Unit, Block and Course, unseen written and/or oral summative tests. These tests are set and administered by the Course team. If it is so decided, the end of Course assessment may be nationally organised.
- Unseen written tests will test knowledge and consist mainly of structured/objective tests and very short answer questions in Somali
- It may be appropriate to make most CHW knowledge tests oral in nature. If so, detailed records of questions and trainee answers should be made and retained to ensure fairness and transparency.

- At least some assessment of literacy and numeracy must be made by means of written tests e.g. reporting, health records, recording of drugs, basic calculations.
- Coursework case studies and projects (prepared and submitted by trainees, not under examination conditions) will be assessed for formative feed-back. At trainer discretion this may be summative. The case studies etc. completed in the home community will be ideally assessed this way. This is also a good way of integrating assessment of knowledge, skills and attitudes at the same time.

Assessing behaviours and attitudes

A skills checklist could be devised to includes a personal conduct section to assist in assessing behaviours and attitudes. Other methods such as role play and clinical simulations can also help the trainer to monitor the development of appropriate behaviours and, of course, observation of the trainee in community and health centre settings and feed-back from communities (e.g. health committees), clients and staff.

Skills based assessment

Skills will need to be assessed both formatively and summatively. The ideal is that this takes place in the community or other placement environment as the supervisors or trainers work alongside the trainees. Here the assessments can be conducted by the local supervisor e.g. staff in the health centre, or by trainers if travel is possible. If this is not possible, then simulations may be organised in the classroom.

CHW trainees need to demonstrate the skills they have achieved at intervals. It would be helpful for them to carry a record book of skills. Trainers could develop a check list of the main skills to be addressed, and also another for use by trainers and trainees together for assessment. This would need to be in Somali and could be based on the skills column of the Competencies document (Annexe 1).

Unit 6: Teaching practice project

NB This Learning Unit continues through the course.

In this Unit you have the opportunity to prepare learning and teaching sessions on topics from the CHW training course. This will be part of the assessment for the trainers' course.

These are the things you should know and be able to do after studying this learning unit:

- Teach specific aspects of the CHW course
- Choose appropriate topics including both knowledge and skills
- Identify and use information appropriately
- Prepare a SMART lesson plan
- Choose appropriate and varied active learning and teaching methods including practical or community-based one
- Make use of illustrations in learning packages and teaching
- Choose and use appropriate audio and/or visual aids, making simple aids yourself
- Present your plans for the session clearly and to time with the group
- Evaluate the project with the help of peers
- Evaluate your own achievement of the trainer competencies.

Trainers' Course Assessment

This Learning Unit comprises an opportunity to prepare teaching and learning activities for training CHW trainees, and to record and think about what you do. The Table below is the same as the one earlier in this manual.

Assessment type	Formative/summative	Annexe
Record and reports on teaching practice experiences (knowledge and skills)	Formative and summative	2
Teaching practice assessments (knowledge and skills)	One or more formative	3
	Summative	

You should go back and read the earlier section on Assessment of Trainers in the manual. Not everything is repeated here.

Both types of assessment help you to develop your knowledge and skills (formative) and make a judgement about your achievements (summative).

- The record and reports give you the opportunity to record and think through what you do (Annexe 2).
- The formative and summative teaching sessions give you the opportunity to put together everything you have learned about teaching and supporting trainees. You will carry these out with your trainer group as though they were CHW trainees or to use with actual trainees if you have access to them. You will include both knowledge and skills.

The assessments are continuous in that they will be carried through the trainers' course. There is no set, end of course written examination.

- The Teaching practice record book will be discussed at intervals with the ToT course leader.
- The Teaching practice assessment will be assessed jointly by the course leader and your peers when you present your session or package to them. You will also prepare and present at least one session as a practice (formative assessment) and be given feed-back.

All of the competencies will be assessed to some extent although not every single point in the competency document (Annexe 1) will be specifically assessed.

Record and reports on teaching practice experiences

Keeping the record of teaching is straightforward. You need to record teaching experiences as you complete them. Templates are available in Annexe 2 in both this document and the ToT curriculum. This record book gives you a chance to think about what you are doing and how you could improve what you do.

For each category of teaching experience, you should complete the details of what you did and make comments on the experience for at least five of them. Separate sheets of paper should be used for this.

This reflective part of the assessment needs more work from you. You need to think about the teaching experiences and write about them. You could ask yourselves these questions:

- What happened, how successful were you? Did you achieve what you wanted? Why do believe it was successful?
- If you have doubts about them, what was the problem? How could you do this differently another time? How will you know you have succeeded next time?

You discussed reflective practice and reflective thinking in Learning Unit 2. You could use the Gibbs reflective cycle to help you with this.

Assessment of teaching practice

You will prepare and deliver a teaching session. It is important for the lead trainer or group to decide on length e.g. 15 minutes each plus 5 minutes discussion, or even 30 minutes if time allows.

The teaching session MUST include teaching clinical skills. Alternatively you could do this separately using a separate assessment template.

Topic choice

It is a good idea to choose a topic with which you are not very familiar. This will be of more use to you than something that is easy for you to do.

Searching for information

Most of the information you will need is in the CHW manual (2013). It is intended as a resource for you as well as for CHW trainees. However you do need to have greater understanding , knowledge and skills than you expect of your trainees.

There are many sources of information listed in the set of CHW materials and many others exist too. There are books in the Somaliland nursing and midwifery libraries and much more still on the internet if you have good access.

Analysing and using appropriate information

It is important to be selective whether you are planning a teaching session of preparing a learning package. Here are some questions you can ask yourself:

- Is the information accurate? If it does not seem to make sense, it may not be correct.
- Is the source reliable such as from the big international agencies and publishers e.g. UNICEF, UNFPA, WHO, USAID, Hesperian, Macmillan, Bailliere, Churchill, Elsevier.
- Is the information appropriate and helpful?
- Is the information the right level for CHWs? If not, how can you simplify it?
- How can you get over the language problem? You will not normally be able to provide published information unchanged to Somali-speaking CHWs.
- How can you help trainees to understand?

Using appropriate illustrations

There are many illustrations available that can be used to help trainees learn. They may need adaptation to make them appropriate for the learning needed and to be culturally acceptable. If you plan to use them beyond just the trainees you must make sure they are from sources that permit their re-use as with the graphics in these CHW materials. Otherwise you can be accused of 'intellectual theft' known as plagiarism.

It is important to make illustrations simple, for example on posters. Simple 'matchstick' men and women can convey a lot of meaning. You do not need to be an artist. Remember to keep them large just as lettering needs to be large.

There are more ideas in the CHW manual (Unit 7)

Using active and participatory learning including practical and/or community-based activities

The teaching session you prepare needs to encourage active and participatory learning (see also Unit 4). It is a good idea to use a few selected teaching methods, but not too many. If you use too many the session can end up in chaos. Ask yourself similar questions to the ones above to make sure the methods you choose are helpful, useful and appropriate.

Presentation and time-keeping skills

You will be expected to demonstrate good presentation skills in any part of the session that requires you to speak to the audience. At the same time, do not just lecture. Lecturing is not active learning unless you introduce plenty of group involvement.

Strict time-keeping is important.

Encouraging activities among learners

To make sure learners join in, it is important that the activity is relevant as well as fun or thought-provoking. It may be all of these things. At the same time it is sometimes worth introducing an activity just to enthuse and energise the group.

Remember that adults need to know why they are doing something and how it fits in with the topic or goal. Relevance is vital for motivating adults. Motivation is basic to successful learning. Motivation is the reason learners achieve anything, whether it be skills, knowledge learning or attitude and behaviour change.

Writing a report or preparing a teaching session

You need

- a clear aim for the session and what you want to achieve
- specific objectives
- to explain which CHW competencies you are addressing and how
- a clear lesson plan
- a plan that includes attention to practical /skills learning
- to explain how you would assess trainee learning from the session.

Because practical learning is so important, you need to choose a topic that contains an element of skills-based learning. Include attitudes/behaviours if possible. You need to explain whether this would be based in the community or a nearby placement, or simulated in the classroom.

Include an evaluation / self-assessment of your session (see below).

Self and peer evaluation

You need to evaluate your own work and that of peers. You could use the Gibbs reflective cycle as a basis for evaluating what you have done, or others are doing. Alternatively you could use the competencies (Annexe 1) as a check-list.

ANNEXE 1 OVERALL AND SPECIFIC TRAINER COMPETENCIES WITH REQUIRED KNOWLEDGE, SKILLS AND ATTITUDES

Specific competencies	Knowledge	Skills	Behaviours / attitudes
Overall competency 1:Familiarisation with CHW programme issues and training			
1.1: Be familiar with the Somaliland CHW programme and policies	• Policies and other MoH documents	•	
1.2: Understand and carry out the trainer role in the CHW programme	• The trainer role	• Communication • Facilitating learning and CHW development • Assessment • Organisation	• Self-organisation • Motivation • Conscientiousness • Fairness
1.3:Understand the impact of CHWs on community health	• International ideas about role of CHWs and their potential		
1.4: Understand the opportunities and constraints affecting success of programmes and individuals	• International ideas about constraints and opportunities		
Overall competency 2: Development of the knowledge, skills and behaviours of trainees			
2.1: Organise and implement CHW training courses	• Familiarity with the CHW curriculum • Understanding of the health system structure and management • Understanding the trainer role	• Organisation and management of training • Provision of appropriate learning opportunities	• Self-organisation • Motivation • Conscientiousness

2.2: Demonstrate and help trainees to develop practical and communication skills	• Understanding of theories of behaviour change and communication • Understanding of theories of how people learn skills	• Practical skills for care provision • Skills of demonstrating and explaining • Supportive development of trainees skills	• Supportive, positive attitudes • Non-judgemental behaviour • Individualised support • Open communicator • Good listener • Prepared to see learning as a two-way process between trainer and learners • Adaptability
2.3: Model and support the development of appropriate attitudes and behaviours including fairness and non-discrimination, safe practice, healthy lifestyle choices, informing and motivating others, understanding community cultures and socio-economics	• Rights of trainees • Ethics of healthcare practice and its application to trainee / certified CHWs • Healthy lifestyle choices • Practicing safely • Culture, taboos, constraints • Behaviour change theories	• Role modelling • Protection of trainee rights • Prevention of discrimination • Communicating healthy lifestyles • Communicating safe practice • Understanding cultures and constraints	• Prepared to present self as a good role model • Fair and non-discriminatory • Enthusiastic • Non-judgemental
2.4: Be familiar with the CHW curriculum and manual, and knowledge required of CHWs and assist them in developing it	• Familiarity with the CHW curriculum and manual • Wide range of health care knowledge covering CHW curriculum and manual	• Practical skills • Teaching and facilitation of learning in classroom and practical settings • Management of resources for teaching	• Prepared to see learning as a two-way process between trainer and learners • Adaptability
2.5: Organise participatory learning opportunities for trainees	• Participatory learning approaches and methods	• Organising and supporting participatory learning	• Adaptability • Open to new methods
2.6: Plan and conduct teaching sessions	• How to use varied methods for teaching • How to use resources for teaching • How to make own resources	• Practical teaching skills • Facilitating group work • Giving and receiving feed-back	• Open to new approaches and methods and prepared to try them • Prepared to see learning as a two-way process between trainer and learners

			• Adaptability
2.7: Organise community and other practice learning experiences.	• Knowledge of local communities and health care facilities	• Ability to engage cooperation of communities and colleagues	• Collaborative attitude to local colleagues and communities
Overall competency 3: Personal support of trainees			
3.1: Support the development of individuals as confident CHWs	• Needs of trainees and how to meet them, Maslow's hierarchy	• Supporting development of others	• Positive attitudes to the potential of trainees
32: Assist trainees to build on relevant past experience	• Adult learning principles • Familiarity with trainee backgrounds	• Supporting development of others	• Awareness of the potential of experience
3.3: Provide pastoral care to trainees where necessary	• Needs of trainees and how to meet them, Maslow's hierarchy • Familiarity with trainee backgrounds • Counselling principles	• Listening and counselling	• Empathy and awareness • Approachability • Positive attitude • Fairness
3.4: Act as advocates for trainees where necessary	• Human and CHW trainee rights • Curriculum contents e.g. regulations	• Ability to speak for trainees	
Overall competency 4: Assessment of trainee achievements			
4.1: Monitor the progress and development of trainees and provide feed-back, encouragement and correction where needed	• Curriculum contents e.g. competencies, regulations, assessment • Expectations of trainees • Assessment strategies	• Assessment skills	• Fairness, transparency and non-discrimination
4.2: Make accurate and fair judgments on achievements			

Overall competency 5:. Collaboration and communication with others			
5.1: Communicate and collaborate with others responsible for the support, supervision and management of CHWs including MoH, Regional and health centre staff, and Community health committees	• Course and programme management • Knowledge of personnel involved • Communication and reporting strategies	• Communication skills • Reporting strategies	• Collaborative attitudes
Overall competency 6: Trainers are accountable for their support and teaching of CHW trainees, and report to the MoH or delegated authority			
6.1: Trainers are accountable for their support and teaching of CHW trainees, and report to the MoH or delegated authority	• Course and programme management • Knowledge of personnel involved • Communication and reporting strategies	• Accurate report writing	• Conscientiousness in reporting

ANNEXE 2 CHW TRAINER COURSE RECORD OF TEACHING EXPERIENCES

Name of Trainer/participant	
Place Course held	
Course date	
Date of completion	
Name of Course Leader	

See over for list of teaching experiences to be obtained.

For each category of teaching experience listed over, the participant should complete the details of what he/she did and make comments on the experience. Templates are provided for both these activities. These can be copied form these Annexes or from those in the ToT Curriculum.

It is recommended that a reflective model is used such as that of Gibbs (1988). (See over and the CHW Trainer Manual).

Teaching experiences (classroom or clinical / community-based)

Please tick and date when completed and reflective report has been written

Experience	Date completed
Preparing a SMART[1] lesson plan	
Group discussions • Leading a group discussion • Facilitating several group discussions at once •	
Projects • Preparing a group and individual project • Helping others to prepare projects • Assessing project work	
Skills teaching • Preparing skills demonstrations including equipment and surroundings • Preparation of client/patient and information giving if appropriate • Demonstrating a skill • Giving feed-back on a return skills demonstration by CHW trainee	
Audio-visual aids and equipment • Using audio and visual aids • Making visual aids e.g. posters • Using audio-visual equipment	
Health promotion • Preparing a short health promotion session using visual aids • Mini-demonstration of how to give a health education session • Supporting trainees giving health education sessions (or simulation) • Supporting trainees giving health education sessions (or simulation)	
Drama and role play • Preparing and taking part in drama • Preparing and taking part in role play • Leading group sessions using drama and role play • Encouraging discussion and providing feed-back	
Presenting a knowledge learning session / mini-lecture as though for CHWs and encouraging discussion	
Skills and knowledge assessment • Designing a skills assessment • Assessing a skill and giving feed-back • Testing knowledge • Peer assessment of skills and knowledge	

See over for template for reflective reports.

[1] Specific, Measuarable, Achievable, Relevant, Timebound

Reflective report of CHW teaching practice experiences (classroom or clinical / community-based)

(Write at least five reflective reports of different types of experience)

Type of experience *(see previous page)*
Description *(What happened?)*
Feelings *(What were you thinking and feeling? Were you satisfied?)*
Evaluation *(What was good and bad about the experience?)*
Analysis *(What sense can you make of the situation? How did it go, If there were problems why do you think it did not work?)*
Conclusion
Action plan *(What will you do in future?)*

This template is based on Gibbs reflective learning cycle (1988) in Bulman C and Schutz, eds. (2008) *Reflective practice in nursing*, 4th. edn. Blackwell

ANNEXE 3: CHW TRAINER COURSE RECORD OF TEACHING PRACTICE ASSESSMENT

Name of Trainer course participant	
Place Course held	
Course date	
Date of completion	
Name of Course Leader	

Participants should prepare and present at least one formative and one summative teaching session. The template for the assessor's report is on the next page of this Annexe 2.

CHW Trainer Course, Teaching Practice Assessment

Name of Course participant **Place held**	**Date of course** **Date of assessment**		
Task	**Good**	**Satisfactory**	**Unsatisfactory**
Clear topic is chosen that relates to CHW curriculum			
SMART[xii] lesson plan is prepared			
Discusses reason for selection of teaching method			
Teaching method is appropriate for topic including practical/community element			
Conduct of session is well organised			
Appropriate teaching aids are used			
Accurate knowledge and skills are displayed			
Language used is appropriate for CHWs			
Knowledge / skill level is appropriate for CHWs			
Speech is clear and can be heard from back of class			
Eye contact with participants is maintained			
Audio-visual aids are used effectively • topic is clear • seen / heard from back • used appropriately			
Attitude to trainees			
Time-keeping			
Assesses learning from session			
Overall comments including satisfactory / unsatisfactory			

ANNEXE 4 TEACHING SESSION PLAN TEMPLATE

Date:			Learning unit number:	
Title:				
Time	**Content**	**Teaching method**	**Resources needed**	**Who will help?**

END NOTES AND REFERENCES

[i] Adapted from MicroSave (2006) *Trainers' Guide: training of trainers*, www.microfinancegateway.org/gm/document-1.9.25955/34405_file_04.pdf

[ii] In Welsh I and Swann (2002), *Partners in learning: a guide for support and assessment in nurse education,* Abingdon: Radcliffe Medical Press.

[iii] Gibbs et al. (1998) in The Open University (2002) *Supporting Open Learners Reader*, Milton Keynes: The Open University.

[iv] Kolb D (1984) in Welsh I, Swann (2002) *Partners in Learning: a guide to support and assessment in nurse education*. Abingdon: Radcliffe Medical Press

[v] In Welsh and Swann (2002) *Partners in learning: a guide for support and assessment in nurse education,* Abingdon: Radcliffe Medical Press.

[vi] Schon D (1983) The reflective practitioner, Basic Books: New York

[vii] Gibbs in Bulman C and Schutz, eds. (2008) *Reflective practice in nursing*, 4th.edn. Blackwell

[viii] Kolb in Clark C (2008) *Classroom skills for nurse educators,* Boston: Jones and Bartlett Publishers

[ix] http://www.goodreads.com/author/quotes/416931.William_Arthur_Ward

[x] Adapted from Ministry of Public Health Afghanistan (2009).

[xi] Somaliland Training of Trainers manual (2008 and 11)

[xii] **S**pecific, **M**easurable, **A**chievable, **R**elevant, **Ti**me-bound