

**Jamhuuriyadda Somaliland**  
**جمهورية أرض الصومال**  
**Republic of Somaliland**



**MINISTRY OF HEALTH**

**COMMUNITY HEALTH WORKER (CHW)**  
**TRAINER'S (ToT) CURRICULUM**

**MARCH, 2013**

# COMMUNITY HEALTH WORKER (CHW) TRAINER'S (ToT) CURRICULUM

**SUPPORTED BY:**



**FUNDED BY:**



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## FOREWORD

REPUBLIC OF  
Wasaarada Caafimaadka



SOMALILAND  
Ministry of health

THE MINISTER

REF: MOH/ M/1.00/51 /13

Date: 16/03/2013

### FORWARD

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

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

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

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

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



## ACKNOWLEDGEMENTS

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	Acquired Immune Deficiency Syndrome
BCC	Behaviour change and communication
BEMOC	Basic emergency obstetric care
CEMOC	Comprehensive emergency obstetric care
CHW	Community health worker
CPR	Cardio-pulmonary resuscitation
FGM	Female genital mutilation
GBV	Gender-based violence
HIV	Human immunodeficiency virus
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
NGO	Non-governmental organisation
SRH	Sexual and reproductive health
TBA	Traditional birth attendant
ToT	Training of trainers
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

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

## Sources and recommended resources

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

*Specific references are listed in the Endnote*

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

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

MoH Somaliland (2008) *Curriculum for CHWs*

MoH Somaliland (2008) *CHW training manual*

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

Ministry of Health Somaliland (2011 draft) *CHW Job description*

MoH Somaliland (2011) *Training of trainers manual*

UNICEF (2009) *Essential Package of Health Services Somaliland*,  
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[http://www.healthsomalia.org/documents/somalia\\_standard\\_treatment\\_guidelines\\_and\\_training\\_manual.pdf](http://www.healthsomalia.org/documents/somalia_standard_treatment_guidelines_and_training_manual.pdf) Last accessed 10 03 13

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IASC Nutrition Cluster / ECHO (2010) *Somali guidelines for the management of acute malnutrition*

Microsave (2006) *Training of trainers guide*, [www.microfinancegateway.org/gm/document-1.9.25955/34405\\_file\\_04.pdf](http://www.microfinancegateway.org/gm/document-1.9.25955/34405_file_04.pdf) Last accessed 10 03 13

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

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## INTRODUCTION AND RATIONALE FOR THE COMMUNITY HEALTH WORKER TRAINERS' COURSE

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.<sup>1</sup> HIV prevalence is fairly low at 0.7%<sup>2</sup> 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.

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<sup>1</sup> UNICEF (2011) *Annual Report for Somalia*

<sup>2</sup> 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. The maternal mortality ratio is at least 1,044 per 100,000 live births.<sup>3</sup> 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).<sup>4 5</sup> 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 and exclusive breastfeeding to six months 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. CHWs are a cadre which 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. Along with traditional birth attendants (TBAs), Somaliland CHWs 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.

Although a CHW curriculum and manuals for CHWs and their trainers existed previously, no national curriculum existed for trainers. This curriculum lays out the learning experiences and opportunities for those people acting as trainers of CHWs. The curriculum takes a practical competency- based approach to training, grounded in basic but sound knowledge and appropriate behaviours regarding education and training practice.

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

- Community Health Worker Curriculum (2013)
- Community Health Worker Manual (2013)
- This Curriculum for Trainers of Community Health Workers (2013) (not previously existing)

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<sup>3</sup> UNICEF (2011) *Annual Report for Somalia*

<sup>4</sup> As above

<sup>5</sup> Capacity to collect meaningful health information is severely impaired without formal birth and death notification.

- Manual for Trainers of Community Health Workers (2013).

The review has taken place in conjunction with the Ministry of Health Somaliland (MoH) 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 (SRH) services and child health services through a coordinated health system approach.

## CURRICULUM FOUNDATION

The vision, aim and principles of the Preparation course for trainers of CHWs 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 training selected community members (Community Health Workers) in health promotion and providing first-level services. Their trainers are well-prepared for their role.

### Course aim

The aim is that appropriately qualified health care professionals selected as CHW trainers will be able to:

- support the learning and development of those nominated by their communities and selected for training as CHWs by the MOH in collaboration with the UN and international / local NGOs as appropriate
- ensure that CHWs are able on certification to provide safe, competent and timely first-level health services to members of their communities through meeting the CHW competencies (see CHW Curriculum 2013)
- encourage CHWs in becoming role models
  - for healthy lifestyles and behaviours, and maintaining healthy living environments
  - in carrying out their role with honesty, integrity and without discrimination or favour
- assist CHW trainees as they develop the ability to
  - contribute to the improved health of the children, women and men in the community and reduction in morbidity and mortality especially of children, childbearing women and other vulnerable groups
  - collaborate with the community, its health committee, and others such as TBAs, and staff from the health centre for the catchment area
  - promote health and healthy lifestyles and living environments
  - 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.
- themselves become lifelong learners who remain up-to-date and develop their practice as trainers.

## Philosophy<sup>6</sup>

The curriculum is based on the following ideas and assumptions shared by both this and the CHW curriculum (2013):

### *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.
- 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.
- Trainees should be encouraged to evaluate their own needs and progress, and accept feedback 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
- 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.

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<sup>6</sup> Adapted from Somaliland *Diploma in Nursing* (2009) and the *Community and Post-basic Midwifery curricula* (2011).

### *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
  - 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.



## PROGRAMME DESCRIPTION

The CHW Trainers' Course has a duration of 6 weeks / 36 days of learning delivered normally as a block but over a longer period e.g. one week at a time, or as day release if required by local circumstances. Learning hours will be a mixture of theory and practice with learning exercises to be completed in appropriate settings. This is described in more detail in the Organisation and Structure section.

This Course provides learning opportunities that enable suitably qualified health care professionals selected and approved by the MoH Somaliland to fulfil the competencies and role of CHW trainers.

### Competencies of trainers

Competencies are used as the basis for learning outcomes, and for designing the content of the learning experience. They are also used for assessment, trainers demonstrating that they are able to fulfil the competencies and understand their role and responsibilities.

Competencies indicate

- what CHW trainers should be able to do in order to fulfil their role effectively
- what trainers should know - the knowledge required
- how CHW trainers should behave and the attitudes they should display.

The overall trainer competencies relate to:

1. familiarisation with CHW programme issues and training
2. development of the knowledge, skills and behaviours of trainees
3. personal support of trainees
4. assessment of trainee achievements
5. collaboration and communication with others
6. accountability.

For each overall competency, the following specific competencies are expected of Somaliland CHW trainers. These are described in more detail in Annexe 1, including the knowledge, skills and attitudes/behaviours needed by trainers.

#### **1. Familiarisation with CHW programme issues and training**

1. Be familiar with the Somaliland CHW programme and policies
2. Understand and carry out the trainer role in the CHW programme
3. Understand the impact of CHWs on community health
4. Understand the opportunities and constraints affecting success of programmes and individuals.

#### **2. Development of the knowledge, skills and behaviours of trainees**

1. Organise and implement CHW training courses
2. Demonstrate and help trainees to develop practical and communication skills

3. Model and support the development of appropriate attitudes and behaviours including fairness and non-discrimination, safe practice, healthy lifestyle choices, informing and motivating others, understanding community cultures and socio-economics
  4. Be familiar with the CHW curriculum and manual, and knowledge required of CHWs and assist them in developing it
  5. Organise participatory learning opportunities for trainees
  6. Plan and conduct teaching sessions
  7. Organise community and other practice learning experiences.
- 3. Personal support of trainees**
1. Support the development of individuals as confident CHWs
  2. Assist trainees to build on any relevant past experience
  3. Provide pastoral care to trainees where necessary
  4. Act as advocates for trainees where necessary.
- 4. Assessment of trainee achievements**
1. Monitor the progress and development of trainees and provide feed-back, encouragement and correction where needed
  2. Make accurate and fair judgments on achievements.
- 5. Collaboration and communication with others**
1. Communicate and collaborate with others responsible for the support, supervision and management of CHWs including MoH, Regional and health centre staff, and Community health committees.
- 6. Accountability**
1. Trainers are accountable for their support and teaching of CHW trainees, and report to the MoH or delegated authority.

## PROGRAMME STANDARDS

Standards act as benchmarks to ensure fairness and the provision of the best possible learning experience to those becoming CHW trainers. They provide indicators to those with overall responsibility for these Trainers' Courses and to those who run them. Standards define expectations of quality and integrity and allow for accountability to those undergoing the Course. They are important for justifying resource provision and supporting those seeking it. Standards also support quality improvement. It is acknowledged 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 Trainers' Course.

### Organisation and administration

- The MoH, Somaliland, in collaboration with the UN, international and local NGOs as appropriate takes ultimate responsibility for the implementation, management and development of the Trainers' course.
- MOH in collaboration with the UN, international and local NGOs as appropriate will work with communities to select community members to be trained as CHWs.
- The organisations delegated to take specific responsibilities have a designated budget and budgetary control sufficient to meet needs.
- Named personnel are appointed for local management of the CHW Trainers' Course.
- Support, supervision and guidance continues to be available to those appointed as CHW trainers once the Course is successfully completed.
- It is recommended that a formal certificate of success is provided to trainers and/or recognition by the Health Professions Council be arranged.

### Staff

- CHW Trainers' Courses have a named leader taking overall responsibility. The criteria for selection of the named leader are:
  - Registered nurse and/or midwife
  - preparation as educator / trainer e.g.
    - Somaliland Dip. Nursing Education
    - Somaliland BS. Nursing
    - Somaliland BSc. Midwifery for qualified midwives
    - similar from elsewhere.
  - proven experience working in recognised nurse / midwifery education institutions
  - experience with rural communities (preferably Somaliland) as a working environment
  - writing and reporting skills
  - acceptable to MoH and partners
  - fluent in spoken and written English, Somali desirable.
- Trainers' Course support staff are selected from those with the necessary interest, aptitude and skills to teach and support those becoming CHW trainers. Those selected to assist with running the Trainers' Course will have

- recognised nursing and / or midwifery registration
- the knowledge and skills required of certified CHWs
- preparation in the ideas and practice of learning and teaching at least equivalent to what is expected of trainer candidates
- orientation to the approach and content of the CHW curriculum and manual, this curriculum and the Trainers' manual (2013)
- the skills and knowledge to undertake both practice and theory-based learning support
- able to converse, read and write in English and Somali.
- Where appropriate, CHW Trainers' Course staff will have
  - line management and supervision
  - performance review / appraisal
  - the opportunity to update and develop their professional practice further
  - the willingness to provide ongoing support to CHW trainers.
- NOTE: Some community-level experience is essential in order to understand the background of future trainers and CHW trainees themselves.

## Learning and teaching

- The teaching facility is normally located within an established and government-recognised nursing and midwifery education institution.
- Learning is participatory, participants learning from doing wherever possible.
- Respect for participants is central, including respecting and using prior knowledge and experience.
- Sufficient practical teaching learning experiences are available to ensure participants achieve the CHW Trainer competencies to a satisfactory level.
- Learning and teaching take place preferably in both classroom and practice/community settings. Where community settings cannot be arranged for practical reasons, opportunity must be taken to draw on the experience of those taking part and use any local setting for teaching practice experience that can be arranged.
- Adequate learning and teaching resources and equipment are provided. These are detailed below.
- Teaching space is clean, safe, secure and appropriate for the task with available clean water, refreshments, accommodation where needed, 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<sup>7</sup> assessment (evaluation) methods free of bias and distortion are used to ensure fair judgements of progress and achievement of competencies of future trainers regarding
  - knowledge

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<sup>7</sup> '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.

- practice skills including interpersonal skills, communication, teaching, and trainee support
- behaviours including ‘professional’ behaviours and supportive attitudes.
- Participants 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 for Trainers is maintained.

- Each time the CHW Trainers’ Course is run, evaluation will be conducted and feed-back sought from participants, and a report prepared by the leader for the MoH and other bodies involved.
- The CHW Trainers’ Course is formally reviewed at intervals such as after three 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.

## REGULATIONS

### Participant selection and admission criteria

The selection process for participants on the Trainers' course should be transparent and without prejudice.

Candidates may be either female or male and will

- have been approved by the MoH or its implementing partner organisation
- hold a nursing, midwifery or medical qualification recognised in Somaliland
- demonstrate experience of practice at community / primary health care level
- be able to read, write and converse in Somali and English
- be able to commit to completing the entire CHW Trainers' Course
- be able to commit to acting as a CHW trainer
- have the written support of employers if secondment from the normal position is required.

### Attendance and leave of absence on the Trainers' course

Participants must complete the entire 6 weeks of training in order to be recognised as CHW trainers.

- Full attendance is normally required.
- Unauthorised absence is not accepted.
- Those who need leave of absence must notify the Course Leader and provide the reasons.
- Sick leave should be certified by a doctor where possible.
- Those providing acceptable reasons for absence may make up the time if the Lead trainer is able to arrange this.
- If absence has to be prolonged, or the time cannot be made up, the participant may join a later group.
- The Lead trainer's decision is final, with discussion with the person holding overall responsibility for the programme where appropriate.

Credit may be allowed against evidence of substantial training experience in exceptional circumstances such as having provided CHW training courses in the past. The full assessment must still be completed.

### Disciplinary action

The Lead trainer, supported by the person holding overall responsibility for the programme, may take disciplinary action for inappropriate behaviour. This may include remedial action or dismissal from the Trainers' Course and may lead to action by employers or the Health Professions Council .

Inappropriate behaviours include

- cheating in assessments such as copying the work of colleagues or inappropriately from written material (plagiarism)
- bullying or harassment of other participants

- behaviour, practice and attitudes deemed unacceptable or unethical according to nursing and midwifery codes of practice.

If inappropriate or unethical behaviours are suspected, the Lead trainer will investigate the case. If the complaint or report is well-founded and no satisfactory explanation is found, the Lead trainer may act in consultation with the person responsible for the programme. This may lead to dismissal from the programme, and possibly reporting to the employer and/or the Health Professions Council of Somaliland.

## Assessment regulations

Participants must pass all summative tests of skills and knowledge. The pass mark is 60%.

- One re-take of the Trainers' Course is permitted. Support should be made available to improve performance if needed.
- Any participant who fails again must repeat the whole Trainers' Course.

### Assessment of skills

Skills-based assessment of teaching will be made by the trainer. Where possible skills should be assessed in realistic situations such as using CHW trainees or existing CHWs in need of updates. This is explained more in the Assessment Strategies section.

### Assessment of behaviours

The Course leader will be responsible for making judgments on appropriateness of behaviours such as attitudes. These should all be satisfactory. Where adverse reports are received, the Course leader will work with the participant to determine why this has happened and improve the behaviour. Failure to develop appropriate behaviours may lead to failure of the Trainers' course. The person will not be appointed as a CHW trainer.

### Assessment of theory/knowledge

This is assessed with the assessment of skills (see Assessment Strategies).

## Certification

After successful completion of the CHW Trainers' Course, participants will be eligible to receive a certificate from the appropriate body and be recognised as a CHW trainer. This may be from the MoH, SLNMA or the Health Professions Council depending on policies in place at the time.

## COURSE ORGANISATION AND STRUCTURE

It is recommended that the participants for this Trainers' course number around 15. This enables sharing of experience, individual attention from the Lead trainer, and good opportunities to take part in activities.

The CHW Trainers' course will normally be provided as a continuous course of 6 weeks. It may however be necessary to present it in a different format e.g. if Trainers can not be spared from their normal work environment for the full period at once. It could be presented for example as separate weeks.

The Course is made up of separate units, each addressing particular issues or topics. Course leaders may choose to address one unit at a time for simplicity, or run more than one unit in parallel to give variety to participants and integrate learning where appropriate. For example, participants can learn and discuss different teaching techniques alongside considering topics CHW trainees need to learn. This encourages participatory and active learning with the participants, who then use this experiential model in their training of CHWs. The table below lists the Course units.

CHW Trainers' Course units

Unit number	Unit title	Days
1	<b><i>Introduction to the Trainers' and CHW courses and role</i></b> Trainer role, competencies, responsibilities and Trainers' Course CHW role, competencies, curriculum and training course The potential impact of CHWs on health What makes a good CHW programme?	3 days
2	<b><i>Learning and teaching approaches and methods</i></b> Approaches to learning and teaching CHWs Facilitating participatory learning of skills and knowledge Supporting trainees in role development	9 days
3	<b><i>Communication and behaviour change (BCC)</i></b> Understanding communities: culture and taboos, socio-economics Applying BCC to CHW training	6 days
4	<b><i>Getting to know the CHW curriculum and manual</i></b> Key health issues and approaches in the CHW role and manual Specific units in depth e.g. new ideas and practices	10 days
5	<b><i>Assessment of CHW trainees</i></b>	4 days
6	<b><i>Trainers' course teaching and assessment project</i></b>	4 days
<b>Total days</b>		<b>36 days</b>

NB Days per Learning unit are flexible and can be adjusted.



## RESOURCES

The following resources are required:

### Financial resources

It is essential that the finance required for the conduct of each CHW Trainers' Course is made available and secured before the participants are selected.

The Lead trainer will need to know what financial resources are available for the conduct of Courses in order to arrange for participant needs to be met.

### Human resources

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

It is expected that one Lead trainer will be appointed, with at least one assistant depending on the number of participants. Assistants need to have some experience of teaching, be familiar with the primary care environment and have a recognised nursing, midwifery or medical qualification or equivalent such as public health. These criteria are described in the Programme Standards and Regulations sections of this document.

The Lead trainer needs to have current, evidence-based knowledge and skills, be able to model the CHW Trainer competencies and act as an inspirational role model in attitudes and behaviours. The Lead trainer also needs to be approachable and available to participants at reasonable and advertised times, by appointment if necessary and non-urgent. The Lead trainer will be required to familiarise her or himself with the CHW curriculum and manual, as well as the Trainer curriculum and manual.

### Physical resources and learning environments

#### *The Course centre*

A suitable room is required with space for break-out/discussion groups as well as whole group sessions. These spaces need to be

- conducive to teaching and learning (size, structure, comfort, lighting, ventilation)
- equipped with appropriate and functional technologies where possible
  - computers, internet access available to trainers for preparation
  - audio-visual equipment including facilities for viewing educational DVDs, CD-ROMs and videos
- equipped with clinical equipment and anatomical models needed for teaching practice
- supplied with posters, relevant job aids and any literature / reference material considered appropriate for CHW trainees so that trainers can familiarise themselves with their use. A list of recommended resources is included at the beginning of this curriculum and the ToT manual (Resources and sources).

Other facilities

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

- It is strongly recommended that community- based facilities should be available for teaching practice.

## TEACHING AND LEARNING STRATEGIES

### The approach to learning and teaching

The approach to learning and teaching on the CHW Trainers' course will be consistent with the course philosophy described above and in the CHW curriculum (2013) and treat participants as individuals. Respecting them and preserving their confidence, dignity, rights and well-being will help to ensure participants become good role models for CHW trainees.

As with the CHW curriculum and manual (2013) the Trainers' Course will be based on the best available evidence which means that Course Leaders may need to update materials if new practices and guidelines are introduced in the life of the two curricula and accompanying manuals.

### Learning and teaching methods

Role modelling is very important in this Trainers' Course so that participants experience and then pass on sound practice, both clinical and educational e.g. for teaching health education skills to CHWs. A variety of learning and teaching methods will be used that foster active engagement of participants in their own learning and professional development.

Approaches to learning and teaching, and methods are explored in more detail in the accompanying Manual for Trainers of CHWs (2013). In essence learning and teaching will promote active engagement and go beyond the didactic provision of information only. Trainers will become facilitators of learning who are able to help learners develop beyond their initial knowledge and experience. They will take a collaborative approach to learning which will help CHW trainees to develop initiative and an appropriate degree of self-reliance. The Lead trainer and assistant to the Trainers' Course will need to use the same approaches.

Methods of learning and teaching used with participants will include group discussions and small projects, role play, drama, practical teaching experience as well as lecture/discussions. Learning to use audio-visual aids, story-telling and examples from real life will be vital so that participants can encourage the participation of CHW trainees once they are running CHW training courses.

Teaching will be in English and Somali using the Manual for Trainers of CHWs and CHW curriculum (2013) which are in English, and the CHW manual (2013) which is available in Somali.

It is unlikely that participants in the Trainers' Course will have easy access to community sites but every endeavour should be made to enable some practical teaching. This may be in the classroom where community access is not possible, and perhaps in health centres near to the place where the Trainers' Course is being held.<sup>8</sup>

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<sup>8</sup> It is noted that nurses and midwives who trained before the 2009 and 2010 revised Somaliland National Nursing and Midwifery curricula were in use may have had limited or no input on clinical teaching.

## ASSESSMENT STRATEGIES

Assessment will test the achievement of the CHW Trainer competencies.

Assessment will be formative and summative. This is discussed in the Trainers' manual.

It should be noted that Learning unit 6 of the Trainers' course is the summative course assessment. Although listed last, participants will need to work on the Unit through most of the course ready for presentation at the end.

### *Formative assessment*

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

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

- self-evaluation
- peer-group evaluation
- the Lead trainer.

Formative assessment will be made of

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

### *Summative assessment*

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

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

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

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

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

## LEARNING UNIT OUTLINES

These are as Table 1, and described in more detail in the following pages.

1. Introduction to the Trainers' and CHW courses and role
2. Learning and teaching approaches and methods
3. Communication and behaviour change
4. Getting to know the CHW curriculum and manual
5. Assessment of CHW trainees
6. Trainers' course teaching and assessment.

It should be noted that Learning unit 6 is the main summative assessment of the course for trainers. Participants will need to work on this through much of the course to be ready for the final assessment at the end of the course.

Unit 6 must be introduced in the early stages of the 6 week course so that participants have time to prepare. Time could be given to participants for this preparation in various ways. Here is an example:

Week of course	Time in days given for preparation
1	0
2	$\frac{1}{2}$
3	$\frac{1}{2}$
4	1
5	1
6	1

The Lead trainer will of course need to set aside time for participant presentations depending on how many are taking part if the course.

## Unit 1 Introducing the Trainers' and CHW courses

**Total days = 3**

### Learning unit aim:

By the end of the Learning unit participants will be familiar with the Trainers' and CHW courses and roles and significant issues for programming

### Learning and teaching methods

Discussion, mini-lectures, participant presentations, using prior experience and knowledge

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

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

### Learning unit content

Topics	Outline of content
Introduction	Welcome and introduction to participants and trainers Introduction to the Trainers' course
The Somaliland CHW	CHW role and impact on community health Somaliland policies (see Resources below) Ensuring CHWs can be effective in fulfilling their role: <ul style="list-style-type: none"><li>• Constraints and opportunities</li><li>• International discussions re. CHW programming</li></ul>
Training CHWs	The CHW curriculum and competencies The CHW manual What makes a good training experience? Managing courses
Becoming a trainer	CHW Trainer role, responsibilities and competencies The Trainers' curriculum and manual

### Recommended resources

Somaliland MoHL (2008 or later) *Guiding policy for training CHWs and TBAs*  
Somaliland MoH / UNICEF (2009) *Essential Package of Health Services*  
Somaliland MoH (2011) *Job descriptions of Somaliland Public health workers (CHW)*  
Somaliland MoH (2013) *Community Health Worker Curriculum*  
Somaliland MoH (2013) *Community Health Worker Manual*  
Somaliland MoH (2013) *Manual for Trainers of Community Health Workers*

## Unit 2 Learning and teaching approaches and methods

**Total days = 9**

**Learning unit aim** By the end of this learning unit participants will be able to

Organise and carry out participatory learning opportunities for trainees and support them in their development as trainers

### Learning and teaching methods

Discussions, skills demonstrations and development, discussions, group work, presentations, experiential learning, using prior experience and knowledge

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

1. Discuss approaches to adult learning
2. Model appropriate teaching methods for CHWs to use in health promotion and education
3. Plan individual courses using the CHW curriculum and manual
4. Plan and conduct participatory activities for learning skills and knowledge including practical
5. Collaborate with and support community/health centre level supervisors contributing to their preparation as required
6. Prepare and use appropriate audio and visual aids
7. Lead discussion in small and large groups of CHW trainees (and by example with communities)
8. Support trainees in contributing to discussions and asking questions in class
9. Present and explain information to CHW trainees in ways they understand
10. Address sensitive issues and topics
11. Model appropriate behaviours and attitudes when working with CHW trainees
12. Discuss with trainees the behaviours and attitudes that are appropriate for CHWs
13. Monitor and evaluate the success of CHW courses

### Learning unit content

Topics	Outline of content
Approaches to adult learning	Basic learning theories / ideas <ul style="list-style-type: none"><li>• Adult learning</li><li>• Motivation</li><li>• Learning styles</li><li>• Trainee-centred learning</li><li>• Active learning</li><li>• Progressive learning</li><li>• Experiential learning</li><li>• Thinking about learning (reflection)</li></ul> Using theoretical ideas when planning training, bridging the theory/practice gap
Management	Preparing for teaching The effective learning environment Resources

	Individual course planning Managing courses Collaborate with community/health centre level supervisors of CHW trainees Supporting community/health centre level supervisors Contributing to their preparation as required
Teaching and learning methods	Experiential learning Presenting information Discussion: leading, and encouraging others, techniques Demonstrating and encouraging skills development Role play and drama Using teaching aids <ul style="list-style-type: none"> <li>• Projectors</li> <li>• Posters – including designing and making them</li> <li>• Models</li> <li>• Handouts</li> <li>• Basic clinical equipment</li> </ul> Engaging patients in teaching trainees Teaching sensitive topics Teaching health promotion and education skills to trainees
Behaviours	Modelling and discussion of appropriate behaviours for trainers and CHW trainees Ethical issues in training and CHW practice
Monitoring and evaluation	Monitoring and evaluation of CHW courses and reporting.

### Recommended resources

See Sources and resources list at the beginning of the document



## Unit 3 Communication and behaviour change

**Total days = 6**

### Learning unit aim

Trainers will be able to model appropriate approaches to BCC while working with trainees, encourage the development of communication skills and necessary behaviour change in trainees themselves. Trainers will support the development of trainees' communication and behaviour change skills for use as CHWs. This unit is an overview of a complex topic.

### Learning and teaching methods

Participatory activities, explanations, discussion, observation, using prior experience and knowledge

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

1. Analyse and develop their own communication skills
2. Discuss and use appropriate communication approaches with trainees
3. Discuss the role of society and culture in communication
4. Discuss barriers to effective communication and negative impacts
5. Discuss issues of lifestyle choices, discrimination, stigma, bad practice and past experience among trainees
6. Enable trainees to identify and address issues of lifestyle choices, discrimination, stigma, bad practice and past experience
7. Teach communication skills and support their development in trainees
8. Support trainees in building relationships within their communities
9. Avoid offending the dignity and self-determination of trainees, and support this in their practice
10. Assess attitudes to behaviour change among trainees
11. Build on existing knowledge of trainees and encourage them to do so within communities
12. Discuss basic behaviour change theories and explain ideas simply to trainees
13. Enable trainees to identify barriers to behaviour change and healthy lifestyles
14. Enable trainees to assess health behaviours in communities
15. Enable trainees to assess attitudes to behaviour change activities within communities
16. Use appropriate techniques depending on the environment and people involved
17. Support trainees in the development of skills for motivating and mobilising communities
18. Target messages and use appropriate methods
19. Receive feed-back and determine results

### Learning unit content

Topics	Outline of content
Communication and behaviour change ideas, theories and issues	Issues in BCC including ethics and maintenance of personal choice Overview of communication ideas/theories Overview of behaviour change ideas/theories Societal aspects in BCC including attitudinal and practical barriers

Communicating and encouraging behaviour change	Relationship building Identifying and dealing with preconceived ideas and barriers Basic communication skills Assessment of health behaviours Motivating and mobilising for change Evaluating activities
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#### **Recommended resources**

See Sources and resources list at the beginning of the document

## Unit 4 Getting to know the CHW curriculum and manual

**Total days = 10**

### Learning unit aim

Trainers will be familiar with the CHW curriculum and manual and use them to support learning

### Learning and teaching methods

Discussion, short lectures, group and individual projects and presentations

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

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

### Learning unit content

Topics	Outline of content
Revisiting the CHW curriculum (2013)	The curriculum approach Learning, teaching and assessment strategies Course units Course monitoring and evaluation
Overview of the CHW manual (2013)	Approach to community-level health care Using the manual contents to develop trainees knowledge, skills and behaviours
New issues and approaches	New issues and approaches in the CHW manual including: <ul style="list-style-type: none"><li>• Community case management of childhood illness including danger signs approach</li><li>• Home visiting of low birth-weight babies</li><li>• Using danger-signs approach for adult illness</li></ul>

### Recommended resources

See Sources and resources list at the beginning of the document

## Unit 5 Assessment of CHW trainees

**Total days = 4**

### Learning unit aim

Trainers will be able to assess CHW trainee progress and achievements reliably and fairly

### Learning and teaching methods

Discussion and mini-lectures, assessment exercises looking at different types, peer assessment

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

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

### Learning unit content

Topics	Outline of content
Principles of assessment	Reliability and validity
Assessment types and techniques	Formative and summative assessment Monitoring trainee progress Structured and unstructured knowledge assessment Setting and marking quizzes, tests and examinations Skills based assessment Assessing behaviours and attitudes
Issues	Integrity, fairness and avoiding discrimination Dealing with inadequate progress and achievement Dealing with appeals and complaints
Assessment in the CHW curriculum	The CHW curriculum assessment regulations and methods

### Recommended resources

See Sources and resources list at the beginning of the document

## Unit 6 Trainers' teaching assignment

**Total days = 4** NB. This Unit will be carried out over most of the Trainers' course with the summative element being presented to the group and leaders at the end.

### Learning unit aim

Trainers will have prepared clinical and knowledge learning sessions on topics from the CHW curriculum and manual that will be assessed and can be used when working as trainers.

### Learning and teaching methods

Discussion, course leader support, personal planning and investigation using available materials

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

1. Teach specific clinical and knowledge aspects of the CHW course
2. Choose appropriate topics
3. Select appropriate participatory learning and teaching methods
4. Prepare SMART lesson plans
5. Identify and use information appropriately
6. Make use of illustrations in teaching
7. Choose and use appropriate audio-visual aids, making simple aids as necessary
8. Present the session clearly and to time
9. Reflect on and evaluate the outcome of the experience with the help of peers.

### Learning unit content

Topics	Outline of content
Project preparation	How to prepare clinical and knowledge teaching sessions Searching for information Analysing and using appropriate information Using appropriate illustrations Using active and participatory learning techniques (see also Unit 4)
Presentation skills	Presenting to a group or working with individuals
Evaluation	Evaluating own work and that of peers

### Recommended resources

See Sources and resources list at the beginning of the document

## Annexe 1 Overall and specific trainer competencies, knowledge, skills, attitudes

Specific competencies	Knowledge	Skills	Behaviours / attitudes
<b>Overall competency 1: Familiarisation with CHW programme issues and training</b>			
1.1: Be familiar with the Somaliland CHW programme and policies	<ul style="list-style-type: none"> <li>• Policies and other MoH documents</li> </ul>	<ul style="list-style-type: none"> <li>• </li> </ul>	
1.2: Understand and carry out the trainer role in the CHW programme	<ul style="list-style-type: none"> <li>• The trainer role</li> </ul>	<ul style="list-style-type: none"> <li>• Communication</li> <li>• Facilitating learning and CHW development</li> <li>• Assessment</li> <li>• Organisation</li> </ul>	<ul style="list-style-type: none"> <li>• Self-organisation</li> <li>• Motivation</li> <li>• Conscientiousness</li> <li>• Fairness</li> </ul>
1.3: Understand the impact of CHWs on community health	<ul style="list-style-type: none"> <li>• International ideas about role of CHWs and their potential</li> </ul>		
1.4: Understand the opportunities and constraints affecting success of programmes and individuals	<ul style="list-style-type: none"> <li>• International ideas about constraints and opportunities</li> </ul>		
<b>Overall competency 2: Development of the knowledge, skills and behaviours of trainees</b>			
2.1: Organise and implement CHW training courses	<ul style="list-style-type: none"> <li>• Familiarity with the CHW curriculum</li> <li>• Understanding of the health system structure and management</li> <li>• Understanding the trainer role</li> </ul>	<ul style="list-style-type: none"> <li>• Organisation and management of training</li> <li>• Provision of appropriate learning opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• Self-organisation</li> <li>• Motivation</li> <li>• Conscientiousness</li> </ul>

<b>2.2:</b> Demonstrate and help trainees to develop practical and communication skills	<ul style="list-style-type: none"> <li>• Understanding of theories of behaviour change and communication</li> <li>• Understanding of theories of how people learn skills</li> </ul>	<ul style="list-style-type: none"> <li>• Practical skills for care provision</li> <li>• Skills of demonstrating and explaining</li> <li>• Supportive development of trainees skills</li> </ul>	<ul style="list-style-type: none"> <li>• Supportive, positive attitudes</li> <li>• Non-judgemental behaviour</li> <li>• Individualised support</li> <li>• Open communicator</li> <li>• Good listener</li> <li>• Prepared to see learning as a two-way process between trainer and learners</li> <li>• Adaptability</li> </ul>
<b>2.3:</b> Model and support the development of appropriate attitudes and behaviours including fairness and non-discrimination, safe practice, healthy lifestyle choices, informing and motivating others, understanding community cultures and socio-economics	<ul style="list-style-type: none"> <li>• Rights of trainees</li> <li>• Ethics of healthcare practice and its application to trainee / certified CHWs</li> <li>• Healthy lifestyle choices</li> <li>• Safe practice</li> <li>• Culture, taboos, constraints</li> <li>• Behaviour change theories</li> </ul>	<ul style="list-style-type: none"> <li>• Role modelling</li> <li>• Protection of trainee rights</li> <li>• Prevention of discrimination</li> <li>• Communicating healthy lifestyles</li> <li>• Communicating safe practice</li> <li>• Understanding cultures and constraints</li> </ul>	<ul style="list-style-type: none"> <li>• Prepared to present self as a good role model</li> <li>• Fair and non-discriminatory</li> <li>• Enthusiastic</li> <li>• Non-judgemental</li> <li>• Punctual and reliable</li> </ul>
<b>2.4:</b> Be familiar with the CHW curriculum and manual, and knowledge required of CHWs and assist them in developing it	<ul style="list-style-type: none"> <li>• Familiarity with the CHW curriculum and manual</li> <li>• Wide range of health care knowledge covering CHW curriculum and manual</li> </ul>	<ul style="list-style-type: none"> <li>• Practical skills</li> <li>• Teaching and facilitation of learning in classroom and practical settings</li> <li>• Management of resources for teaching</li> </ul>	<ul style="list-style-type: none"> <li>• Prepared to see learning as a two-way process between trainer and learners</li> <li>• Adaptability</li> </ul>
<b>2.5:</b> Organise participatory learning opportunities for trainees	<ul style="list-style-type: none"> <li>• Participatory learning approaches and methods</li> </ul>	<ul style="list-style-type: none"> <li>• Organising and supporting participatory learning</li> </ul>	<ul style="list-style-type: none"> <li>• Adaptability</li> <li>• Open to new methods</li> </ul>
<b>2.6:</b> Plan and conduct teaching sessions	<ul style="list-style-type: none"> <li>• How to use varied methods for teaching</li> <li>• How to use resources for teaching</li> <li>• How to make own resources</li> </ul>	<ul style="list-style-type: none"> <li>• Practical teaching skills</li> <li>• Facilitating group work</li> <li>• Giving and receiving feed-back</li> </ul>	<ul style="list-style-type: none"> <li>• Open to new approaches and methods and prepared to try them</li> <li>• Prepared to see learning as a two-way process between trainer and learners</li> </ul>

			<ul style="list-style-type: none"><li>• Adaptability</li></ul>
<b>2.7:</b> Organise community and other practice learning experiences.	<ul style="list-style-type: none"><li>• Knowledge of local communities and health care facilities</li></ul>	<ul style="list-style-type: none"><li>• Ability to engage cooperation of communities and colleagues</li></ul>	<ul style="list-style-type: none"><li>• Collaborative attitude to local colleagues and communities</li></ul>
<b>Overall competency 3: Personal support of trainees</b>			
<b>3.1:</b> Support the development of individuals as confident CHWs	<ul style="list-style-type: none"><li>• Needs of trainees and how to meet them, Maslow’s hierarchy</li></ul>	<ul style="list-style-type: none"><li>• Supporting development of others</li></ul>	<ul style="list-style-type: none"><li>• Positive attitudes to the potential of trainees</li></ul>
<b>3.2:</b> Assist trainees to build on relevant past experience	<ul style="list-style-type: none"><li>• Adult learning principles</li><li>• Familiarity with trainee backgrounds</li></ul>	<ul style="list-style-type: none"><li>• Supporting development of others</li></ul>	<ul style="list-style-type: none"><li>• Awareness of the potential of experience</li></ul>
<b>3.3:</b> Provide pastoral care to trainees where necessary	<ul style="list-style-type: none"><li>• Needs of trainees and how to meet them, Maslow’s hierarchy</li><li>• Familiarity with trainee backgrounds</li><li>• Counselling principles</li></ul>	<ul style="list-style-type: none"><li>• Listening and counselling</li></ul>	<ul style="list-style-type: none"><li>• Empathy and awareness</li><li>• Approachability</li><li>• Positive attitude</li><li>• Fairness</li></ul>
<b>3.4:</b> Act as advocates for trainees where necessary	<ul style="list-style-type: none"><li>• Human and CHW trainee rights</li><li>• Curriculum contents e.g. regulations</li></ul>	<ul style="list-style-type: none"><li>• Ability to speak for trainees</li></ul>	
<b>Overall competency 4: Assessment of trainee achievements</b>			
<b>4.1:</b> Monitor the progress and development of trainees and provide feed-back, encouragement and correction where needed	<ul style="list-style-type: none"><li>• Curriculum contents e.g. competencies, regulations, assessment</li><li>• Expectations of trainees</li><li>• Assessment strategies</li></ul>	<ul style="list-style-type: none"><li>• Assessment skills</li></ul>	<ul style="list-style-type: none"><li>• Fairness, transparency and non-discrimination</li></ul>
<b>4.2:</b> Make accurate and fair judgments on achievements			



<b>Overall competency 5: Collaboration and communication with others</b>			
<b>5.1:</b> Communicate and collaborate with others responsible for the support, supervision and management of CHWs including MoH, Regional and health centre staff, and Community health committees	<ul style="list-style-type: none"> <li>• Course and programme management</li> <li>• Knowledge of personnel involved</li> <li>• Communication and reporting strategies</li> </ul>	<ul style="list-style-type: none"> <li>• Communication skills</li> <li>• Reporting strategies</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborative attitudes</li> </ul>
<b>Overall competency 6: Trainers are accountable for their support and teaching of CHW trainees, and report to the MoH or delegated authority</b>			
<b>6.1:</b> Trainers are accountable for their support and teaching of CHW trainees, and report to the MoH or delegated authority. This includes monitoring and evaluation.	<ul style="list-style-type: none"> <li>• Course and programme management</li> <li>• Knowledge of personnel involved</li> <li>• Communication and reporting strategies</li> <li>• Monitoring and evaluation of the strengths and weaknesses of courses</li> </ul>	<ul style="list-style-type: none"> <li>• Accurate report writing</li> </ul>	<ul style="list-style-type: none"> <li>• Conscientiousness in reporting</li> </ul>

## Annexe 2 CHW Trainer Course Record of teaching experiences

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

See over for list of teaching experiences to be obtained.

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

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

**Teaching experiences** (classroom or clinical / community-based)

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

Experience	Date completed
Preparing a SMART lesson plan	
Group discussions <ul style="list-style-type: none"><li>• Leading a group discussion</li><li>• Facilitating several group discussions at once</li></ul>	
Projects <ul style="list-style-type: none"><li>• Preparing a group and individual project</li><li>• Helping others to prepare projects</li><li>• Assessing project work</li></ul>	
Skills teaching <ul style="list-style-type: none"><li>• Preparing skills demonstrations including equipment and surroundings</li><li>• Preparation of client/patient and information giving if appropriate</li><li>• Demonstrating a skill</li><li>• Giving feed-back on a return skills demonstration by CHW trainee</li></ul>	
Audio-visual aids and equipment <ul style="list-style-type: none"><li>• Using audio and visual aids</li><li>• Making visual aids e.g. posters</li><li>• Using audio-visual equipment</li></ul>	
Health promotion <ul style="list-style-type: none"><li>• Preparing a short health promotion session using visual aids</li><li>• Mini-demonstration of how to give a health education session</li><li>• Supporting trainees giving health education sessions (or simulation)</li><li>• Supporting trainees giving health education sessions (or simulation)</li></ul>	
Drama and role play <ul style="list-style-type: none"><li>• Preparing and taking part in drama</li><li>• Preparing and taking part in role play</li><li>• Leading group sessions using drama and role play</li><li>• Encouraging discussion and providing feed-back</li></ul>	
Presenting a knowledge learning session / mini-lecture as though for CHWs and encouraging discussion	
Skills and knowledge assessment <ul style="list-style-type: none"><li>• Designing a skills assessment</li><li>• Assessing a skill and giving feed-back</li><li>• Testing knowledge</li><li>• Peer assessment of skills and knowledge</li></ul>	

See over for template for reflective reports.

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

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

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

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

### **Annexe 3: CHW Trainer Course Record of teaching practice assessment**

<b>Name of Trainer course participant</b>	
<b>Place Course held</b>	
<b>Course date</b>	
<b>Date of completion</b>	
<b>Name of Course Leader</b>	

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

## CHW Trainer Course, Teaching Practice Assessment

Name of Course participant Place held	Date of course Date of assessment		
	Good	Satisfactory	Unsatisfactory
Task			
Clear topic is chosen that relates to CHW curriculum			
SMART <sup>i</sup> lesson plan is prepared			
Discusses reason for selection of teaching method			
Teaching method is appropriate for topic including practical/community element			
Conduct of session is well organised			
Appropriate teaching aids are used			
Accurate knowledge and skills are displayed			
Language used is appropriate for CHWs			
Knowledge / skill level is appropriate for CHWs			
Speech is clear and can be heard from back of class			
Eye contact with participants is maintained			
Audio-visual aids are used effectively <ul style="list-style-type: none"> <li>• topic is clear</li> <li>• seen / heard from back</li> <li>• used appropriately</li> </ul>			
Attitude to trainees			
Time-keeping			
Assesses learning from session			
Overall comments including satisfactory / unsatisfactory			

<sup>i</sup>Specific, Measurable, Achievable, Relevant, Time-bound