

Community Health Workers training



Basic Information	
training name	Community Health worker (CHW) training for SHF supported health facilities, in Qandala districts in bari region
Funded by	SHF
Implemented by	ISDP
Training facilitators:	Halima Abdullahi Warsame and Farhiyo Osman Ali
Type of training	Community Health worker (CHW)
Target group/s:	Frontline community health workers SHF supported Health Facilities in Qandala Districts at Bari Region.

Number of participants:	8 participants.
Training Venue	Botan Hotel meeting Hall
Days of the Training	4 Days

Introduction:

Community Health Workers' Training Manual was trained current supported CHW operating in Qandala districts supported by SHF emergency integrated health and nutrition to build capacity of community health workers to reduce the disease burden among communities. The community health worker will deliver an integrated package for nutrition, health, child protection, and water and sanitation (WASH) services.

Contribute to a reduction in vulnerability of the people during humanitarian situations. Applying of this manual was to ensure alignment with the current community health strategy in terms of integrated messaging, materials, service provision, training and reporting. As well, the manual is more user-friendly with simplified language and considers the locally known examples and situations. The manual focuses on developments that need to occur both with service delivery and with the structure of the programme in order to ensure its contribution to health, nutrition, and WASH outcomes is increased and the impact.

The training was to encourage taking a participatory approach, each module was divided into topics, and each topic was covered in a lesson. Where applicable, participants were actively engaged by asking them questions first and encourage them to answer or think about the answers, then present the content.

- ✓ The frontline workers were shared their understanding of the experiences, language, and culture of the populations they serve in order to carry out some of the following roles:
- ✓ Make sure people get access to health and social services they need through service coordination, referral, and follow-up.
- ✓ Provide informal counseling, coaching, or social support to people.
- ✓ Provide culturally appropriate health /Nutrition education and information.
- ✓ Provide basic services and screening
- ✓ Provide a cultural link between Health/Nutrition service and communities

Specific objectives:

- 1) Understand the roles and responsibilities of a Community Health Worker
- 2) Identify professional boundaries of a Community Health Worker
- 3) Undertake disease prevention and health promotion activities in the communities through:
 - 4) carrying out nutrition education
 - A. encouraging health-seeking behaviours and vaccination
 - B. encouraging safe water sanitation and hygiene practices (WASH) and
 - C. undertaking nutrition assessment
 - D. Describe the main methods of communication
- 5) Improve written, verbal and non-verbal communication skill Identify the reasons why Effective documentation is essential to the role of Community Health Worker
- 6) Identify the reasons why effective service coordination is essential to the role of Community Health Worker
- 7) Demonstrate ability to develop weekly work plans
- 8) Overcome common barriers to ensure effective communication
- 9) Understand the challenges related to cross-cultural communication Improvement in Staff
- 10) To encourage community health workers, undertake active role of liaisons community to the health centre to promote service utilization.

Common teaching methods:

The following methods were used:

- ✓ Communication and interpersonal skills
- ✓ Health promotion
- ✓ Motivational techniques
- ✓ Experiential learning cycle
- Group work that constituted a means for developing the skills of participants
- Practical work (to provide participants with the confidence that they can perform correctly once they leave the training)
- Brain storming lecture
- Role-playing
- Case study

Target group

ISDP conducted Community Health Workers /Community based workers training for frontline health workers this training held at Bosaso town between from 22nd to 26th august- 2022. the staff were mainly from field staff of mobile and fixed sites of Qandala district surrounding supported sites. 8 participants from different project sites of such as Canjeel, Balidhidin, Xijijile and Unuun, xankookib,Tuulo ciise, dhaankadus and Tuur-Masala villages were among the audience [See Annex I for list of participants] participated in this training.

Participants profile :

ISDP conducted this trainings for 8 Community Health Workers to support community and contribute to community mobilization based on community level as they liaison target beneficiary to health center to utilize ongoing services at HCs, after this trainings CHW anticipating to adopted this guideline and double the activities enforcing prevention approach instead of treatment while key objectives of this training are to scale up their knowledge equipping new key message while the facilitators were using during the training the newly harmonized CHW guide.

Trainings outcome:

Evaluation is necessary to determine whether CHW trainings are contributing to improved health & Nutrition. the aim is to determine whether the use of CHWs is a cost-effective way to accomplish a certain goal so that financial resources are not wasted.

Here are some of the training outcomes:

1. Understand their roles and responsibilities and identify professional Communication skills -use verbal/non verbal, active listening
2. Understand and respect needs of diverse groups
3. Balance priorities and time, use organizational tools (Job aid) and develop work plans
4. Identify and use correct procedures to document the work

Topics covered during trainings:

Four days of trainings participants were covered all planned sessions and completion with planned period, follow guideline methodology which is each session doing brainstorm, exercise and group discussion. Most of the session participants understood doing recap every morning before other sessions start. Subject extensively discussed role and scope of the community health workers.

Below subjects were most interest sessions and understood subsequently:

Module 1: Introduction to community health work

Module 2: Scope of work and selection criteria for community health workers.

Module 3: Nutrition

Module 4: Counseling.

Module: 5: Understanding malnutrition

Module 4: Prevention of childhood diseases

Module 5: Community level interventions

Module 6: Recommended breastfeeding practices

Module 7: Actions to break the malnutrition cycle in pregnancy

Module 8: Reporting

Module 9: Action plan from the training and post training

Modules and/or guidelines Used for the Activity/Training:

The following modules were covered:

- ❖ Harmonized CHW training manual
- ❖ CHW key message booklet.

Structure of the training:

- The training was organized into lessons, and each lesson was focused on a specific topic.
- The lesson objectives and outlines were presented at the beginning of each lesson.
- The lessons were designed in different formats, including participatory lectures, role plays, drills and demonstrations.
- Some of lessons included practical exercises for participants.
- Most of the lessons included questions to facilitate comprehension by motivating participants to think through specific content that is yet to be covered.

Pre and post-test level :

After the trainings was officially opened, the facilitators launched Pre-test to assess participants knowledge and level of understanding for the role they hold as CHWs while Post-test exam was taken at the end of every training.

Below analysis of results showed that participants' knowledge improved as participants scored overall 50% in pre-test and 93% post-test result average for the two tests. Participants were selected based on the job description and roles they hold in the community and health facilities. below graph is showing the result of pre&post assessments.

No	Pre-tests	Post test
1	52%	90%
2	37%	77%
3	31%	79%
4	53%	85%

5	42%	86%
6	38%	87%
7	40%	91%
8	51%	77%

The intention from this was to compare pre and post-test training to assess participant's knowledge. participants well understood how to conduct use listening and learning skills, how to change social behavior, steps of counseling for both individual and group, important to have exclusive breast both mother and infant, screening and mobilization based on community level, liaison community to the health center and how to promote health seeking - behavior to scale up Health/Nutrition utilization services.

Recommendation:

1. Community health workers, with adequate training and supervision, can deliver high-quality of prevention services and treatment for SAM at community level:

- Adequate training and for the frontline workers in order to deliver nutrition-related services
- Programs that help to stimulate demand from communities and individuals for those services

2. Harmonize and standardize of CHW incentives in order to keep them producing reasonable Outcomes and to enhance service utilization by the community along with other important outputs related to the health and nutrition program performances should be Provided Standard CHWs incentives

Anexes I:

I: Agenda of the trainings

CHW TRAINING (4 DAYS)		
Time Table	Activities	Facilitators
Day I (Module I: Introduction to community health work)		
08 : 30 – 09 :00	Introduction Objectives and Norms	Facilitators
09 : 00 – 09 : 15	Pre-test	Facilitators
09: 15 – 10: 00	Major health issues in Somalia	Facilitators
10: 00– 10: 15	Break	all participants
10: 15 – 11: 30	Scope of work and selection criteria for community health workers	Facilitators

10 : 30 – 12: 15	Working with mother support groups	Facilitators
12 : 15 – 1 : 15	Prayer&Lunch	all participants
1 : 15 – 2: 15	Interpersonal communication.	Facilitators
2: 15 – 03: 30	Interpersonal communication (Practical)	Facilitators
DAY 2 :		
08 : 00 – 08 : 15	Recap of Day 1	all participants
08 : 15 – 9: 20	Health education techniques +group exercise	Facilitators
9:20-10:00	Counseling	Facilitators
10 : 00–10: 15	Tea break	all participants
10: 15 – 10: 45	Counselling (group exercise)	Facilitators
10: 45 – 11 : 45	Adolescent issues	Facilitators
11:45 – 1 : 15	Juma prayer&Lunch	Facilitators
1:15 - 2:30	Actions to break the malnutrition cycle in pregnancy	Facilitators
2: 30 – 3 : 20	Exercises	all participants
DAY 3 :		
08 : 00 – 08 : 15	Recapof day 2	all participants
08 : 45 – 09 : 45	Understanding malnutrition.	Facilitators
9 : 30– 10 : 00	Nutritional requirements for the child aged 0-6 months	Facilitators

10: 00 – 10 : 15	Tea break	Facilitators
10: 15 – 11 : 20	Recommended breastfeeding practices	Facilitators
11 : 20 – 12 : 15	Common breastfeeding difficulties	Facilitators
01 : 15 – 02 : 30	Nutritional requirements for the child aged 6 months to 24 months	Facilitators
02: 30 – 03 : 30	Screening for acute malnutrition	Facilitators
DAY 4 :	Field Practical and Reporting :	
	<ul style="list-style-type: none"> -Filling in the Community Chart -Mid-Upper Arm (MUAC) -screening for children aged 6-59 months in the community -Mid-Upper Arm (MUAC) screening for pregnant and lactating women (PLW) -Pregnant and lactating women's register -Treatment and screening register for children aged 0-5 years -Summary forms -Referral Slips 	
08 : 00 – 08 : 15	Recap of day 3	all participants
08 : 15 – 09 : 00	Nutrition treatment	Facilitators
09 : 00 – 10 : 00	Blanket Supplementary Feeding Programme	Facilitators
10 : 50 – 11 : 15	Prevention of chronic malnutrition through the Maternal Child Health Clinics Nutrition Support (MCHN) Program	Facilitators
11 : 15 – 12: 15	Micronutrient supplementation	Facilitators

01: 15 – 02 : 00	Iron Deficiency Anaemia (IDA)	Facilitators
02 : 00 – 02: 30	Vitamin A Supplementation (VAS)	Facilitators
02: 30 – 03 : 00	Dietary diversification Nutrition and HIV and TB /	Facilitators
03: 00 – 03 : 20	Community Led cooking demonstrations	Facilitators
03:20 – 03 : 45	<p>Community level interventions:</p> <ul style="list-style-type: none"> -Control and prevention of community common ailments -Hygiene and sanitation -Hygiene -Sanitation -Community-led Total Sanitation (CLTS) - Water treatment at household level 	Facilitators

Annex2: Participants list



COMMUNITY HEALTH WORKERS (CHWs) TRAINING

ATTENDANCE SHEET

DATE: 22nd- to 26th Aug- 2022

o	Name	Location	Gender (F/M)	Telephone Number	Title	Signature Day 1	Signature Day 2	Signature Day 3	Signature Day 4	Signature Day 5
1	C/ Xakiira Cismaan Adan	Baliga	M	7505245	CHW	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
2	Abdirisak ISSE said	Tulo cuse	m	7718237	Nutrition screening	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
3	Xadam Cabdibaqar Ciise	Tulo cuse	M.	7779151	CHW	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
4	Maxamuud Faruq Guud	XIJIJLE	M	7882488	CHW	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
5	Abdulkadir Yusufir DALAL	FURMANS	M	7713752	CHW	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
6	Faadumo Ahmed siiciif	Unuun	F	7894607	CHW	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
7	MULKI FORAHSIICIID	Canjeel	F	6020638	CHW	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
8	Najmo cumar cali	dhankadus	F	6843162	CHW	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
9	Xalimo Cabdullahi	Fowwato	F	7756883	CHW	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

10	Farlyo Osman Ali	Co-facilitator	F	7772466	Nutrition	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
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Prepared by: Xalimo Caalin Warsame Title: Facilitator Sign/Date: 25/026/8/2022

Approved by: Ayanle Abdullahi Mohamed Title: H&A program manager Sign/Date: [Signature]



Annex3:Photos



