Jamhuuriyadda Somaliland

جمهورية أرض الـ صومال

Republic of Somaliland

MINISTRY OF HEALTH

COMMUNITY HEALTH WORKER (CHW)

TRAINING CURRICULUM

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COMMUNITY HEALTH WORKER (CHW) TRAINING CURRICULUM

SUPPORTED BY:

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Contents

FOREWORD

REPUBLIC OF
Wasaarada Caafimaadka

SOMALILAND
Ministry of health

THE MINISTER

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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

ACRONYMS AND GLOSSARY OF TERMS

AIDS	Auto-immune Deficiency Syndrome
BEMOC	Basic emergency obstetric care
CEMOC	Comprehensive emergency obstetric care
CHAP	Community Hygiene Awareness Promotion
CHAST	Child Hygiene and Sanitation Transformation
CHC	Community health council
CHW	Community health worker
EPI	Expanded programme of immunisation
EPHS	Essential Package of Health Services
FGM	Female genital mutilation
GBV	Gender-based violence
HIV	Human immunodeficiency virus
HMIS	Health Management Information System
ICCMCI	Integrated community case management of childhood illnesses
IDP	Internally displaced persons
INGO	International non-governmental organisation
MCH	Maternal and child health
MDG	Millennium Development Goal
MMR	Maternal mortality ratio
MoH	Ministry of Health
MTCT(P)	Mother to child transmission (prevention) of HIV
MUAC	Mid-upper arm circumference
NGO	Non-governmental organisation
ORS	Oral rehydration salts
PHAST	Participatory Hygiene and Sanitation Transformation
PHU	Primary health unit (person and/or building as EPHS 2009)
TBA	Traditional birth attendant
ToT	Training of Trainers
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WATSAN	Water and sanitation
WHO	World Health Organization

The following terms are used in this document:

Community health worker	A person who has been nominated by the community of origin and appointed by the MoH having successfully completed the CHW course
Trainee	A person undertaking the CHW training course
Participant	A suitably qualified person who is undertaking the CHW ToT course
Trainer	A person who has been appointed to train CHWs having successfully undertaken the CHW ToT course
Health centre	First referral centre in Somaliland health system (as EPHS 2009)
Primary health unit	Community level health facility staffed by Community health workers OR a title given to Community health workers (EPHS 2009)

INTRODUCTION, CONTEXT AND RATIONALE FOR THE COMMUNITY HEALTH WORKER PROGRAMME

Following decades of marginalisation and subsequent civil struggle, Somaliland was proclaimed as sovereign state in 1991. Although not yet internationally recognised, Somaliland has an elected president and democratic government and enjoys peace, stability and good governance with all necessary structures of the modern state in place. The people of Somaliland have however suffered through decades of poverty, conflict, displacements and natural disasters and continue to face severe problems with poverty, lack of resources and universal access to services such as education, health. Clean water and sanitation.

With an estimated population of 3.5 million occupying about 176,000 square kilometres, much of Somaliland is made up of semi-arid lands that receive a meagre rainfall of between 150-300mm from the two rainy season locally known as GU' and Deyr. More than 60% of the population depends on pastoralism as their main livelihood and are therefore nomadic, moving their livestock between pastures depending on water availability. Loss of livestock through drought is making their poverty worse following on from losses through disease in past decades.

The Somaliland environment presents challenges to providing effective and high quality health care that are especially acute for rural populations, both with access to primary and preventive health care, immunisation etc. as well as referral services. This is due partly to manpower and training issues, inadequate supplies, and the difficulty faced by health workers living in remote areas. Even when facilities are available to settled sections of the population, nomadic peoples may be far from even the most basic services when they need them, with poor communication and roads, and no transport available. Cash for fees and medicines is commonly not available.

Public health and the provision of an adequate infrastructure is at least as difficult a challenge amongst rural and nomadic people as amongst overcrowded urban dwellers and is a key issue in camps for the 1.4 million internally displaced persons.[1] HIV prevalence of 0.7%[2] is fairly low and malaria is a problem in certain areas only, but increasing incidence of tuberculosis has an impact on public health systems. Mental health services are very limited as are those for people with physical and learning disabilities.

Added to that, much of the population has limited access to education. Understanding of how best to meet the health needs of the community, themselves and their families may be based on inadequate information and traditional ideas and practices. Some of these may be harmful or at least lead to delays in care-seeking from formal health services. Similarly, the socio-cultural context in which people live has an impact on everyone's health, but this impact is experienced particularly powerfully by women and girl children. Women may have limited autonomy especially if illiterate, little political power, and limited or no access to money of their own, and their health needs are often neglected.

[1] UNICEF (2011) *Annual Report for Somalia*
[2] UNGASS (2010*) Somaliland Country Progress Report (HIV)*

Reproductive and child health, more than any other areas of health, are uniquely dependent upon overall health system adequacy at all levels, and efficient linkages to ensure rapid continuity of care. This has been very difficult to achieve. Currently, reproductive health indicators in the region are among the worst in the world. A maternal mortality ratio of at least 1044 per 100,000 live births.[3] With the high total fertility rate of 6.41 this equates to more than a 1 in 14 lifetime chance of dying of pregnancy and childbirth related problems.

Children's death rates have improved slowly although 200 per 1000 still die before the age of 5, many as neonates or under one year (1 in 10).[4] [5] Birth-related problems and tetanus are common causes of neonatal death, while diarrhoeal disease, respiratory infections and malnutrition are linked to many child deaths as is measles and its complications, susceptibility to any infection being compounded by malnutrition. The very low rate of early, exclusive (for 6 months) and prolonged breastfeeding (to about t 2 years) contributes greatly to deaths and morbidity.

As evidence shows that the majority of maternal and child deaths occur at community level, community - based Maternal and child health (MCH) and reproductive health services are critical to reduce maternal and child morbidity and mortality. Community Health Workers (CHWs) in Somaliland are nominated by and recruited from the communities. Along with traditional birth attendants (TBAs), they play a crucial role in enhancing the health system's capacity to prevent maternal and child illnesses, and in promoting child spacing, skilled antenatal/postnatal care and delivery, and timely referral of complicated delivery, maternal and neonatal emergencies. CHWs also have a role, if limited, in the management of more minor illnesses. They have a strong role in educating and supporting families about how to recognise and respond appropriately to danger signs, particularly in children and childbearing women. CHWs work in close collaboration with elected Community health committees (CHCs) and local colleagues such as the TBAs, and with them work to maintain the health of the local people through improving the environment. They report to and are supervised by staff from the health centre for the catchment area with whom they may work directly on outreach activities.

This curriculum lays out the learning experiences and opportunities for CHWs and is a specific response to the Somaliland context. Many other countries have however used similar strategies but with varying titles, entry levels, roles and scope of practice. The curriculum takes a very practical competency-based approach, grounded in basic but sound knowledge and appropriate behaviours. It is intended that CHW trainees spend periods learning in the group interspersed with periods back in their communities with guided and supervised learning activities.

This curriculum forms part of a set of documents for CHW trainees and their trainers which is a revision of the 2008 Somaliland National Curriculum and manuals. The set consists of:

- this Curriculum (2013) for CHWs
- CHW Manual (2013)

[3] UNICEF (2011) Annual Report for Somalia
[4] As above
[5] Capacity to collect meaningful health information is severely impaired without formal birth and death notification.

- CHW training of trainers curriculum (2013) (not previously existing)
- CHW trainers' Manual (2013).

The review has taken place in conjunction with the Ministry of Health (MoH) Somaliland as part of THET's UNICEF-led programme 'A continuum of care approach to SRH in Somalia'. This seeks to improve access, supply and quality of comprehensive sexual and reproductive health and child health services through a coordinated health system approach.

CURRICULUM FOUNDATION

The vision, aim and principles of the Course are described here so that the basis of curriculum decisions is made clear.

Vision

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 (Community Health Workers) in health promotion and providing first-level services.

Course aim

The aim is that women and men selected by their communities and the Ministry of Health as CHWs will:

- provide safe, competent and timely first-level services to members of their communities through meeting the CHW competencies (see below)
- contribute to the improved health of the children, women and men in the community and reduction in morbidity and mortality especially of vulnerable groups such as children and childbearing women
- encourage healthy behaviours and healthy living environments through health promotion activities
- work in collaboration with the community, its health committee, and others such as TBAs, and staff from the health centre for the catchment area
- identify and treat common health problems and recognise and refer life-threatening ones
- encourage the use of local health facilities for preventative and curative services
- carry out their role with honesty, integrity and without discrimination or favour
- become lifelong learners who are able to remain up-to-date and take part in activities to improve on their practice.

Philosophy[6]

The curriculum is based on the following ideas and assumptions:

Of the person

- A person has social, cultural, religious, psychological and physical needs that should be respected.
- A person has impact on, and is affected by, the socio-cultural, religious, psychological and physical environment.
- A person has rights of self-determination regarding what happens to him or her in health, disability and illness regardless of gender.

[6] Adapted from Somaliland *Diploma in Nursing* (2009) and the *Community* and *Post-basic Midwifery curricula* (2011).

- A person takes responsibility for his or her own well-being to whatever extent possible and collaborates in positive ways to meet deficits.

Of learning

- Learning is an active, continuous, sequential process with concepts, skills and values being constantly re-evaluated.
- Learning is facilitated when it:
    - takes place in or near the real situation in which learners expect to work, or is related closely to the individual's own practice
    - is relevant to need and builds on experience
    - takes account of individual needs, circumstance, abilities and learning styles
    - involves active participation by learners who are well-motivated and take some responsibility for their own learning
    - encourages learners to seek information, evaluate and use it appropriately
    - helps learners to feel respected as independent adults.
- Students should be encouraged to evaluate their own needs and progress, and accept feed-back on their strengths and weaknesses.
- Learning outcomes and Course content should be based on defined competencies, addressing the knowledge, skills and professional behaviours fundamental to the CHW role[7]
- Learning needs to be continuous and preferably life-long.

Of teaching

- Teaching is a process of facilitating trainee learning and development.
- Teaching should encourage and support trainees toward self-direction where appropriate.
- Learning strategies should encourage reflection on appropriate behaviours and attitudes.
- Teachers should prepare varied activities that encourage and enable trainees to seek, understand and analyse information, and apply it appropriately to their practice.
- Teachers should ensure no physical or psychological barriers prevent full trainee participation and support them in overcoming social barriers.
- Teaching strategies should be based on evidence-based education theory and practice.

Of assessment

- The purpose of assessment is to determine trainee progress toward the achievement of Course objectives and competencies. Decisions about assessment of learning are influenced by many factors including
    - competencies and learning outcomes
    - purpose of the assessment (whether formative or summative)
    - content
    - level and stage of training
    - practical issues e.g. class size, teaching and learning methods employed, assessment frequency and availability of resources.
- Assessment should:

[7] Learning outcomes describe what the learner should be able to do or know as a result of the learning experience.

- be conducted fairly and without discrimination or favour
- be focussed on the competencies and outcomes in question
- use various methods appropriate to the skills, knowledge and behaviours being assessed
- involve trainees where possible and appropriate in assessing their own achievements
- incorporate client, family and community feed-back where possible and appropriate
- as feed-back, contribute to the identification of, and response to individual trainee or group needs.

COURSE DESCRIPTION

The CHW training Course has a duration of 34 weeks of learning delivered over a longer period to be determined by local circumstances. Learning hours will be a mixture of group teaching in Blocks with guided learning activities to be completed in the home communities. This is described in more detail in the Organisation and Structure section.

This Course provides learning opportunities to enable women and men selected by their communities and the MoH Somaliland to fulfil the competencies required of the Somaliland CHW. These competencies are based on the roles and responsibilities described in official documents currently in force such as the *CHW Job description* (2011) and the *Guiding Policy for Training CHWs and TBAs* (2008). They may need to be adjusted during the life of the curriculum e.g. if policies are updated.

CHW Competencies

The role and functions of the CHW in Somaliland (Draft 1)

The Somaliland CHW is a health advocate, promoter and educator, a mobiliser of communities to work toward a healthy environment and lifestyle, and a person who supports families with keeping children healthy and reacting appropriately to illness and danger signs. The scope of practice is for identification of those who need treatment (especially under fives), initial treatment and referral for those who are at risk. The CHW has equipment and medications for treating a limited range of disorders and conditions.

CHWs report to professional staff at a nearby health centre and are usually managed and supervised by them. They receive initial and ongoing training to meet a range of competencies.

Competencies

Competencies are used as the basis for the learning objectives for, and content of, CHW training. They are also used for assessment, the CHW demonstrating that they are able to fulfil the competencies and understand, and are performing, their role effectively.

- Competencies indicate what CHWs should be able to do in order to fulfil their role effectively.
- Competencies consist of a combination of the knowledge and skills they are able to use and the attitudes or behaviours they display.
- To achieve competencies students use a combination of both new and older knowledge, abilities and experiences, both professional and personal.
- Competencies may be core: essential to the job. They may also be additional, perhaps selected CHWs being trained for such competencies. This curriculum covers core competencies only.
- Some competencies will be generic. That is they apply to everything the CHW does. These relate mainly to behaviours and skills such as managing oneself, taking responsibility, and communicating.

The competencies in this curriculum take Somaliland Ministry of Health documents into account as well as international guidance including from the WHO and UNICEF. Competencies all relate to the EPHS (2009) six Core programmes:

1. Reproductive, maternal and neonatal health
2. Child health
3. Communicable disease surveillance and control, including water and environmental sanitation promotion
4. First aid and care of critically ill and injured
5. Treatment of common illness
6. HIV, STIs and TB

The competency statements answer the question 'what is a CHW able to do?' in relation to working with their communities. The CHW competencies are listed as *'overall'* competencies and sub-divided into *'specific'* competencies.

The knowledge, skills and behaviours required of CHWs for each specific competency are indicated in Annexe 1. These answer the questions 'What does a CHW do?', 'What is a CHW expected to know?', and 'How does a CHW behave?'.

Overall competencies for the CHW programme concern issues of:

1. *Collaboration*
2. *Accountability*
3. *Advocacy*
4. *Health promotion and education*
5. *Community mobilisation*
6. *Identification and treatment of common health problems*
7. *Ethical and safe practice and role*

The specific competencies and the overall competencies for each one are as follows:

1. ***Collaboration: CHWs collaborate with community residents , health committees, and other lay and professional health workers***
    1. Collaborate with elected community health committee in community development and health care including community assessment
    2. Work alongside TBA and fellow CHWs where present
    3. Assist visiting outreach teams e.g. with immunisation and nutrition campaigns.

2. ***Accountability: CHWs are accountable to clients, families, the community and supervisors, and report to their health committee and supervisors***
    1. Report to community health committee
    2. Maintain regular communication with health centre and supervisor
    3. Maintain accurate and complete records of own activities including dispensing of medicines and report to supervisor
    4. Collect standardised health information including for communicable disease and report regularly to designated person.

3. ***Advocacy: CHWs act as advocates for the community AND advocate in the community for appropriate use of health services***

1. Advocate for healthy lifestyles and environments
2. Encourage timely use of appropriate preventive and curative health services
3. Advocate for the eradication of harmful traditional practices e.g. FGM, early marriage and pregnancy, gender-based violence, child abuse, and harmful treatments
4. Advocate for the comfort, cleanliness and dignity of menstruating women and provision of supplies
5. Advocate for dignified support of women with fistulae and treatment where possible
6. Advocate for dignity and non-discrimination for people living with disabilities and experiencing stigma.

4. Health promotion and education: CHWs promote good health and raise awareness in the community

1. Provide information on individual health issues including
    - prevention of diarrhoeal diseases in children and adults, rehydration and use of zinc supplements
    - clean food storage and preparation
    - good nutrition using locally available foods including safe complementary foods
    - newborn, infant and child immunisation
    - hygiene and dignity during menstruation
    - prevention of, and appropriate care-seeking behaviours for, HIV and STIs
    - the use of treated bed nets to prevent malaria where needed
    - accident prevention
    - the needs of people living with disabilities or mental ill-health
    - avoiding stigma.
2. Educate communities about environmental health issues such as water, sanitation, garbage disposal and pest control.
3. Provide information on the use of primary health care and referral services.
4. Educate about harmful traditional practices such as FGM.
5. Promote child spacing, provide information about its value, and distribute approved commodities.
6. Promote and inform (with TBAs where appropriate) about the importance of:
    - antenatal care including:
        - tetanus immunisation
        - micronutrient supplements (including postnatal)
        - malaria prophylaxis where needed
        - families and women knowing about pregnancy and postnatal danger signs, and when and how to react
        - complication readiness in families and the community to avoid delays e.g.
            - readymade communication and transport plans
            - readily available finance
    - skilled attendance and use of BEMOC facilities for birth
    - very early breastfeeding (within one hour of birth) and exclusive breastfeeding for 6 months
    - keeping newborns warm using skin-to-skin contact and kangaroo care if needed

- hygienic cord stump / umbilical and newborn skin care
- recognising danger signs in newborns and acting appropriately
- avoidance of potentially harmful traditional substances.

5. ***Community mobilisation:*** CHWs support others in achieving healthy environments and lifestyles, and effective use of services
    1. Act as change agents and role models for the community
    2. Mobilise communities for environmental and other health and safety improvements
    3. Mobilise communities for health activities such as immunisation and nutrition campaigns and assist nurses in conducting outreach activities.

6. ***Identification and treatment of common health problems*** CHWs identify health problems in the community including of children and act appropriately to deal with them:
    1. Identify potential and actual environmental health problems especially water and sanitation and case finding for communicable and reportable disease
    2. Provide routine nutrition screening for under fives and pregnant women and refer appropriately those giving cause for concern where services are available
    3. Community-based management of acute malnutrition / supplementary feeding under supervision
    4. Assess for danger signs and refer at-risk cases
    5. Provide basic first aid for minor injuries, illnesses and emergencies, referring to medical care as needed
    6. Advise families on identification, home care and danger signs of common child illnesses including diarrhoea, acute respiratory infections and fever
    7. Provide first-line treatment to children and others using recognised treatment guidelines
    8. Store and dispense non-injectable medicines appropriately
    9. Recognise pregnancy and birth-related complications and refer, providing 'maternity first aid' while referring.

7. ***Ethical and safe practice and role modelling*** CHWs work in ways that cause no harm and demonstrate healthy lifestyles
    1. Demonstrate a healthy lifestyle oneself and in own family including avoiding FGM
    2. Maintain a safe and clean environment for practice including PHU water supply and latrines
    3. Apply safety procedures such as universal precautions to own practice
    4. Manage own work and PHU efficiently
    5. Carry out duties without discrimination
    6. Maintain patient confidentiality within the community and in record-keeping and storage
    7. Act at all times in the best interest of individual clients and the community
    8. Accept no incentives other than those officially agreed
    9. Cooperate with supervisors in developing the programme and role
    10. Maintain and develop own knowledge and skills with support of supervisors.

COURSE STANDARDS

Standards act as benchmarks to ensure fairness and the provision of the best possible learning experience to all CHW trainees. They provide indicators to those with overall responsibility for training courses and to those who run them. Standards define expectations of quality and integrity and allow for accountability to CHW trainees, and the communities who have nominated them. They are important for justifying resource provision and supporting those seeking it. Standards also support quality improvement. It is acknowledge that it may not be possible to achieve all standards in the short-term but that barriers may lift gradually.

These standards apply to the CHW training Course. They may cross over with overall CHW and PHU programme management.

Organisation and administration

- The MoH, Somaliland, takes overall responsibility for the implementation, management and development of the programme. Some functions and responsibilities may be delegated.
- The MoH collaborates with individual communities in the selection of candidates.
- The MoH and/or organisations delegated to take specific responsibilities have a designated budget and budgetary control sufficient to meet needs.
- Named personnel are appointed for national / regional and local management of CHW training.
- Plans are in place before they commence training for the long-term support, supervision and guidance of CHWs.
- Support, supervision and guidance will be through visits and on-the-job training, especially when re-stocking of supplies is being done.

Staff

- Local CHW Courses have a named leader who has community experience taking overall responsibility.
- Appropriate staff are selected and supported in running the training Course with
    - training in basic ideas and practice of learning and teaching (see CHW Trainers' Curriculum and Manual 2013)
    - competencies as laid down for CHW trainers (Annexe 1)
    - orientation to the approach and content of the CHW curriculum and manual (see Trainers materials above)
    - the skills and knowledge to undertake both practice and theory-based learning support
    - line management and supervision
    - regular performance review / appraisal
    - the opportunity to update and develop further as CHW trainers.
- Trainers are able and willing to function at the group level and to provide support to trainees when undertaking learning activities in their home environment. This support may be

delegated to nearby health centre staff where appropriate provided they also receive orientation, ongoing support and regular communication with trainers.

- Trainers are selected from those with the interest and aptitude to teach and support CHWs. These may be nurses, midwives or where appropriate, more experienced and up-to-date CHWs who have previously completed the MoH training. Medical doctors taking the role must fulfil the same requirements as for other cadres.
- Trainers may also function as supervisors of certified CHWs.

Learning and teaching

- Learning and teaching take place both in a classroom and practice/community settings. Some skills may be learned initially in a simulated setting, but the overall learning experiences must be community based.
- Learning taking place in the community of origin is supported and overseen by qualified staff nearby (see above for standards).
    - Such supervision may be supplemented by mobile phone calls where available.
    - Other arrangements may be necessary when direct supervision is not possible.
    - The degree of supervision will depend on the stage of training and trainee capability.
- Sufficient learning experiences are available to ensure trainees achieve the CHW competencies to a satisfactory level.
- Adequate learning and teaching resources and equipment are provided.
- Teaching space is clean, safe, secure and appropriate for the task with available clean water and adequate sanitation for both men and women.

Assessment strategies

- Strategies exist for identifying those who need extra support during the training Course.
- Valid and reliable[8] assessment (evaluation) methods free of bias and distortion are used to ensure fair judgements of trainee progress and achievement of competencies regarding
    - Knowledge
    - Practice skills including decision-making, interpersonal skills, and communication
    - Behaviours including 'professional' behaviours.
- Trainees know what is expected of them.

Training Course monitoring, evaluation and re-validation

Monitoring and evaluation will ensure that the ongoing quality of the Course is maintained.

- Policies are introduced by the MoH to monitor the process and progress of the programme and Courses and to evaluate their effectiveness at intervals.
- Staff, current and past trainees and their supervisors are involved in the monitoring process as are also a representative number of community health committees.

[8] 'Reliability' means that assessments are consistent and will produce the same range of results on different occasions. 'Validity' means that tests measure what they are designed to measure i.e. achievement of outcomes and competencies.

- Trainers evaluate the suitability of health centres for supporting learners both initially and on a continuing basis, and provide support to upgrade the capacity, resources etc. if needed.
- Trainers evaluate the support provided to learners by communities and their health committees.[9] Trainers may need to work with some communities to ensure the best possible experiences for CHW learners.
- The CHW training Course is reviewed at intervals such as after three to five years. This will include the CHW and Trainer curricula, and both manuals.
- The curriculum is not static. Regular review is important and changes may be required during its life.

[9] It is recommended that a picture is developed of, or criteria for, the characteristics of communities that support CHWs well.

REGULATIONS

Trainee selection and admission criteria

The selection process should be transparent and without prejudice.

Candidates may be either female or male and will

- have been recommended by their community of origin and approved by the MoH or its representative
- have been educated at least to grade 6, preferably higher
- be aged 20 or above
- be able to read and write in Somali and be numerate. These skills will be evident to the level at which candidates are able to read instructions, write records and do simple drug calculations and stock control. This ability will be assessed for all candidates with an entry test
- be able to commit to completing the entire training Course
- be able to commit to working as a CHW in their village/community of origin normally for at least two years
- be able to commit to the required hours expected of a MoH employed CHW
- have access to guidance and supervision from the health centre for the catchment area.

Married women are actively encouraged to apply and communities to nominate them. Certain conditions should be met:

- Evidence of the support of husbands is required in an effort to reduce attrition.
- Women who have infants under 4-6 months should be accompanied by a helper who is able to provide support in caring for the infant while the trainees is attending classes and other learning experiences. Making breastfeeding difficult must be avoided at all cost
- Trainers will make e very effort to enable trainees with the continuation of exclusive breastfeeding.

Attendance and leave of absence

Trainees must complete the entire 34 weeks of training in order to be certified and employed by the MoH as a Somaliland CHW.

- 90% attendance is required for classroom/group training periods
- Trainees will provide evidence of completion of learning activities while in the community of origin
- Unauthorised absence is not accepted
- Those who need leave of absence must notify the trainer and provide the reasons
- Sick leave should be certified by staff from the nearest health centre, or a doctor where possible
- Those providing acceptable reasons for absence may make up the time if the trainer is able to arrange this

- If absence has to be prolonged, or the time cannot be made up, the trainee may join a later group undergoing training to either
    - recommence or
    - make up missed learning units
- The trainer's decision is final.

Disciplinary action

Trainers, supported by line managers, may take disciplinary action for any behaviour inappropriate for a Somaliland CHW trainee. This may include remedial action or dismissal from the Course. Inappropriate behaviours include:

- cheating in assessments such as copying the work of colleagues or inappropriately from written material
- bullying or harassment of other trainees
- behaviour deemed unacceptable by the community of origin or health centre staff and agreed by the trainer
- breach of ethical or acceptable practice and attitudes
- exceeding the scope of practice of the Somaliland CHW
- lack of cooperation with a community health committee or health centre staff.

If inappropriate behaviours are suspected, the trainer will investigate the case. If the complaint or report is well-founded and no satisfactory explanation is found, the trainer may act, in consultation with the line manager when dismissal appears to be justified.

Trainees have the right of appeal to the trainer's line manager or to the MoH representative responsible for the CHW programme in the Region in exceptional circumstances.

Assessment regulations

Trainees must pass all summative tests of skills and knowledge. The pass mark is 60%. The difficulty of tests and examinations needs to take the pass mark into account. Some questions / assessment tasks will be used that must be answered or performed correctly in order to achieve the pass grade.

- One re-take is permitted for each unit failed. Support should be made available to improve performance.
- Trainees who fail a re-take must repeat the unit before trying again.
- If another failure occurs then the whole training must be repeated.
- If more than two units are failed on re-take, the trainee will be discontinued from the Course.
- If marks are borderline or inconsistent with performance during the course, the trainee may be called for an extra oral or written exam.
- A prize may be made available for the trainee receiving the highest mark in final assessments (optional).

Moderation of assessments will be undertaken by random spot-checks by those responsible for the course management such as the Regional Health Board for the region in which the trainees will work

once certified. If delegated, expectations must be made clear to the person undertaking the task. For the first course run by a particular trainer it is recommended that more systematic checks be made to ensure parity across courses. It is recommended that trainers working together cross-mark each other's assessments at intervals ('moderation/).

It may be that a central body takes oversight of the quality of assessment to ensure parity across Somaliland.

Assessment of skills

Skills-based assessment may be made by trainers, health centre staff or other supervisors depending on the assessment. Where possible skills should be assessed in the community. The learning activities set for periods spend within the community must be formatively assessed at least. Where appropriate this should be summative.

Assessment of behaviours

Community members and the health committee, health centre staff, and trainers should all be involved in reporting on appropriate behaviours. These should all be satisfactory. Where adverse reports are received, trainers/supervisors should work with the trainee to determine why this has happened and improve the behaviour. Failure to develop appropriate behaviours may lead to discontinuation.

Assessment of theory/knowledge

Trainees will be given short tests for each unit of learning. These may be written or oral. If oral, a written record of the responses must be made and kept for each trainee.

Certification

After completion of the initial CHW training, and having successfully passed the final practical and theory examination, the CHW will be eligible to receive a certificate approved by the MoH, and be recognised as a trained CHW.

Continuation of certification will be dependant on complying with any MoH regulations regarding appropriate behaviour, continuing competence and ongoing refresher training and development requirements based on assessed need.

It is important that the communities in which CHWs work play a part in monitoring.

Monitoring and evaluation of CHWs will comply with MoH Policy on CHWs in place at the time.

COURSE ORGANISATION AND STRUCTURE

Course duration

The Course length is 34 weeks spread over a longer period of time to enable participants to spend time in their communities at intervals. This takes into account the family and farming or livestock responsibilities CHW candidates may have and the need to maintain contact with their communities of origin. It also recognises the importance of applying learning as near to the learning experience as possible.

The overall time can be adjusted where appropriate and according to local circumstance provided the total learning time achieved remains as specified.

Course structure and themes

The Course is divided into six 'Blocks'. Each Block consists of three or four weeks spent as a group at the learning base, one week at the health centre local to trainee's own community or another placement, one week of guided learning activities in their own communities and one or more weeks of leave.

This spacing can be locally determined and may vary through the Course. Two further weeks can be used for consolidation, revision and testing. The leave period may need to be adjusted for example taking public and religious events and holidays into account. It may of course be necessary to adjust Blocks also for the purposes of periods such as Ramadan.

In addition to spending placement weeks at the local health centre, It is recommended that one of the placement weeks be spent at the referral centre for the catchment area for the trainee's own community, and if possible at a referral hospital. This will enable trainees to better understand the Somaliland health system and services provided, and establish relationships with staff they will be referring community residents to. It will also make it easier to reassure community members they are referring to these facilities if the CHWs are themselves familiar with them.

A recommended Course outline is shown in the table below and detailed in tables the following.

Recommended Course outline

	Learning base	**Health centre or other placement**	**Community-based learning**	**Leave** (depending on overall timing)	**TOTAL**
Block 1	4 weeks	1 week	1 week	1 week	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**

Progression through the Course

Learning is progressive in the CHW training Course. Not only do trainees re-visit topics they have studied before, usually at a greater level of understanding, but they also move from health and the normal to problems and issues. The order in which topics are presented also takes into account that trainees, at least those who have no prior CHW training, will have little understanding of primary health care or the role of CHWs and others working in the health system.

Another element in the progression through the Course is selecting topics that trainees can then apply at once in their home community. For example, first aid and the prevention of accidents features in the first Block. Trainees can then practice this in their communities once they have successfully completed the Block.

It is expected that the guided learning activities and putting new learning into practice in the home community will be supported by the local health centre, and possibly by trainers e.g. where mobile phone signals are available. Trainees will not have been accepted onto the Course where such guidance and supervision is unavailable or inadequate (see 'Course Standards' and 'Regulations'). These community-based activities will include the case studies and these are a vital part of the course.

Units of learning

Course units are separate, topic-related, and normally assigned to a specific 'block' of learning. Some will need to be re-visited, perhaps in more depth in subsequent blocks.

Course units are described in detail in the Learning Unit outlines. These include the aim of the unit, suggested learning, teaching and assessment methods, outcomes and content, and suggested resources where appropriate.

Individual course units may make use of a variety of chapters from the CHW manual. As an example, trainers and trainees will need to refer to chapters on communication and behaviour change, communicable diseases, keeping healthy, and the CHW role when studying the topic of health promotion and education as well as using the health promotion chapter.

It will always be important for trainers to help trainees to make links across topics. Trainers will also assist trainees to make links with religious and cultural aspects of health issues. Trainees will prepare case studies at intervals during the course. These will assist in helping trainees to make links across topics and learning units.

It should be noted that anatomy and physiology is introduced as a separate unit but learning will be reinforced when needed across any/all units to ensure it is relevant to trainees and their needs

Units of study are numbered as 'CHW' to distinguish them from Modules from other Somaliland Programmes (Diploma in Nursing, Community Midwifery, and Post-basic Midwifery Diploma and BSc. degree).

Units of study are listed in Tables 2 -7 and divided into six blocks.

Block 1

Unit number CHW	Unit title	Weeks	Competencies
1	Introduction to the CHW course • CHW role, scope of work, ethics and behaviour, collaboration (includes visits)	1	1,2,3,4,5,7
2	Primary and community-based health care: • Concept, system, referral (includes visits) • Link with wider health system (including Somaliland EPHS) • Understanding communities, culture, ways of living, taboos, socio-economic issues	1	1,2,4,5
3	How the body works: basic anatomy and physiology	1	4,5,6,
4	Healthy people including: • Essentials for health • Influences on health • Introduction to nutrition for health including breastfeeding • Helpful traditions, and harmful substances and practices including FGM • Helping people with disabilities • Preventing infection • Preventing accidents and basic first aid	3	1,2,3,4,5,6,7
	Sub total	**6**	

Block 2

Unit number	Unit title	Weeks	Competencies
5	Healthy environments Water, sanitation, waste disposal, pest control	1 ½	1,2,3,4,5,6,7
6	Community assessment	2	
7	Health promotion, education and communication	2 ½	1,2,3,4,5,7
	Subtotal	**6**	

Block 3

Unit number	Unit title	Weeks	Competencies
6 and 7 continued	Community assessment, and health promotion and education report back	½	1,2,3,4,5,6,7
8	Integrated community case management of childhood illness	3	
9	Nutrition and malnutrition	2	
10	Immunisation	½	
	Sub total	**6**	

Block 4

Unit number	Unit title	Weeks	Competencies
11	Community management of health problems in adults • Physical and mental illness and drug treatments • The human body applied as appropriate	2	1,2,3,4,5,6,7
12	Communicable diseases with STIs, HIV, AIDS and TB Detection, management and the CHW role	1 ½	
13	Managing PHUs including • Medicines, supplies and equipment • Data collection, Somaliland HMIS	1	1,2,7
14	Family case study	1 ½	
	Sub total	**6**	

Block 5

Unit number	Unit title	Weeks	Competencies covered
15	Maternal health and illness	1 ½	1,2,3,4,5,6,7
16	Newborn health and illness including exclusive breastfeeding, immunisation	1 ½	
17	Mother and baby case study	1 ½	
18	Child spacing	1 ½	
	Sub total	**6**	

Block 6

Unit number	Unit title	Weeks	Competencies covered
19	Consolidation and supervised practice	3	1,2,3,4,5,6,7
/	Revision and final assessments and presentations	1	
	Sub total	**4**	
	Overall total	**34**	

RESOURCES

The following resources are required:

Financial resources

It is essential that the finance required for the conduct of each whole CHW training Course is clearly described and secured before the trainees are selected.

Trainers will need to know what financial resources are available for the conduct of Courses in order to arrange for trainee needs to be met.

Human resources

The ratio of trainers to trainees will be set by the MoH or delegated to any future governing body. The ratio of trainers to trainees will need to be determined according to local, circumstances. One such model is:

- Classroom: 1 trainer to **20** trainees maximum
- Small group discussion: 1 trainer to 10 trainees
- Simulated practice: 1 trainer to 10 trainees
- Community practice: 1 trainer or supervisor to 4 trainees.

The qualifications and experience required is described in the section 'Programme standards' above.

In-service training is important for trainers so that they can maintain and develop their abilities in facilitating trainee learning, and in counselling and support. Trainers need to have current, evidence-based knowledge and skills, be able to model the essential competencies and act as inspirational role models in their attitudes and behaviours. They also need to be approachable and available to trainees at reasonable and advertised times, by appointment if necessary and non-urgent. Trainers will be required to undergo the CHW training of Trainers (ToT) Course.

Physical resources and learning environments

The CHW learning centre

Classrooms that are:

- conducive to teaching and learning (size, structure, comfort, lighting, ventilation, and appearance) NB It is important that there is room to move around the classroom, put chairs into a circle or groups as well as sit at tables.
- equipped with appropriate and functional technologies
    - audio-visual equipment including facilities for viewing educational DVDs, CD-ROMs and videos
    - NB It is important that trainers have some access to computers and the internet for preparation purposes where this can reasonably be arranged
- equipped with basic clinical equipment and anatomical models
- supplied with posters, relevant job aids and any literature considered appropriate for CHW trainees

- reference material is available for trainers.

Other facilities

- Toilets facilities are adequate to numbers and are gender sensitive
- Basic utilities are available and functioning including access to clean water and refreshments

NOTE: It is likely that established nurse and midwife training institutions may be the best place to host CHW courses.

Health facility placements and community experiences

Placements, including the local health centre and community of origin

- provide appropriate learning opportunities, both in mix and numbers of patients or clients
- are sufficient for numbers of trainees
- make available adequate support, supervision and teaching to trainees, supplied by trainers and other supervisors
- have the necessary equipment, drugs and consumables to enable trainees to learn
- are accessible to trainees, with transport provided where necessary
- have essential infrastructure, facilities and security at least as good as trainees would expect in their community of origin
- are audited for quality of care and available experience.

It is desirable that selection standards and audit systems be devised for settings such as health centres where CHW trainees learn and observe.

It is also desirable that criteria be developed for identifying communities that provide good learning environments to CHW trainees. A community may need and wish to have a CHW, and have people suitable for training. This does not automatically mean that the community is suitable. Some initial ideas about criteria are that

- an established CHC exists
- the community and CHC are interested in identifying their needs and seeking to change
- residents take responsibility for their own needs as a community
- the CHC and residents are willing to collaborate with CHWs
- community leaders and the CHC are willing to support their trainee
- the community is served by an accessible and functioning health centre
- the Health centre has staff suitable for supervising CHW trainees.

TEACHING AND LEARNING STRATEGIES

The approach to learning and teaching

The approach to learning and teaching will be consistent with the Course philosophy described above and treat trainees as individuals. Respecting them and preserving their confidence, dignity, rights and well-being as well as that of clients will help trainees to develop behaviours appropriate to CHWs.

The Course will be based on the best available evidence which means that trainers may need to update materials if new practices and guidelines are introduced in the life of the curriculum and accompanying CHW manual.

Learning and teaching methods

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.

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

- Community assessment (Learning unit 6)
- Family case study (Learning unit 14)
- Mother and baby case study (Learning unit 17).

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

Teaching will be in Somali using the CHW manual which will be available in Somali.

Methods of learning and teaching are addressed in more detail in the CHW Trainer curriculum and manual. They will include group discussions and small projects, role play, drama, practical experience as well as ‘mini’ lectures and the case studies. Audio-visual aids, story-telling and

examples from real life will be vital to engage trainees and encourage their participation in learning and discussion.

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).

Community and health centre experience

It is important that the course time spent in the home community, local health centre and any other clinical visit is focussed and that guidance and supervision provided. Normally, guided learning activities will be introduced during the previous Block time in the training centre. They will relate to topics covered during that Block. Two examples are given below:

- In Block 2 trainees learn about keeping the environment healthy and making a community assessment. During the Block trainees will receive help to plan an assessment which they will carry out once home with the support of local staff or the trainer if available. They will then present this during the next Block period in the training centre.
- Following Block 3, trainees could plan and carry out health promotion sessions and report back at the next Block, and/or assess the nutrition status of a specific number of children, refer as necessary, and report back during Block 4.

ASSESSMENT STRATEGIES

Trainee assessment (evaluation) 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.

Assessment of both clinical and theoretical progress will be:

Formative

Formative assessment throughout the Course provides feedback to learners and trainers about their progress in meeting the outcomes, competencies and attributes. Trainees may be given marks to indicate progress in knowledge tests but these do not count towards the final assessment of the Learning unit or Course.

Summative

Summative assessment takes place at the end of each Learning unit and Block. It is designed to determine what the trainee has learned and put a value on it. Summative assessment is used to determine final Learning unit and Course marks achieved.

Assessment is a key role of the trainer responsible for the course and others in the teaching team. The trainer's obligation is to evaluate trainees' work objectively and without favour or discrimination. It is also essential that assessment is focussed on the specified outcomes and competencies and that these are known and understood by both trainers and trainees. As the CHW role is so person-centred, feedback is desirable also from clients and communities of origin.

Summative assessment will normally take place at the end of each Block for topics studied during that Semester. Trainers may choose to assess achievements at the end of a Learning unit instead.

The final Course assessment will test the trainee over the whole of the learning experience.

Opportunities for trainees to demonstrate learning and achievement of competencies are addressed in more detail in the CHW trainer manual but include:

Knowledge assessment methods

- Formative tests during learning units
- End of Block and Course, unseen written and/or oral summative tests, these tests being 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, or at trainer discretion this may be summative. The case studies etc. completed in the home community (see above in the Teaching and Learning Strategies section) will be ideally assessed this way. This is also a good way of integrating assessment of knowledge, skills and attitudes together.

Behaviour / attitudes assessment methods

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 assessment methods

CHW trainees need to demonstrate the skills they have achieved at intervals. It would also 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 OUTLINES

Unit number (CHW)	Unit title
1	Introduction to the CHW course, role and ethics
2	Primary and community health care
3	How the body works: anatomy and physiology
4	Healthy people
5	Healthy environments
6	Community assessment
7	Health promotion, education and communication
8	Integrated community case management of childhood illness
9	Nutrition and malnutrition
10	Immunisation
11	Community management of health problems in adults
12	Communicable diseases, with STIs, HIV and AIDS
13	Managing the PHU
14	Family case study
15	Maternal health and illness
16	Newborn health and illness
17	Mother and baby case study
18	Child spacing
19	Consolidation and supervised practice

Unit 1 Introduction to the CHW course, role and ethics

Learning unit weeks

1 week - to include practice setting visits (Block 1)

Learning unit aim

Trainee CHWs will know what to expect during the course, understand their future role and scope of practice and the ethical issues relevant to them.

Learning and teaching methods

Discussion, group work, clinical visits, short lecture/presentations

Learning outcomes. On successful completion of the unit, CHW trainees will be able to

1. Outline the contents of the CHW course
2. Explain the roles of CHWs to each other and to their communities
3. Describe the scope of CHW practice
4. Describe the role of community health committees
5. Discuss ways of collaborating with community health committees
6. Discuss basic ethical issues that effect CHWs
7. Begin to work in ways that follow basic ethical principles

Learning unit content

Topics	**Outline of content**
The CHW course	Course contents and timetable
Expectations of CHWs	CHW job description CHW role and scope of practice
Ethics	Ethics and behaviour appropriate to CHWs including • Doing good and doing no harm • Avoiding discrimination • Maintaining clients' confidentiality, privacy and dignity • The issue of incentives
Collaboration in the community	The community health committee and village leaders

Assessment

Assessment type	**Formative / summative**	**Competencies assessed**
Class quiz	Formative	1,2,3,4,5,7

Recommended resources for trainers

Ministry of Health and Labour Somaliland (2008) Guiding policy for training CHWs and TBAs Ministry of Health Somaliland / UNICEF (2009) *Essential package of health services for Somaliland* Ministry of Health Somaliland (2011 draft) CHW Job description

Unit 2 Primary and community health care

Learning unit weeks

1 week, to include practice-setting visits

Learning unit aim

Trainee CHWs will function within the primary health care system at community level and understand issues relevant to community work.

Learning and teaching methods

Discussion, visits, group work, enquiry into basic socio-cultural aspects of community life.

Learning outcomes. On successful completion of the unit, CHW trainees will be able to

1. Explain the concept of primary health care (PHC) to colleagues
2. Describe the Somaliland PHC system and the CHW's place in it
3. Describe how the PHC system links to other health services
4. Detail the available health facilities and referral pathway for their own areas
5. Describe their own communities to colleagues in basic terms including type of community e.g. static/nomadic, rural/urban, distance from roads, health facilities, schools, water supply etc.
6. Discuss key issues they need to understand about their communities e.g. culture/ways of living, taboos, socio-economic issues
7. Describe such cultural issues relevant to their own communities
8. Discuss the possible impact of these issues on community health and CHW activities.

Learning unit content

Topics	Outline of content
PHC	The concept of PHC The Somaliland PHC and overall health system The place of CHWs in the system
Understanding the community	Culture / ways of living Local practices and taboos including potentially harmful ones Socio-economic issues

Assessment

Assessment type	Formative / summative	Competencies assessed
Mini-presentations Quiz on Somaliland health system and PHC	Formative Summative	1,2,4,5

Recommended resources for trainers

See Sources of information list

Unit 3 How the body works: anatomy and physiology

Learning unit weeks

1 week. This learning will also be applied to any other appropriate unit.

Learning unit aim

CHWs will be able to use a basic understanding body structure and function in their community work

Learning and teaching methods

Demonstrations and class activities, audio-visual aids and models, short lectures, discussion

Learning outcomes. On successful completion of the unit, CHW trainees will be able to

1. Identify and describe major structures of the body and how they function
2. Outline in simple language the main body systems
3. Describe in simple terms how the body meets its needs for food, water, oxygen, warmth and protection
4. Apply their knowledge to other learning

Learning unit content

Topics	Outline of content
Basics of major body structures, functions and systems	How do we get the oxygen we need and get rid of waste products? Respiration and circulation How do we control our movements? Bones and joints What happens to our food and drink and how do we get rid of waste products? Digestive and urinary systems The body's control centres: the brain, nervous system and hormones Our senses: sight, hearing, smell, taste How do we protect ourselves? Skin, mucous membranes, immunity, skeleton, muscles and nerves, senses How do we reproduce including development of the fetus? (very basic – reviewed in Unit 15)

Assessment

Assessment type	Formative / summative	Competencies assessed
Short objective written tests Oral tests	Formative and summative	4,5,6,7

Recommended resources for trainers

Any basic anatomy and physiology text

Unit 4 Healthy people

Learning unit weeks

3 weeks, to include community and health centre periods (shared with Units 1 and 2).

Learning unit aim

CHWs will develop a basic understanding of the principles of staying healthy and some of the causes of ill health that they can use to assist their communities in improving health and wellbeing. This unit links closely to Unit 5 (Healthy environments), 10 (Immunisation), 12 (Communicable disease).

Learning and teaching methods

Discussions, group work, short lecture-presentations, role play, drama, practical activities and exercises, visual aids and models. Basics of body structure and function may be best taught separately but should be applied where appropriate e.g. bones and joints with fractures, digestive system with nutrition.

Learning outcomes. On successful completion of the unit, CHW trainees will be able to

1. Discuss what health means
2. Discuss the main essentials for health
3. Explain Influences on health to communities
4. Advise on the basic elements of a healthy diet for children, adolescents and adults
5. Discuss the importance of early and exclusive breastfeeding and appropriate weaning
6. Encourage parents to stimulate child development with play and communication
7. Identify health-protecting and harmless customs and home remedies
8. Provide information about the impact of practices such as FGM, harmful treatments for children, early marriage, harmful food practices and taboos and engage them in making change.
9. Provide education about reproductive and sexual health and mobilise people for child-spacing and for STI and HIV testing where appropriate.
10. Assist people to overcome difficulties of physical and intellectual disabilities, and communities to remove barriers to a rewarding life
11. Explain how people become sick including infection and the main causes
12. Describe key ways of preventing infection in the home and PHU
13. Demonstrate effective hand-washing and explain its importance
14. Take accident prevention measures and teach others
15. Provide basic first aid for injuries and emergencies and refer those needing medical attention

Learning unit content

Topics	Outline of content
Essentials for health	The meaning of 'health' What do we need to remain healthy? (Based on Maslow's hierarchy of needs). Why are people not healthy? To include: • Poor nutrition • Disease causes • Disability • Stress

	• Poverty • Homelessness • Violence, conflict, trauma • Drugs, quat, tobacco, alcohol • Accidental injury
Essentials for child health	The importance of hygiene and good nutrition for children Importance of breastfeeding • early and exclusive to six months • with complementary feeds to 2 years and beyond The importance of play, communication and stimulation for children Preventing malaria in children Prevention of diarrhoeal and respiratory disease (continue Unit 5) Immunisation (see Unit 10) Customs and habits that affect infants and children including FGM Healthy nutrition (see below)
Healthy nutrition introduction	Types of food needed for healthy life (introduction - continued Unit 9) Importance of early and exclusive breastfeeding to 6 months (see above)
Adolescent health	Importance of good nutrition Relationships and making choices as young people The dangers of early marriage and adolescent pregnancy
Reproductive health	Promote healthy sexual behaviours Promote privacy and dignity for women and provision of sanitary products Advocate for use of preventative services e.g. maternal and newborn, child, nutrition, reproductive health including child spacing, immunisation (see Units 7, 9, 10, 15, 16, 18).
Living with disabilities	Main categories of disability, causes and prevention • Mobility • Hearing and speech impairment • Sight impairment • Thinking and learning difficulties Supporting people with disabilities Referral services Issues of stigma and discrimination Access to public places Integration and equal opportunities Rights of people living with disabilities including in Somaliland Disability services in Somaliland
Infection	What is infection? What causes it? (parasites, bacteria, viruses, fungus) How do parasites, bacteria, viruses and fungi enter our bodies? How our bodies protect themselves (skin, mucous membranes, immunity) How do we know we have an infection? How do we prevent infection? (including techniques) • hand-washing • food storage and preparation • safe sex • preventive measures in PHU including immunisation (see Unit 10) and universal precautions Participatory Hygiene and Sanitation Transformation (PHAST) and Community Hygiene Awareness Promotion (CHAP) (also see Unit 5)
Accident prevention measures in the home and community	Falls, cuts and bruises Burns and scalds Poisoning Choking, suffocating, drowning Road traffic accidents
Basic first aid, danger	Staying safe while giving first aid

signs and referral	Basic life support Management of (including referral) • Breathing difficulties • Bleeding • Shock • Cuts and wounds • Stings and bites • Fractures • Burns and scalds • Poisoning • Foreign bodies • Loss of consciousness • Convulsions

Assessment

Assessment type	Formative / summative	Competencies assessed
Tests	Formative	1-7
Basic first aid practical exam	Summative	4,6

Recommended resources for trainers

See Sources of information list

Unit 5 Healthy environments

Learning unit weeks

1 ½ (including practice settings)

Learning unit aim

CHWs will be able to collaborate with communities to change the environment to improve health. This unit links to unit 4 'Healthy people' and 6 'Community assessment and case study'. Timings may be adjusted as needed.

Learning and teaching methods

Discussion, group work, short lectures, audio-visual aids, songs, stories, drama, role play

Learning outcomes. On successful completion of the unit, CHW trainees will be able to

1. Discuss the main characteristics of a healthy environment with members of their community
2. Support the development and maintenance of clean water supplies and usage
3. Support the development and maintenance of safe sanitation e.g. pit latrines
4. Provide advice to communities on waste disposal
5. Provide advice to communities on pest control
6. Work with schools and young people to improve their environments
7. Increase awareness of other hazards e.g. cooking fires, tobacco smoking, and techniques for improvement
8. Help communities to access support from agencies outside of the locality if available
9. Use safe environmental techniques in their own homes and the PHU.

Learning unit content

Topics	Outline of content
Principles of environmental health	Importance of environmental health Barriers to a healthy environment e.g. poverty, difficult location The role of community health committees Getting help from outside agencies Participatory Hygiene and Sanitation Transformation (PHAST) and Community Hygiene Awareness Promotion (CHAP) (also see Unit 4)
Water supplies	Why contamination of water matters Water-borne disease • Diarrhoeal • Typhoid • Cholera • Amoebas How contamination happens – the contamination chain Water and prevention of malaria Improving and maintaining water sources and quality (for washing, cooking, drinking) including siting and protection of sources Safe techniques for storing and using water at home and the PHU including

	sterilising techniques for drinking water: • Sun • Boiling • Chemical • Filtration Developing new and sustainable water sources Rights to water sources
Sanitation	Why safe disposal of human waste matters Methods of safe disposal The importance of hand-washing Siting and building safe latrines without harming the wider environment Privacy, dignity and personal safety especially for women
Refuse disposal	What is dangerous about refuse? Types of refuse Methods of safe disposal without harming the wider environment (burning, burying, composting) Siting and building safe disposal facilities
Pest control	Mosquitoes, flies, rodents, cockroaches, snakes, scorpions: hazards, prevention and control methods
Other hazards	Household cooking fires, smoke pollution and burn risk Tobacco smoke
Agencies	Sources of local support, government and other agencies

Assessment

Assessment type	**Formative / summative**	**Competencies assessed**
Quizzes or oral tests	Formative	1-7
Links to case study in Unit 5	Summative	

Recommended resources for trainers

See Sources of information list

Unit 6 Community assessment

Learning unit weeks

2 weeks. This unit links to Unit 4 and requires activity in trainees' own communities

Learning unit aim

CHWs will be able to learn about their communities by making a basic assessment and diagnosis of the health needs in collaboration with Community Health committees, and help to bring about change.

Learning and teaching methods

Short lectures, briefings, discussions, fieldwork, short oral presentations to the group. The community assessment activity will be carried out in home communities in the break and feed-back on the experience being given by trainees in the next Block.

Learning outcomes. On successful completion of the unit, CHWs will be able to

1. Explain the meaning of community assessment and diagnosis to colleagues and communities
2. Discuss the importance of assessing community needs
3. Collaborate with Community health committees, local Health centre staff and relevant agencies
4. Plan and carry out small-scale information gathering activities
5. Record, analyse and present results
6. Identify issues and problems with the community
7. Plan and carry out development activities with the community in collaboration with health centre staff
8. Evaluate the success of the plans

Learning unit content

Topics	**Outline of content**
Community assessment and diagnosis	The meaning of community assessment and diagnosis The importance of assessing communities and diagnosing their needs The importance of collaboration with Community Health Committees, other health workers e.g. TBAs, and with local health centre staff
The assessment process	Deciding on information needed Collecting information Recording results Deciding what the results mean Identifying problems and issues Presenting findings
The action cycle	Consulting the community Using SMART objectives[10]

[10] SMART: Specific, measurable, Achievable, Relevant, Time-bound. *NB it may be appropriate to adjust this as it will be expressed differently in Somali.*

	Developing solutions Using SWOT analysis[11] Planning and carrying out action Evaluating the actions
Community assessment activity	The community assessment activity will be • prepared during the Unit with support from trainers, • carried out in home communities in the break and • feed-back on the experience be given by trainees in the next Block.

Assessment

Assessment type	Formative / summative	Competencies assessed
Quiz	Formative	1-7
Short oral presentation	Summative	

Recommended resources for trainers

See Sources of information list

[11] SWOT analysis of plans and ideas: Strengths, Weaknesses, Opportunities, Threats. *As above re relevance.*

Unit 7 Health promotion, education and communication

Learning unit weeks

2 ½ weeks to include fieldwork.

Learning unit aim

CHWs will advocate for and promote healthy lifestyles in their communities and communicate appropriate messages in collaboration with Community Health Committees to help people make priority changes. This unit links closely with units 4, 5 and 6.

Learning and teaching methods

Short lecture-presentations, group activities, discussion, role play, drama, stories, songs and poems, using audio-visual aids, health promotion activities with colleagues and in communities

Learning outcomes. On successful completion of the unit, CHW trainees will

1. Discuss communication issues with colleagues
2. Take into account possible barriers to good communication
3. Use culturally appropriate communication skills and methods when working with their communities
4. Discuss with colleagues the importance of understanding the views and behaviours of others including health-seeking behaviour
5. Describe the effects of values, customs, beliefs, social pressures and experience on behaviour change
6. Take account of ethical aspects of behaviour change
7. Use the 'stages of communication' idea in planning health promotion activities
8. Discuss approaches to health promotion with colleagues
9. Take barriers to success into account in planning health promotion
10. Collaborate with Community Health Committees and health centre staff for planning health promotion
11. Work with different groups in communities
12. Carry out and evaluate planned activities
13. Use (and make if necessary) appropriate health education aids

Learning unit content

Topics	Outline of content
Communication	What is communication? How do people communicate? Somali ideas about ways of communicating What makes up communication?: • Audience + Source + Message + Method + Understanding Why is good communication important for CHWs? Factors encouraging and discouraging effective communication Stages of communication: • Reaching and Attracting the audience

	• Understanding and Accepting the message • Behaviour change and Improving health Methods of communication Barriers to communication and overcoming them e.g. cultural Listening and observing skills and techniques Do's and don'ts of listening and talking
Human behaviour	Understanding the behaviours and views of others including health-seeking behaviour Why do people behave the way they do? The effect of values, culture, traditions, habits, social pressures, experience, beliefs, stigma, misconceptions, ideas of own value, views of the outcomes of changing The Health Beliefs Model Ideas about changing behaviours including • behavioural intention • enabling factors Stages of change Using understanding of human behaviour in health promotion Ethics of behaviour change activities
Health promotion and education	Concepts of health promotion and education Importance of making services/resources available before creating demand Approaches to health promotion • Persuasion • Empowerment Barriers to giving, receiving and making effective use of information Conditions for success • Predisposing factors e.g. open communication channels • Enabling factors e.g. facilities, money, time • Reinforcing factors e.g. support from husbands Ways of reaching and motivating people • Using communication skills • Using understanding of behaviour • Using understanding of the community • Building on good practices Community participation and participatory techniques including PHAST and CHAST (see Unit 5) Working with groups: young people, older people, women's and men's groups, children and schools Planning health promotion and education: prioritising, planning, action, reporting, evaluation / seeking feedback Activities e.g. songs, poems, stories, role play, drama, short talks, visual aids Using and making health education aids

Assessment

Assessment type	Formative / summative	Competencies assessed
Oral test	Formative	1,2, 3, 4, 5, 7
Prepared health education session (may include role play or drama)	Summative	
It is suggested that the health education session is presented to the class or people local to the training centre and assessed. It could then be presented in home communities with an informal		

report back on the experience being made by trainees in the next Unit.

Recommended resources for trainers

See Sources of information list

Unit 8 Integrated community case management of childhood illness

Learning unit weeks

3 weeks including fieldwork/practice experience

Learning unit aim

CHWs will be able to support families in identifying illness, caring for their infants and children at home when sick, particularly with diarrhoea, pneumonia and malaria (in malarial areas), and referring them when necessary NB Nutrition and malnutrition is covered in Unit 9. Newborn care is Unit 16. Management of medicines occurs also in Unit 11 and 13. It may be wise to share topics with these other Units.

Learning and teaching methods

Observation and experience in practice settings, short lectures and presentations, class discussion and presentations, role play and drama, stories and poetry, audio-visual aids.

Learning outcomes. On successful completion of the unit, CHW trainees will be able to

1. Discuss the role of CHWs in supporting families with sick children
2. Discuss the main causes of serious childhood illness in Somaliland
3. Discuss the impact illness has on growth and development
4. Explain the idea of Integrated community case management of childhood illness
5. Teach families and communities about prevention of serious childhood illnesses
6. Classify common childhood illnesses and manage them using approved CHW medicines where needed particularly diarrhoea, diarrhoea and malaria in malarial areas
7. Teach families how to identify and manage minor illnesses
8. Identify children with danger signs for serious illnesses and refer appropriately
9. Teach families and communities to identify danger signs for serious illness and seek treatment and referral
10. Make follow-up visits to monitor children and support families
11. Document and report actions taken to health centre staff

Learning unit content

Topics	Outline of content
Role of CHWs	The role of CHWs in preventing and identifying childhood illness, referring those with danger signs, supporting home care for mild illnesses
Preventing illness	Exclusive breastfeeding to 6 months The importance of good nutrition including alongside breast feeding for two years Avoidance of FGM Home hygiene especially hand-washing Importance of public health measures especially safe water and faeces disposal How infection is transmitted Importance of immunisation (also see Unit 10)

	Malaria: • life cycle, of the mosquito and parasite • use of insecticide-treated bed-nets when needed The impact of serious or repeated illness on growth and development
Common childhood illnesses	Diarrhoea Fever including malaria Acute respiratory infection • pneumonia • tonsillitis • ear infection • common colds How do childhood illnesses show up? • Fever • Diarrhoea • Fast breathing • Failure to feed • Listlessness Which children can be treated at home / by the CHW? Which children need to be referred / danger signs of illness? • As above and • Floppy • Reduced responsiveness or consciousness • Dehydration Understanding the overlap of illnesses After effects of FGM: pain, bleeding, fever, retention of urine
Integrated community case management of child illness	The principles of Integrated community case management of child illness (ICCMCI)
Assessing children	Look – ask – decide – refer or treat Collecting identifying information about a child Assessing for general and specific danger signs including high respiratory rate Classifying the child's illness correctly Acting appropriately to refer or treat at home Advising parents about home care Making accurate records Following-up
Home care of children not having danger signs for serious illness	Management of children presenting with fever, diarrhoea or mild breathing problems using medicines approved for CHWs where needed • Diarrhoea (early oral rehydration including ORS if needed, zinc supplementation, prevention of spread), oral antibiotics for bloody diarrhoea only • Breathing problems e.g. fast breathing (oral antibiotics) and minor upper respiratory tract infections e.g. cough and cold • Fever: Artimesinin-based combination therapy (ACT) for proven malaria after using Rapid diagnostic test (RDT) Managing other childhood diseases in the community • Parasites • Bacterial and fungal infections and conditions of the eye, ear, mouth and skin

	• Eye and ear infections • Suspected anaemia, de-worming, iron and folate supplements, referral for pallor Administering medicines to children • Oral, topical, rectal • Basic characteristics of approved medicines Safety in using medicines • Dangers of giving injections without training and authorisation • Dangers of giving incorrect, out-of-date medicines or bought without medical prescription • Storage (also see Unit 13) Advising families about home care • Breastfeeding the sick child • Giving extra fluids early • Feeding sick children during and after the illness (also see Unit 9) • Administering full course of medicines correctly • Dangers of anti-diarrhoeal drugs • Storing medicines safely at home Follow-up visits Monitoring growth following illness
Care of children with danger signs	Immediate care while awaiting referral Local referral systems including planning for transport Follow-up on return home if required
Management of medicines for children (also see Units 11, 13)	Principles of using medicines in children Main types of medicines used by CHWs for main symptoms and conditions Basics of how they act and side-effects to watch for Advising parents Ordering and storing medicines, equipment and consumables Administering oral and topical medicines using 'Five rights' model (right patient / medication / dose / route / time. • Liquids e.g. ORT, antibiotic syrups • Tablets and capsules • Rectal medications / suppositories • Eye drops and ointment • Record-keeping and reporting Skin paints and ointments
Child mental health problems	Causes of mental health problems in children: Neglect, abuse, violence, displacement Effects: Behavioural problems, developmental and speech delays, withdrawal, aggression, difficult relationships, anxiety and fear, eating and elimination disorders Getting help (NB Services may be limited or unavailable but CHWs need to be aware)
Recording and reporting	Recording and reporting processes and job aids

Assessment

Assessment type	Formative / summative	Competencies assessed
Quizzes and short practical tests	Formative	2-7

Examining a child and making appropriate recommendations	Summative	

Recommended resources for trainers

See Sources of information list

Unit 9 Nutrition and malnutrition

Learning unit weeks

2 weeks including practice experience / fieldwork

Learning unit aim

CHWs will mobilise their communities to improve the nourishment of children, identify under-nourished and malnourished children and refer them to the health centre. CHWs may assist with nutrition campaigns and provide some after-care under supervision. NB Maternal and neonatal nutrition are addressed more detail in Unit 15 and 16.

Learning and teaching methods

Case discussions, group work, short lectures and presentations, audio-visual aids, using job aids, home visits and practice experience, role play, drama, songs, stories, child growth monitoring (over a period) and/or screening activities in home communities.

Learning outcomes. On successful completion of the unit, CHW trainees will be able to

1. Describe the role of CHWs in improving nutrition of children and childbearing women
2. Provide information to families about essential nutrients needed by children
3. Suggest appropriate local foods that will provide essential nutrients
4. Mobilise the community and families to improve child nutrition
5. Provide key messages about optimal breastfeeding and complementary feeding
6. Monitor children for under-nutrition and malnutrition
7. Report findings regularly to the health centre
8. Identify and refer children giving cause for concern to the health centre
9. Assist outreach staff with therapeutic nutrition programmes
10. Provide home-based care where indicated under the supervision of health centre staff

Learning unit content

Topics	Outline of content
The role of CHWs	Healthy nutrition advocacy, promotion and mobilisation (all ages but primarily children, childbearing and lactating women) Identification of children needing help Referral and support as needed Assisting with outreach and clinics
Nutrition essentials	Revision of basics from Unit 4 (Healthy people) and 5 (Healthy environments) How food is used by the body (including revision of digestive system) Basic nutrients and micronutrients Local sources of essential nutrients • Body-building foods • Energy giving foods • Protective foods

	• Fluid giving foods Local food production, habits, traditions and taboos The balanced Somaliland diet De-worming
Nutrition through the lifecycle	Nutrition needs through the lifecycle • Infants, children including complementary feeding • Adolescents • Childbearing women from conception to lactation • Old age Importance of early and exclusive breastfeeding (continues Unit 16), good breastfeeding habits, cup-feeding when required, appropriate complementary feeding Feeding young children
Inadequate nutrition	What happens when nutrition is inadequate? Basic impact on growth and development of infants, children, adolescents and types of problem • Under-nutrition: stunting, wasting • Protein-energy deficiency • Micro-nutrient deficiency • Severe acute malnutrition Assessing feeding Identification of malnutrition When to refer a child to the health centre – danger signs The link with childhood illnesses and worm infestation Feeding sick children Complications of inadequate nutrition in children and adolescent girls Impact of poor nutrition (including micronutrients) on childbearing and lactating women and their babies
Nutrition programmes	Multiple micro-nutrient supplementation Monitoring children's growth and screening for inadequate nutrition • Methods: MUAC • Recording and interpreting results (EPI card) • Reporting • Tracking families who attend irregularly The referral pathway for under-nourished and malnourished children Introduction to nutrition programmes and the CHW role in assisting • Community-based management of moderate acute malnutrition • Vitamin A, iron and folic acid supplementation, multiple micronutrients • Basics of therapeutic feeding • Antibiotics for infections Feeding basics for HIV positive children.
Health promotion	Promote messages about healthy eating with individuals, families, and the community Ways of ensuring good nutrition in households Advocacy for early (first hour) and exclusive breastfeeding Dangers of feeding with breastmilk substitutes including danger of bottles and teats Advocacy and education for healthy weaning practices Complementary feeding and food diversification Revision of hand-washing, safe food storage, handling and preparation from Unit 4.

Assessment

Assessment type	Formative / summative	Competencies assessed
Quizzes	Formative	1-7
Practical assessment of screening activities or growth monitoring	Summative	

Recommended resources for trainers

See Sources of information list

Unit 10 Immunisation

Learning unit weeks

½ week

Learning unit aim

CHWs will promote the importance of child and adult immunisation and mobilise individuals and communities for taking part. NB Immunisation other than polio may only be carried out by CHWs with extra training.

Learning and teaching methods

Observation and practical experience, lecture-discussions, audio-visual aids, songs, stories, drama and role play

Learning outcomes. On successful completion of the unit, CHW trainees will be able to

1. Provide information to individuals and communities about the importance of newborn, child, and adult immunisation (including pregnant women)
2. Explain simply how immunisation works
3. Explain the different types of immunisation and diseases for which vaccines exist
4. Take part in community outreach immunisation campaigns run by health centre or other staff
5. Administer polio immunisation during outreach campaigns under supervision if permitted
6. Assist with immunisation clinics at health centres

Learning unit content

Topics	Outline of content
Basic principles of immunisation	What is immunisation? Why is immunisation important? How is immunisation carried out? Oral / injection How does immunisation work? (revise Unit 3) Possible side-effects and complications
Diseases (including the effects), and available vaccines	Tetanus: maternal and newborn Polio Diphtheria Measles Whooping cough Tuberculosis Pneumonia Less common diseases: Hepatitis B and meningitis, yellow fever
Health promotion and community mobilisation for immunisation	Revision from Unit 6
Immunisation campaigns	Immunisation schedule for infants and children (newborns - also see Units 16) The Expanded Program of Immunisation (EPI) in Somaliland Adult immunisation including of pregnant women (also see Unit 15) Outreach campaigns during epidemics

	Storage and transport / cold chain management, (very brief outline as not part of CHW role but may assist) The CHW role in assisting with immunisation

Assessment

Assessment type	Formative / summative	Competencies assessed
Quizzes and practice assessments	Formative	1-7
Structured written test	Summative	

Recommended resources for trainers

See Sources of information list

Unit 11 Community management of health problems in adults

Learning unit weeks

2 weeks

Learning unit aim

CHWs will be able to provide guidance, support and basic treatment for adults with health problems referring those with danger signs and with conditions beyond the CHW scope of practice. Communicable diseases including STIs, HIV and AIDS are addressed in Unit 12. Physical and learning disability are included in Unit 4.

Learning and teaching methods

Short lectures, discussions, audio-visual aids, group work, demonstrations and observation, practice experience.

Learning outcomes. On successful completion of the unit, CHW trainees will be able to

1. Be aware of and understand beliefs about illness in the Somali and Islamic context
2. Work to reduce the stigma associated with physical and mental illness
3. Provide locally appropriate information to communities about the prevention and management of health problems affecting adults
4. Apply knowledge of how the body works from Unit 3
5. Classify symptoms of physical illness and make decisions about home management or referral
6. Provide community-based treatment within the CHW scope of practice and using the medicine kit approved for PHUs
7. Monitor the progress of clients and adjust management as needed
8. Guide clients on home care in illness
9. Initiate referral to the health centre when needed
10. Support people with mental health problems and refer appropriately
11. Advocate for sensitive and non-discriminatory attitudes within communities toward people with mental health problems
12. Provide information within the community about the nature of mental illness

Learning unit content

Topics	Outline of content
Beliefs about ill health	Religious and traditional ideas about illness (e.g. causes, treatments) The influence of traditional and religious ideas on the way people seek help and describe their illnesses (physical and mental)
Physical health problems	Causes of ill health (link to Units 3, 4 and 5) Communicable disease including STIs, HIV and AIDS (see Unit 12) Accidents (see Unit 4) Health problems by system and symptom • Respiratory: coughing, coughing blood or sputum, fast breathing, shortness of breathe, sore/painful throat, cyanosis, common cold • Chest pain

	• Abdominal: pain, diarrhoea, constipation, bleeding from rectum, vomiting, vomiting blood, passing parasites • Severe weight loss • Skin: infections including fungal and parasites, rash • Eyes, ears, throat: infections, sensory impairment • Reproductive: discharges, infections, pain, bleeding, miscarriage, effects of FGM, fistula (including advocacy and referral) • Urinary tract: infections including candidiasis, pain Headache, seizures, coma • Fever, dehydration, nausea, vomiting, convulsions, pallor, weakness as general symptoms • Severe tiredness and weakness, pallor. Classification and danger signs Referral
Mental health problems (basic overview)	Ways mental health problems show up Why do people have mental health problems • Life circumstances: stress, trauma, poverty, displacement, disaster, violence, disability and life-changing physical illness, old age • Physical changes: e.g. psychosis • Other illnesses: syphilis, HIV and AIDS, kidney infection, epilepsy, drug addiction, medications Types of illness and how they become obvious: • Depression and anxiety • Thinking disorders: psychosis (schizophrenia, bi-polar disorder) • Dementia • Dependency on drugs, quat, alcohol Referring people with mental health problems 'First aid' for mental health emergencies in the community Basic of what can be done to help people with mental illness In the community and through referral Mental health services in Somaliland
Management of essential medicines for adults (also see Units 8, 13,)	Revision from Unit 8 of: • Principles of using medicines • Main types of medicines used by CHWs for main symptoms and conditions • Basics of how they act and side-effects to watch for • Ordering and storing medicines, equipment and consumables • Administering oral and topical medicines using 'Five rights' model (right patient / medication / dose / route / time. ○ Liquids e.g. ORT, antibiotic syrups ○ Tablets and capsules ○ Rectal medications / suppositories ○ Eye drops and ointment ○ Record-keeping and reporting ○ Skin paints and ointments

Assessment

Assessment type	Formative / summative	Competencies assessed
Short tests	Formative	1-7

Oral or written structured test	Summative	

Recommended resources for trainers

See Sources of information list

Unit 12 Communicable diseases, with STIs, HIV and AIDS

Learning unit weeks

1 ½ weeks including health clinic visits

Learning unit aim

CHWs will be able to provide initial support and refer people with symptoms of communicable diseases including measles, meningitis, dysentery, cholera, viral haemorrhagic fever, mobilise communities and collect data according to national regulations. CHWs will also be able to inform communities about sexually transmitted infections, tuberculosis, HIV and AIDS, and respond appropriately. This Unit links closely with Units 2and 5.

Learning and teaching methods

Visits, lectures, audio-visual aids, discussions and group work, stories, role play and drama.

Learning outcomes. On successful completion of the unit, CHW trainees will be able to

1. Understand the problems communicable diseases cause in Somaliland including diarrhoeal disease, measles, tuberculosis, STIs, HIV and AIDS
2. Provide information to communities about communicable diseases including HIV and AIDS to increase public awareness including taking part in information outreach campaigns
3. Work with community health committees to mobilise people to prevent communicable diseases
4. Identify individuals who may have communicable diseases including HIV and tuberculosis
5. Refer individuals to health centres when communicable diseases including HIV or tuberculosis are suspected
6. Provide home-based care where appropriate under supervision from health centres
7. Guide families about home-based care and hygiene
8. Identify and report suspected outbreaks of reportable diseases, and collect data required by WHO and HMIS
9. Assist with targeted vaccination campaigns
10. Assist public health staff with emergency e.g. WATSAN activities in response to communicable disease epidemics

Learning unit content

Topics	Outline of content
Basic principles and common terms used	What are communicable diseases? Meanings of: • 'epidemic', 'endemic', 'pandemic' • 'notifiable disease' • 'carrier' and 'contact' Which diseases are reportable? Why are communicable diseases associated with poverty, malnutrition, over-crowding and displacement?
How diseases spread	Main routes of transmission Prevention strategies (see Units 4, 5, 10) including the role of immunisation (see Unit 10)

Main communicable diseases and basics of their management	Water and food-borne: cholera, dysentery, acute watery diarrhoea, typhoid, poliomyelitis Air-borne: measles, diphtheria, tuberculosis, poliomyelitis, meningitis, whooping cough, acute respiratory infections Insect/animal-borne: rabies, malaria, typhus, dengue, yellow-fever Tetanus and neonatal tetanus
Basics of sexually transmitted infections (STIs)	Signs and symptoms of STIs Dangers of STIs (sufferer, sexual partners, infants of women with STIs in pregnancy) Causes and transmission What is syndromic management of STIs? The CHW role in supporting people with STIs Health promotion (see also Unit 7) Advocacy and mobilisation of communities for prevention, diagnosis and treatment STI services in Somaliland
Basics of tuberculosis	What is tuberculosis? Why is it linked with HIV? Tuberculosis in Somaliland and the region Transmission and prevention Health promotion (see also Unit 7) Advocacy and mobilisation of the community for prevention, diagnosis and treatment HIV services in Somaliland What does it do to the body? Basics of how tuberculosis is treated The CHW role in supporting people with tuberculosis
Basics of HIV and AIDS	What are HIV and AIDS? HIV in Somaliland and the region Causes and transmission Why the link with tuberculosis? What happens to the body? Signs and symptoms of opportunistic disease HIV in pregnancy, and PMTCT (also see Units 15 and 16) The CHW role in supporting people with HIV and AIDS Prevention including sexual, mother to baby, universal precautions Health promotion and education (see also Unit 7) Advocacy and mobilisation of the community for prevention, diagnosis and treatment Basics of how HIV and AIDS are treated HIV services in Somaliland

Assessment

Assessment type	Formative / summative	Competencies assessed
Quizzes	Formative	1-7
Oral or written structured test, or health promotion session	Summative	

Recommended resources for trainers

See Sources of information list

Unit 13 Managing the PHU

Learning unit weeks

1 week

Learning unit aim

CHWs will manage the service they provide and any PHU building in an organised manner according to their role and scope of practice

Learning and teaching methods

Discussion, group work, short lectures, visits / observation in Health Centres, and of experienced CHWs where possible, role play, drama.

Learning outcomes. On successful completion of the unit, CHW trainees will be able to

1. Explain the concept of the PHU and how it relates to the Somaliland health system (also Unit 2)
2. Manage themselves and others who collaborate with them including prioritisation of activities
3. Maintain safety and security of themselves and others involved in CHW activities and using PHUs
4. Maintain the security and cleanliness of PHU buildings, facilities and equipment
5. Keep accurate records of activities and report them appropriately
6. Collect data e.g. HMIS when required to do so
7. Maintain security and confidentiality of patient records and other sensitive data
8. Control stocks of medicines, equipment and consumables efficiently including ordering, stock expiry, correct and secure storage
9. Collaborate with and report to the Community Health Committee
10. Report to supervisors / managers e.g. from health centre and designated persons for disease surveillance

Learning unit content

Topics	**Outline of content**
The PHU	The Somaliland concept of the PHU. Links to the health system, CHC and role of the CHW (also see Unit 2)
Self-management and working with others	What do management and administration mean? Time management and prioritising workload and activities Responding appropriately to supervisor instructions Keeping oneself safe (personal security, revision of personal hygiene, universal precautions)
Administration (also see record-keeping etc. below)	Administering and managing the PHU Basic organisation system for PHUs Collaborating with CHCs, other community colleagues e.g. other CHWs, TBAs, and health centre staff Notifying supervisor/manager of structural and other problems with building and facilities, need for WATSAN improvements, need for equipment and supplies etc.
Safety of PHU	Security of PHU buildings

buildings	Security of others working with CHWs e.g. community volunteers Security of patients and families using the PHU Cleanliness of building and WATSAN facilities
Record-keeping and reporting	Making records of important events and activities including • patient consultations • health promotion and mobilisation activities • meetings with Community Health Committees • growth monitoring of children and pregnant women • immunisation (in collaboration with outreach and health centre staff • notifiable disease (to designated person) • medicines, consumables and equipment received, dispensed, destroyed, returned Security and maintaining confidentiality of patient records Security of stock The Somaliland HMIS and basic information about what data is used for Data collection methods used at community level Reporting to supervisors/managers
Medicines, equipment and consumable	Ordering and storing medicines, equipment and consumables Record-keeping and reporting (also see Unit 11)

Assessment

Assessment type	Formative / summative	Competencies assessed
Oral test	Formative	1, 2, 7
Oral and practical test e.g. of keeping records or management of PHU	Summative	

Recommended resources for trainers

See Sources of information list

Unit 14 Family case study

Learning unit weeks

1 ½ weeks. This Unit consists mainly of community activities with briefing at the training centre.

Learning unit aim

CHWs will develop deeper understanding of the issues affecting families and the individuals within them. It links closely with most Units already studied. This then serves as an 'integrating' Unit to encourage trainees to apply knowledge and skills across topics.

Learning and teaching methods

Discussion and observation, briefing sessions, supervision of case study development. NB This Unit will mainly involve community-based work with initial briefing at the training centre and guidance and support from trainers or health centre staff (or, in future, from experienced CHWs). Trainees will need to be helped to select particular family issues on which to focus.

Learning outcomes. On successful completion of the unit, CHW trainees will be able to

1. Build relationships with family members
2. Investigate the family characteristics and home environment
3. Identify activities in which family members take part
4. Identify main food sources
5. Identify water and sanitation practices and problems
6. Identify health problems that affect the family and actions they take
7. Collaborate with families to find acceptable and workable solutions
8. Identify the impact of illness on other family members
9. Provide broad support and information to families and communities about the range of health issues affecting them
10. Demonstrate awareness of the wide issues that have an impact on families
11. Focus on priority issues for families.

Learning unit content

Topics	**Outline of content**
Preparing case studies	The purpose of case studies Planning and prioritising Gaining permission of families and communities Making relationships Talking with families and observing them Making an assessment of family needs Planning appropriate support Preparing a simple written report Preparing a presentation
Review of relevant topics	As required

Assessment

Assessment type	Formative / summative	Competencies assessed
Discussion with trainer/supervisor	Formative	
Verbal presentation to colleagues with simple written report during next Block	Summative	

NB It may be advantageous to combine this assessment with Units 11 and 12 of this Block to avoid over-assessment and make assessment more relevant to trainees. This could then become the main summative assessment for all three Units.

Recommended resources for trainers

See Sources of information list

Unit 15 Maternal health and illness

Learning unit weeks

1 ½ weeks to include practice experience

Learning unit aim

CHWs will promote the health and welfare of childbearing women, advocate for skilled attendance and provide basic help in emergencies including facilitating referral. • This may be done in collaboration with TBAs where appropriate. • It is important that male CHWs undergo this learning to the best extent possible. • This Unit links with 3 How the body works, 4 Healthy people, 7 Health promotion, 9 Nutrition, 10 Immunisation and 16 Newborn health.

NB 'Childbearing' includes pregnancy, birth, and the postnatal period.

Learning and teaching methods

Discussion, group work, practice activities, demonstrations, role play, drama, songs, stories, short lectures, audio-visuals including models and mannequins where available.

Learning outcomes. On successful completion of the unit, CHW trainees will be able to

1. Explain to communities the CHW role and that pf TBAs and midwives regarding support for childbearing women
2. Be aware of helpful and unhelpful local customs and practice around childbearing
3. Advise women about staying healthy in pregnancy and lactation including nutrition
4. Promote their health and wellbeing at community level
5. Advocate for skilled antenatal care including tetanus immunisation, micronutrient, iron and folic acid supplementation
6. Advocate for skilled attendance at birth and facility birth
7. Remain alert for women suffering from gender-based violence in pregnancy and seek advice from health centre staff
8. Collaborate with community members and the CHC to develop birth preparedness in the community including advance plans for transport, finance and travel companions
9. Provide information on danger signs for complication readiness
10. Identify danger signs in pregnant, labouring , newly-delivered and lactating women and refer
11. Provide emergency care for women with danger signs while transporting
12. Support breastfeeding women in establishing and maintaining lactation
13. Advocate for attendance at child spacing clinic after childbearing (see Unit 18)
14. Advocate for care-seeking by women with fistulae

Learning unit content

Topics	Outline of content
CHW role	Collaborating with TBAs and local health centre staff The CHW scope of practice in supporting childbearing women and families Health promotion and education
Customs and practice	Role of fathers and families

of childbearing	Helpful and unhelpful practices including pregnancy and birth practices, dietary taboos and expectations Gender-based violence in pregnancy
	Building on Unit 3 How the body works Becoming pregnant Pregnancy, labour and postnatal changes
Pregnancy	Basics of changes in pregnancy Fetal growth Nutrition and rest Identifying under-nutrition in pregnancy Preventing malaria where needed: treated bed nets and prophylactic anti-malarials Basics of antenatal care programme Skilled / health facility antenatal care
Birth	Basics of labour and birth processes
The postnatal period including lactation	Basics of postnatal changes Personal care in postnatal period Lactation – basic principles Review of Unit 9 Nutrition Importance of early (first hour) and exclusive breastfeeding Dangers of feeding breastmilk substitutes Good practice in breastfeeding: position, attachment, baby-led feeding, hygiene, hand expression and cup-feeding techniques Postnatal mental illness (see Unit 11)
Danger signs in childbearing	Identifying danger signs, emergency referral and care during transport • Abnormal bleeding • Abdominal pain • Severe headache and visual disturbances • Fever • Offensive vaginal discharge
STIs, HIV and AIDS	Basic principles of prevention and treatment in childbearing women including PMTCT (also see Unit 12)
Child-spacing advocacy	Why child-spacing after pregnancy? Advocacy for attendance at child-spacing clinics (also see Unit 18).

Assessment

Assessment type	Formative / summative	Competencies assessed
Oral tests Discussion with trainer about the preparation of the health education session	Formative	2-7
Written structured test Assessed health education session	Summative	

NB The summative assessment may be combined with the Mother and baby case study Unit 17.

Recommended resources for trainers

See Sources of information list

Unit 16 Newborn health and illness

Learning unit weeks

1 ½ weeks including fieldwork. NB This Unit is linked to 15 (Maternal health), and 17 (Mother and baby case study). They may be studied alongside each other and time adjusted between them.

Learning unit aim

CHWs will support families in ensuring newborn babies remain healthy, managing and referring as needed for illness. NB Births with skilled attendants in health facilities are encouraged. However CHWs need to know the basic principles of early care for when births happen In the community and there is no TBA.

Learning and teaching methods

Practical demonstrations and experience, short lectures, games, audio-visual aids, discussion, role play, drama, songs and poetry

Learning outcomes. On successful completion of the unit, CHW trainees will be able to

1. Discuss the reason for high newborn mortality with colleagues
2. Provide information to individuals, families and communities about newborn health
3. Work with these people to improve the health and life chances of newborn babies
4. Provide home visiting services to monitor newborn health and advise parents
5. Advocate for early (first hour) and exclusive breastfeeding (to six months)
6. Advocate for avoidance of supplementation feeding in the newborn and young infant
7. Advocate and mobilise for immunisation of the newborn
8. Provide early care after birth in emergency and in the absence of TBAs
9. Recognise danger signs in the newborn
10. Advise parents about identifying the sick newborn baby
11. Support home care for preterm and low birth-weight babies including Kangaroo mother care
12. Provide initial treatment for sick newborns and timely referral as necessary

Learning unit content

Topics	Outline of content
Newborn health issues	Newborn health, illness and mortality in Somaliland Why do newborn babies die?
Health promotion	Advocacy, health promotion and education Advising/ preparing families for the new baby (also see Unit 7)
Immediate care after birth in emergency	Airway Drying and keeping warm: skin-to-skin contact, avoiding bathing Immediate and exclusive breast feeding (see below) Emergency cord care
Breastfeeding	The importance of early and exclusive breastfeeding: advantages for baby, mother, the community and nation The risks of feeding breast milk substitutes before six months

	Good feeding techniques: position, good and poor attachment, on-demand (baby-led) feeding Hand expression of breast milk, storage, cup feeding Managing problems (see Unit 15) Continuing breastfeeding through maternal and neonatal illness
Home monitoring	Timing and purposes of home visits in first week of life • Breastfeeding • Keeping newborn warm • Cord, stump and skin care and hygiene • Importance of hand-washing • Advocacy for immunisation (see below) • Encouraging care-seeking for growth monitoring and illness • Teaching danger signs for sick babies Home support for mothers with preterm and low birth-weight babies including Kangaroo mother care and cup feeding if needed The importance of family and community support for the mother Keeping records and reporting
Immunisation	Advocacy and mobilisation for immunisation Newborn immunisation schedule in Somaliland Side-effects: what parents should expect
Customs and practices	Customs and practices that affect newborns including care and feeding Working with family members to encourage best newborn care practice
Illness in the newborn and danger signs	Recognising danger signs and detecting illness • Breathing difficulties • Cold baby • Fever • Poor feeding • Dehydration • Jaundice The link between warmth, energy intake and respiration (the cold triangle) Initial management of problems Referral for danger signs • Chest in-drawing and fast breathing • Jerky/jittery, convulsions • Abnormal pallor or jaundice • Fails to respond, unconsciousness Referral for babies of mothers with known HIV positive status after unplanned home birth PMTCT (also see Unit 15 and 12) Birth defects and support at home

Assessment

Assessment type	Formative / summative	Competencies assessed
Practical and oral test e.g. breastfeeding knowledge and support techniques	Formative	2-7
As above. Practical and knowledge assessment in the community if possible e.g. of a home visit to woman with newborn baby	Summative	

NB The summative assessment may be combined with the Mother and baby case study Unit 17

Unit 17 Mother and baby case study

Learning unit weeks

1 ½ weeks. This Unit links closely with 15 Maternal health and illness and 16 Newborn health and illness. It may be arranged alongside these Units with combined assessment (see below). The format is very similar to Unit 14 Family case study.

Learning unit aim

CHWs will develop deeper understanding of the issues affecting childbearing women and their newborn babies

Learning and teaching methods

Discussion and observation, briefing sessions, supervision of case study development. NB This Unit will mainly involve community-based work with initial briefing at the training centre and guidance and support from trainers or health centre staff (or, in future, from experienced CHWs).

Learning outcomes. On successful completion of the unit, CHW trainees will be able to

1. Provide broad support and information to women, families and communities about childbearing and newborn care
2. Demonstrate awareness of issues that have an impact on childbearing women and their newborn babies.

Learning unit content

Topics	Outline of content
Preparing case studies (building on Unit 14 family case study)	Review of experiences with Unit 14 Family case study The purpose of case studies Planning Gaining permission of women, families and communities Talking with families and observing mothers and babies Making relationships Identifying the issues affecting women and babies including family relationships, nutrition, work load, child spacing Making an assessment of the needs of mothers and babies Planning appropriate support Preparing a simple written report Preparing a verbal presentation

Assessment

Assessment type	Formative / summative	Competencies assessed
Discussion of case study as it develops	Formative	1-7
Verbal presentation of case study to colleagues with simple written report		

NB It may be advantageous to combine this assessment with Units 15 and 16 to avoid over-assessment and make assessment more relevant to trainees i.e. this could become the main summative assessment for all three Units.

Unit 18 Child spacing

Learning unit weeks

1 ½ weeks

Learning unit aim

CHWs will promote child spacing in their communities, give information and provide services within their scope of practice and appropriate to the local context

Learning and teaching methods

Practical demonstrations, short lectures, discussion, audio-visual aids, models where available, role play, drama, songs, observation and practice placements

Learning outcomes. On successful completion of the unit, CHW trainees will be able to

1. Use understanding of socio-cultural and faith issues in advocacy, health promotion and service provision
2. Advocate for child spacing with women and men, within families and communities
3. Provide health education around the importance of child spacing and methods
4. Mobilise individuals, couples and communities to use available child-spacing services at the PHU and health centre
5. Provide limited child-spacing services in the home and PHU
6. Assist at child-spacing clinics where appropriate
7. Manage PHU stock (also see Unit 13)
8. Keep records and make reports as required.

Learning unit content

Topics	**Outline of content**
Introduction	What is child-spacing?
Socio-cultural issues	Local expectations, ideas and taboos The Islamic view of child-spacing Traditional Somali ways of spacing children Helpful and unhelpful practices Negotiating and making decisions between couples / within families Impact within families of negotiating child-spacing
Why child-spacing?	The impact of large families on families and communities including • The impact on child health and survival • The socio-economic impact of child-spacing • The effect of multiple pregnancies on women • Child-spacing following birth
Health promotion	Health promotion and education for child-spacing (also se Unit 7)
How reproduction works	Basic reproductive anatomy and physiology • Male and female reproductive tracts and genitalia • Becoming pregnant
Methods	Basic ways that children can be spaced

	• Barrier methods: condoms and how they are used
	• Natural methods: advantages and disadvantages e.g. exclusive breastfeeding, fertility awareness, and how they are used
	• Hormonal child-spacing:
	  ○ Oral pills
	  ○ Implants and injections
	  ○ Intra-uterine coil
	Methods / commodities available in Somaliland
	Dual protection against pregnancy, STIs and HIV
	Child-spacing following birth
	Emergency circumstances

Services in Somaliland	National and local services (public and private) including availability of services and commodities The CHW role: advocacy, education, advising, referral, distribution of commodities The importance of confidentiality and preserving privacy and dignity
Child-spacing clinics	What happens in a clinic?

Assessment

Assessment type	**Formative / summative**	**Competencies assessed**
Quizzes Observation of learning activities such as role play	Formative	1-7
Short structured test, oral or written Simulated PHU child-spacing session (or real if possible) OR Health education session (simulated / real)	Summative	

Recommended resources for trainers

See Sources of information list

Unit 19 Consolidation and supervised practice

Learning unit weeks

3 weeks. This is mainly in practice settings and supervised in the best possible manner.

Learning unit aim

CHW trainees will be able to fulfil the role and responsibilities of a Somaliland CHW on certification, making good use of supervision and up-dating opportunities and taking account of ethical responsibilities.

Learning and teaching methods

Briefing and discussion, community experience and placements. Trainees will spend a period of consolidation within their own communities where possible. Alternatively they may need to be assigned to other communities if supervision is difficult in their own. Some time may be spent in health facilities but this period is mainly for community work. In Future, as numbers of fully-trained CHWs increase, trainees may be placed with experienced CHWs. It is however important that these CHWs will have undergone training that fulfils the requirements of the 2013 curriculum.

Learning outcomes. On successful completion of the unit, CHW trainees will be able to

1. Fulfil the role of a Somaliland CHW
2. Discuss with trainers and other trainees the issues that arise when working within their own and other communities
3. Find solutions to issues that may arise when working within their own communities
4. Inform future patients about what happens in referral health facilities
5. Build relationships with referral centre and outreach staff with who they may work in the future
6. Carry out the role of a CHW taking full account of ethical responsibilities and role expectations e.g. of the MoH Somaliland
7. Strengthen the links between their knowledge and skills and behaviours learned during the course, and between theory and practice.

Learning unit content

Topics	Outline of content
Briefing	Discussion on issues that may arise in community practice and placements Linking theory and practice
De- briefing	Discussion on issues that have arisen during the consolidation period and how trainees have solved them including ethical issues
Summary	Summary of the CHW Course Looking forward to future work as a certified Somaliland CHW Keeping up-to-date in future Supervision and how to make best use of it.

Assessment

Assessment type	Formative / summative	Competencies assessed

Verbal presentation on experiences Final tests Final skills tests / checking of records	Summative	1-7

Annexe 1 Overall and specific competencies with required knowledge, skills and attitudes

Specific competencies	Knowledge	Skills	Behaviours
Overall competency 1: Collaboration CHWs collaborate with community residents , health committees, and other lay and professional health workers			
1.1: Collaborate with elected community health committee in community development and health care including community assessment	• Principles of communication and collaboration • Community assessment	• Communication • Community assessment	• Readiness to collaborate and cooperate • Conscientiousness and thoroughness • Respect for others • Able to follow instructions
1.2: Work alongside TBA and fellow CHWs where present	• Roles and scope of practice of others • How campaigns are conducted • Also see Competency 4.	• Communication and collaboration	
1.3: Assist visiting outreach teams e.g. immunisation and nutrition campaigns		• Community mobilisation	
Overall competency 2: Accountability and reporting CHWs are accountable to clients, families, the community and supervisors, and report to their health committee and supervisors			
2.1: Report to community health committee	• Community structures and people • Committee systems e.g. for reporting	• Accurate reporting	• Collaboration and cooperation
2.2: Maintain regular communication with health centre and supervisor	• Health system and structures • Supervisor expectations • Communication facilities e.g. proformas, telephone system	• Interpersonal communication skills • Using available facilities	• Conscientiousness and thoroughness • Respect
2.3: Maintain accurate and complete records of own activities including	• Report formats • Record keeping	• Using report formats • Record keeping	• Conscientiousness and thoroughness

dispensing of medicines and report to supervisor	• Management of supplies • Local data collection systems	• Data collection	• Punctual with reports • Accuracy • Honesty
2.4: Collect standardised health information including for communicable disease and report regularly to designated person	• Somaliland communicable diseases • Identification of communicable disease • Data collection and reporting systems	• Identifying communicable disease • Data collection • Reporting	
Overall competency 3: Advocacy CHWs act as advocates for the community AND advocate in the community for appropriate use of health services			
3.1: Advocate for healthy lifestyles and environments	• Advocacy methods • Characteristics of healthy lifestyles and environments (see Competency 4) • Issues of dignity, harmful practices, stigma and social pressures	• Advocacy • Communication	• Non-judgemental attitudes • Good role model for healthy lifestyle
3.2: Encourage timely use of appropriate preventive and curative health services			
3.3: Advocate for the eradication of harmful traditional practices e.g. FGM, early marriage and pregnancy, gender-based violence, child abuse, and harmful treatments			
3.4: Advocate for the comfort, cleanliness and dignity of menstruating women and provision of supplies			
3.5: Advocate for dignified support of women with fistulae and treatment where possible			
Overall competency 4: Health promotion and education CHWs promote good health and raise awareness in the community			
4.1: Provide information on health issues	Knowledge of health issues including:	• Ability to provide information in an understandable way	• Participatory and non-judgemental approach to identifying and

	• prevention of diarrhoeal diseases in children and adults, rehydration and use of zinc • clean food storage and preparation • good nutrition using locally available foods including safe weaning • newborn, infant and child immunisation • hygiene and dignity during menstruation • prevention of, and appropriate care-seeking behaviours for, HIV and STIs • prevention of malaria and the use of treated bed nets where needed • accident prevention • the needs of people living with disabilities or mental ill-health • avoiding stigma		informing about health issues
4.2: Educate communities about environmental health issues such as water, sanitation, garbage disposal and pest control	• Principles of environmental health e.g. water and sanitation, rat and malaria vector control, garbage disposal	• Water supply, garbage and latrine siting, construction, maintenance and cleanliness • Practical measures for malaria control	
4.3: Provide information on the use of primary health care and referral services	• Local primary and referral service provision • Local facilities for transport	• Communication • Supporting community planning and arrangements	

	• How to identify danger signs and when to refer	• Identification of danger signs and the need for referral	
4.4: Educate about harmful traditional practices such as FGM	• Knowledge of harmful traditional practices • Understanding of socio-cultural issues • Understanding of physical dangers	• Communication • Ability to present and explain information	
4.5: Promote child spacing, providing information about its value and distribute approved commodities	• Local and traditional child spacing practices • The importance of child spacing • Child spacing methods and how they are used • Lacational amenorrhoea	• Communication • Ability to present and explain information • Advocacy for attendance at health centre clinics • Storage and distribution of commodities approved for CHW use	

4.6: Promote and inform (with TBAs where appropriate) about the importance of:
• antenatal care including
  ○ tetanus immunization
  ○ micronutrient supplements (including postnatal)
  ○ malaria prophylaxis where needed
• families and women knowing about pregnancy and postnatal danger signs, and when and how to react
• complication readiness in
	• The role and scope of practice of CHWs in the care of childbearing women and newborns
	• The role of TBAs
	• Communication and advocacy strategies
	• Basic knowledge of healthy pregnancy, birth, postnatal period and the newborn
	• Importance of skilled care
	• Basic knowledge of potential problems and danger signs
	• When and how to organise referral
	• First aid for emergencies before
		• Communicating danger signs and what to do to families and the community
		• Collaboration with TBAs
		• Advocacy for the importance of
		  ○ tetanus immunization
		  ○ micronutrient supplements (including postnatal)
		  ○ malaria prophylaxis where needed
		  ○ skilled antenatal care and attendance for birth
		• Provision of approved commodities to pregnant women such as micro-
			• Alert to health promotion opportunities
			• Alert to danger signs
			• Conscientious in taking action
			• Accuracy in reporting
			• Good role model

families and the community to avoid delays e.g. ○ readymade communication and transport plans ○ readily available finance • skilled attendance for birth • early (within one hour of birth) and exclusive breastfeeding for 6 months • keeping newborns warm using skin-to-skin contact and kangaroo care if necessary • hygienic cord stump / umbilical and newborn skin care • recognising danger signs in newborns and acting appropriately • avoidance of potentially harmful traditional substances • importance of immunisation	reaching skilled care • Principles of antenatal care and the CHW role • The importance of emergency preparedness • The role of families and the community • Principles of breastfeeding ○ importance to newborn health ○ importance of exclusive breastfeeding ○ dangers of feeding substitutes ○ supporting breastfeeding • Newborn home visiting especially for preterm babies • The importance of keeping newborns warm and methods used ○ skin-to-skin contact ○ Kangaroo mother care • Preventing infection in the newborn • Danger signs in the newborn and appropriate actions • Referring the sick newborn • Immediate actions while awaiting transfer • Immunisation basics	nutrients and malaria prophylaxis • Identification of danger signs in childbearing women including postnatal • Taking appropriate action including referral • Informing parents about keeping newborns warm • Methods of keeping newborns warm ○ Skin-to-skin contact ○ Kangaroo mother care • Informing about the importance of early and exclusive breastfeeding • supporting, early and exclusive breastfeeding • Home visiting of newborns and home care for preterm babies • Giving information about immunisation • Immunising if approved for CHWs • Newborn skin and cord stump care • Identifying the sick newborn • Referring the sick newborn • Immediate actions while awaiting transfer • Advocacy and referral for immunisation	
Overall competency 5: Community mobilisation CHWs support others in achieving healthy environments and lifestyles, and effective use of services			
5.1: Act as change agents and role	• Behaviour change strategies	• Providing health information and	• Good role model for healthy

models for the community	• Health promotion and education • Local factors that act as barriers	engaging discussion • Behaviour change skills • Taking local barriers into account and finding solutions	behaviours • Enthusiasm
5.2: Mobilise communities for environmental and other health and safety improvements	• Community assessment basics • Environmental health o Water o Sanitation o Garbage disposal o Pest control o Preventing accidents • The role of agencies e.g. government is supporting improvements	• Community assessment • Organising environmental health activities o Water o Sanitation o Garbage disposal o Pest control • Accident prevention • Engaging others in supporting communities	• Enthusiasm • Organised ways of working • Collaboration • Respect • Innovation
5.3: Mobilise communities for health activities such as immunisation and nutrition campaigns and assist nurses in conducting outreach activities	• Basics of child and adult immunisation • Basics of child and adult nutrition • Supporting outreach campaigns • The CHW role and scope of practice • Basics of communication	• Mobilising communities • Providing information / health promotion • Communication	• Enthusiasm • Organised ways of working • Collaboration • Respect • Able to work alongside health staff and supervisors
Overall competency 6: Identification and treatment of common health problems CHWs identify health problems in the community including of children and act appropriately to deal with them			
6.1: Identify potential and actual environmental health problems especially water and sanitation and case finding for communicable and reportable disease	• Basic community assessment and diagnosis • Principles and practice of sanitation, clean water supply, waste disposal • Prevention and characteristics of main communicable diseases	• Basic community assessment and diagnosis skills • How to advise on siting and building of clean water supplies, sanitation, waste disposal pits. • Health promotion re. communicable diseases and	• Motivated, alert and aware • Systematic and thorough

	○ Gastro-intestinal ○ Malaria ○ polio ○ Tuberculosis • Referral and Initial emergency treatment • Reporting systems and data collection	preventive measures • Recognising main communicable diseases, • Initial treatment and referral • Reporting • Collecting data	
6.2: Provide routine nutrition screening for under fives and pregnant women and refer appropriately those giving cause for concern	• Basic nutrition of children, adolescents and childbearing women • Screening processes and techniques • CHW role in screening	• Identifying under-nourished and malnourished children ○ Weighing ○ MUAC for under fives • Prompt referral	
6.3: Support the provision of malnutrition treatment / supplementary feeding under supervision	• Basic principles of malnutrition treatment • Use of supplementary feeding • Use of micro-nutrient supplements	• Supporting child feeding and supplementing	
6.4: Assess for danger signs and refer at-risk cases	• Integrated community case management of childhood illness (ICCMCI) • ICCM adult illness • Danger signs of illness especially in children • When and how to refer at-risk children and adults	• ICCMCI skills including classification, treatment and referral • Teaching ICCMCI to families	
6.5: Provide basic first aid for minor injuries, illnesses and emergencies, referring to medical care as needed	• Preventing injury • Referral • Maintenance of airway • Initial treatment of ○ bleeding ○ burns	• Judges need for home or referral care • First aid techniques	• Conscientious • Adheres to guidance on limits to own role

	○ fractures ○ wounds • Continuing treatment of minor injuries		
6.6: Advise families on identification, home care and danger signs of common child illnesses including diarrhoea, acute respiratory infections and fever	• Characteristics of ○ diarrhoeal illnesses ○ acute respiratory infection ○ fever • Initial treatment and referral • Home care in mild illness • Oral rehydration • Fluids and appropriate medications	• Identification and classification of illnesses. • Giving home care advice • Provision of ORS and appropriate medications when indicated • Following up in the home	• Refers quickly.
6.7: Provide first-line treatment to children and others using recognised treatment guidelines	• Initial treatment and advising on home care • Medications: characteristics and safe use of non-injectable medicines	•	•
6.8: Store and dispense medicines appropriately	• Medicine storage • Dispensing • Basic knowledge of types and uses of medicines in PHU kit • Administration techniques ○ oral ○ topical ○ rectal ○ eye	• Correct storage of medicines • Dispensing skills • Administration	• Accuracy • Conscientiousness • Honesty
6.9: Recognise pregnancy and birth-related complications and refer, providing 'maternity first aid' while referring	• Normal pregnancy and danger signs • Normal labour and danger signs • Postnatal period and danger signs • Maternal and newborn 'first aid'	• Identification of danger signs • Acting appropriately in emergencies including referral and 'first aid'	• Motivation • Alert and aware • Follows guidelines
6.10 Recognise danger signs in the	• Danger signs	• Identifying danger signs and	

newborn and refer appropriately	○ The cold baby ○ Respiratory problems ○ Fever	referring • Skin to skin contact • Kangaroo mother care • Immediate breast feeding	
Overall competency 7: Ethical and safe practice and role modelling CHWs work in ways that cause no harm and demonstrate healthy lifestyles			
7.1: Demonstrate a healthy lifestyle oneself and in own family including avoiding FGM	• Importance and facts of healthy lifestyle	• Making healthy choices • Engaging family members	• Personal commitment to health messages
7.2: Maintain a safe and clean environment for practice including PHU water supply and latrines	• Environmental hygiene at the PHU site including waste disposal, water supply and latrines	• Implementing and maintaining environmental hygiene at the PHU site including waste disposal, water supply and latrines ○ Advising on siting and types of latrines and waste disposal, and on water supply safety ○ Ensuring water and soap available for proper hand-washing e.g. after latrine use	• Personal commitment to health messages • Being meticulous about implementing own messages
7.3: Apply safety procedures such as universal precautions to own practice	• Hand washing techniques • Universal precautions for preventing the transmission of HIV • Techniques e.g. of wound care	• Ensuring water and soap available for proper hand-washing	• Committed to safe practice
7.4: Manage own work and PHU efficiently	• Basics of self and PHU management including time and prioritisation • Basic of organising systems	• Basic management skills	• Efficiency • Commitment
7.5: Carry out duties without discrimination	• Basic health care ethics • Understanding of issues re. discrimination	• Working fairly	• Fair and non-judgemental • Non-partial • Discrete and does not gossip
7.6: Maintain patient confidentiality	• Basic health care ethics	• Record maintenance and storage	

within the community and in record-keeping and storage	• Record-keeping • Secure storage • Importance of confidentiality	• Working in ways that maintain confidentiality	• Honest
7.7: Act at all times in the best interest of individual clients and the community	• Understanding client and community needs and how to meet them • Basic heath care ethics e.g. doing good and doing no harm	• Meets client and community needs to the best possible extent • Works without doing harm	
7.8: Accept no incentives other than those officially agreed	• Basic health care ethics • Regulations for CHWs	• Accepts approved incentives only	
7.9: Cooperate with supervisors in developing the programme and role	• CHW role and scope of practice • Supervisory/management system • Importance of continuing development	• Seeks to maintain own work quality and use opportunities for development. • Tries new approved ideas and ways of working with support	• Commitment to continuing self-development
7.10: Maintain and develop own knowledge and skills with support of supervisors			