COMMUNITY HEALTH OFFICER

Training Manual

(FACILITATOR’S GUIDE)

Volume 1

MINISTRY OF HEALTH/GHANA HEALTH SERVICE NATIONAL HEALTH LEARNING MATERIALS CENTRE
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Foreword

The levels of health care provision are clearly defined and articulated in the Ghana Health Service and Teaching Hospitals Act, 1996 (Act 525). It is a fact that if the health sector is to contribute to the achievement of the Millennium Development Goals in Ghana, then there is the need for a paradigm shift in health services provision from over concentration on curative and institutional care to a more community-based level or close-to-client health services delivery with household and community involvement.

The Community-based Health Planning and Services (CHPS) initiative is one of the new paradigm shifts which have been adopted to re-orient and relocate health services from clinical to community levels, which is contributing to the realization of the goals of primary health care.

From the initial trials in Nkwanta and Juaboso Bia district, the CHPS initiative has now become a national policy in health care delivery. All districts are in the process of implementing the scheme and the training of personnel needed is on going. The effectiveness of the training of these personnel for CHPS depends on the availability of appropriate materials. It is for this reason that this training manual has been developed to guide and support CHO training.

The manual consists of fourteen modules which have been organized into three volumes. The manual which has been tried and tested over a period of five years will continue to be useful in the training of the personnel needed for CHPS. Over the period, the manual has been reviewed and current issues such as the Millennium Development Goals, poverty reduction, mental health and regenerative health and nutrition have been integrated.

It is my hope that this manual will guide health service providers in improving and expanding CHPS implementation.

Dr. Elias Sory
Director General, Ghana Health Service
May, 2008
Preface

The Community-based Health Planning and Services (CHPS) is the Government of Ghana’s strategy to bring quality health care to the door step of the people. The government recognizes that the main producers of health are individuals and households. By involving individuals and households in planning and delivering health care CHPS aims to establish sustainable systems for improving the community’s health. Community Health Officers serve as the link between the sub-district and the community, working through health extension workers and community volunteers.

Since CHPS became a national policy the regions and districts have developed various training programmes and trained Community Health Nurses as CHOs; however, these training programmes have not been structured as a coherent national training programme on CHPS. Thus, there is the need to develop a structured training programme for improving the quality of health services delivered in CHPS zones.

The training package comprises the CHO Manual (Facilitators’ Guide) and the CHO Workbook. The facilitators guide are to be used by facilitators and CHO workbook are for CHO. However, the two documents are complementary to each other. The development of the CHO manual (Facilitator’s Guide) and CHO Workbook has been informed by the job description of the CHO as well as changes in health policies both globally and nationally.

There are two objectives for writing the CHO training manual and workbook. First, it is a standard in-service training manual that health managers, CHO Supervisors and training facilitators can use to orient newly qualified community health nurses as well as train existing CHOs to improve service delivery in CHPS. Second, the documents should serve as a resource for use by CHOs to improve the management of CHPS zones and improve the quality of services delivered.

The CHO Manual (Facilitator’s Guide) is in three volumes which cover the CHO’s work, including delivering reproductive and child health services, curative care, health promotion and prevention, and health care management. Volume one discusses the CHO’s work in the community, including home visiting, behaviour change communication, and managing CHO activities. Volume two covers maternal and child health care, including family planning, antenatal care, safe emergency delivery, postnatal care and HIV/AIDS. Improving immunization, promoting good nutrition, disease control and management of common ailments and emergencies are important in reducing under-five and maternal mortality; therefore, these subjects have been covered in Volume three.

Each module has module objectives and content. The content section is sub-divided into units, and each unit relates to the one of the objectives of the module. Each unit in the module starts with a Terminal Performance Objectives (TPO) followed by the topics.
How to use the Facilitator’s Guide and Workbook

Facilitator’s Guide

The Facilitators’ Guide contains details of the suggested approaches and activities to enable you to facilitate each unit within the module. References have been provided, but as a facilitator, you are encouraged to consult other reference materials.

Advance Preparation

You need to prepare ahead for facilitating each unit. Some of the preparations require gathering various materials, preparing copies of case studies for distribution, session notes and other materials that may be needed. You may also need to contact chiefs and opinion leaders of the various sites that you intend to use as field visits sites. It is further advised that facilitators should meet to discuss the mode of training and related issues before training starts.

Facilitator-Participants’ Interaction

As a facilitator, you are encouraged to use interactive approach to enable your trainees achieve proficiency in applying the requisite skills. You also need to be as innovative as possible to enable the trainee CHO to achieve the specified TPO. Even though facilitation approaches have been suggested, you may use other approaches as you deem fit. Lectures and other less participatory approaches should be kept to a minimum. You should aim to involve the trainees as much as possible in the process of skills transfer and acquisition.

Periodic refresher training on specific modules using on-the job training (OJT) approaches must be organized for the CHO.

Field Visits

The training is to enable CHOs to attain proficiencies in the various skills needed for their practice. Therefore you should devote more time in the field to enable them have real hands-on experience. Make arrangement for transport where necessary.

Training Needs Assessment

This should be conducted ahead of each training. Sample case studies have been prepared for distribution to potential trainees before they arrive at the training site. Encourage trainees to respond to all the questions and also to complete the CHO Workbook before every session. The information gathered from the use of the case studies, the CHO Workbooks, and the pre-test
scores will enable you tailor the training programme to enable maximum benefit to be obtained by the CHOs.

CHO Workbook

The CHO Workbook contains the content organized as units as well as the activities, including case studies, role-plays, and discussion points. The CHO Workbook is similar to the Facilitators’ Guide. However, the answers to the various questions and case studies have been deleted from the Workbook. This will enable the CHO learn the contents of the module on his/her own using the notes included as reference material. It will also enable the CHO use it to take notes during training.

Advance Preparation for CHO Trainees

Each trainee should receive the CHO Workbook at the beginning of the in-service training. Trainees should be encouraged to read through the Workbook, reference notes and complete all the assignments listed. The facilitator should also give the trainees a number of case studies to study and provide answers. Encourage trainees to consult the reference listed in the module as well as any other reference materials that may be available to you. The case studies are meant to assess trainees’ knowledge of some procedures that they need to perform when they are in the field. A pre-test should be conducted at the start of the training to complete the assessment of trainees’ training needs.

Participation in Training Sessions

During the training, facilitators should interact closely with the trainees to maximize the acquisition of knowledge, appropriate attitudes and skills.

Supervisory Visits and Support

Regular supportive supervision is encouraged after the training programme. You should receive supervisory visits from your supervisor(s) to help you consolidate the skills you have acquired from the training and improve your performance as CHO. Your supervision may organize On-the Job Training (OJT) for you during these supervisory visits. These OJTs will be based on your needs as identified by yourself and your supervisor. It is therefore important to keep records of your experiences in the field and the cases that you encounter. This will enable you and your supervisor plan the OJTs effectively.
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<td>Ante natal care</td>
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<tr>
<td>APGAR</td>
<td>Appearance, pulse, grimace, activity, respiration -</td>
</tr>
<tr>
<td>APH</td>
<td>Ante-partum haemorrhage</td>
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<td>ART</td>
<td>Anti-retroviral therapy</td>
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<td>AVSC</td>
<td>Association of Voluntary Surgical Contraception</td>
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<td>BCC</td>
<td>Behaviour change communication</td>
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<td>BCG</td>
<td>Bacille Calmette-Guerin vaccine</td>
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<tr>
<td>BF</td>
<td>Blood film</td>
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<td>BNI</td>
<td>Basic needs income</td>
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<td>BP</td>
<td>Blood pressure</td>
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<tr>
<td>BTL</td>
<td>Bilateral tubal ligation</td>
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<tr>
<td>CBA</td>
<td>Community-based agent</td>
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<tr>
<td>CBD</td>
<td>Community-based distribution</td>
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<tr>
<td>C-COPE</td>
<td>Client-oriented provider efficient service</td>
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<tr>
<td>CD</td>
<td>Communicable disease</td>
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<tr>
<td>CD1 or C.D.1</td>
<td>Communicable disease form 1</td>
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<tr>
<td>CDS</td>
<td>Community decision system</td>
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<tr>
<td>CHC</td>
<td>Community Health Compound</td>
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<td>CHO</td>
<td>Community Health Officer</td>
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<td>CHPS</td>
<td>Community-based Health Planning and Services</td>
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<td>CHV</td>
<td>Community health volunteer</td>
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<td>CHW</td>
<td>Community health worker</td>
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<tr>
<td>COC</td>
<td>Combined oral contraceptive</td>
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<tr>
<td>CPI</td>
<td>Client provider interaction</td>
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<tr>
<td>CSM</td>
<td>Cerebro-spinal meningitis</td>
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<tr>
<td>CWC</td>
<td>Child welfare clinic</td>
</tr>
<tr>
<td>DDHS</td>
<td>District Director of Health Service</td>
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<tr>
<td>DHD</td>
<td>District Health Directorate</td>
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<tr>
<td>Acronym</td>
<td>Term</td>
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<tr>
<td>DHMT</td>
<td>District Health Management Team</td>
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<tr>
<td>DMPA/NET-EN</td>
<td>Depot Medroxy Progesterone Acetate</td>
</tr>
<tr>
<td>DOT</td>
<td>Directly observed treatment</td>
</tr>
<tr>
<td>DPT/Hib/Hep</td>
<td>Diphtheria/Pertussis/Tetanus/Haemophilus</td>
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<tr>
<td>GHS</td>
<td>Ghana Health Service</td>
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<tr>
<td>HRDD</td>
<td>Human Resource Development Division</td>
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<tr>
<td>IDSR</td>
<td>Integrated disease surveillance and response</td>
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<tr>
<td>IEC or IE&amp;C</td>
<td>Information, education and communication</td>
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<tr>
<td>IMCI</td>
<td>Integrated management of childhood illnesses</td>
</tr>
<tr>
<td>IP</td>
<td>Infection prevention</td>
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<tr>
<td>IPC</td>
<td>Inter personal communication</td>
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<tr>
<td>ITN</td>
<td>Insecticide-treated net</td>
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<tr>
<td>IUD</td>
<td>Intra uterine device</td>
</tr>
<tr>
<td>IV</td>
<td>Intravenous</td>
</tr>
<tr>
<td>LBW</td>
<td>Low birth weight</td>
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<tr>
<td>LCD</td>
<td>Liquid crystallized display</td>
</tr>
<tr>
<td>MAP</td>
<td>Men as partners</td>
</tr>
<tr>
<td>MIS</td>
<td>Management information systems</td>
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<tr>
<td>MOH</td>
<td>Ministry of Health</td>
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<tr>
<td>MTCT</td>
<td>Mother-to-child-transmission</td>
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<tr>
<td>NGO</td>
<td>Non-governmental organisation</td>
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<tr>
<td>NHLMC</td>
<td>National Health Learning Materials Centre</td>
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<tr>
<td>NHRC</td>
<td>Navrongo Health Research Centre</td>
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<tr>
<td>OHP</td>
<td>Overhead projector</td>
</tr>
<tr>
<td>OJT</td>
<td>On-the-job training</td>
</tr>
<tr>
<td>OPV</td>
<td>Oral poliovirus vaccine</td>
</tr>
<tr>
<td>ORS</td>
<td>Oral rehydration salt</td>
</tr>
<tr>
<td>PAS</td>
<td>Public address system</td>
</tr>
<tr>
<td>PID</td>
<td>Pelvic inflammatory disease</td>
</tr>
<tr>
<td>PLWHA</td>
<td>People living with HIV and AIDS</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Description</td>
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<tr>
<td>--------------</td>
<td>-------------</td>
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<tr>
<td>PNC</td>
<td>Post natal care</td>
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<tr>
<td>RCH</td>
<td>Reproductive and child health</td>
</tr>
<tr>
<td>RHMT</td>
<td>Regional Health Management Team</td>
</tr>
<tr>
<td>RPR</td>
<td>Rapid Plasma Reagin Test</td>
</tr>
<tr>
<td>RTI</td>
<td>Respiratory tract infection</td>
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<tr>
<td>SCHN</td>
<td>Senior Community Health Nurse</td>
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<tr>
<td>SDHT</td>
<td>Sub-District Health Team</td>
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<tr>
<td>SHEP</td>
<td>School health education programme</td>
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<tr>
<td>SHI</td>
<td>School health inspection</td>
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<tr>
<td>STD</td>
<td>Sexually transmitted disease</td>
</tr>
<tr>
<td>STG</td>
<td>Standard treatment guidelines</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually transmitted infection</td>
</tr>
<tr>
<td>TBA</td>
<td>Traditional birth attendant</td>
</tr>
<tr>
<td>TPO</td>
<td>Terminal performance objectives</td>
</tr>
<tr>
<td>TT</td>
<td>Tetanus toxoid</td>
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<tr>
<td>VCT</td>
<td>Voluntary counselling and testing</td>
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<tr>
<td>VDRL</td>
<td>Venereal Disease Reference Laboratory</td>
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<tr>
<td>VHC</td>
<td>Village health committee</td>
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<tr>
<td>VVM</td>
<td>Vaccine vial monitor</td>
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<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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<td>WIFA</td>
<td>Women in fertile age</td>
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The Community-Based Health Planning and Services (CHPS) Concept

Health Situation Post-independence

Bringing basic health care services to all Ghanaians has been the major objective of the Government of Ghana. Since independence, the Government of Ghana has worked on improving health care services by building large hospitals in cities and big towns and health centres in smaller towns and villages. While the hospitals satisfied the needs of the urban populations, many people in rural communities did not have access to even basic health services, because they lived far away from health facilities. Thus, a vast majority of the rural population was left without any health services. As a result, children died from preventable diseases such as malaria, diarrhoea, measles, acute respiratory tract infection and cholera. Pregnant women also died from complications because the danger signs were not recognized early enough, services were unavailable or there was lack of transport, bad roads, or other difficulties.

To improve access to health service, the Government introduced the outreach services. Selected communities became outreach posts. Staff from the health centres travelled there on regularly scheduled days to provide health care. The staff always returned to the health facility until the next scheduled date. However, the outreach points did not improve access significantly. Why? Only those rural people who could go to the outreach point got access to health services.

Origin of CHPS

The government decided to do something about the situation. The Ministry of Health asked community members how they wanted health services to be delivered to them. The people said they wanted health services delivered at their doorstep and that they wanted to be involved in the process. Therefore, the Ministry chose Navrongo in the Kassena-Nankana district of the Upper East region to test the various ways in which health services can be delivered close to the people. The pilot project was the Community-based Health and Family Planning Project.

The Upper East region was the poorest region in Ghana. The Ministry therefore chose the Upper East region because if the strategy worked among poor communities, it was likely to succeed in other parts of the country that were relatively better off. The Ministry provided a nurse who lived among the people and attended to their health needs. The people also committed themselves to support the programme by providing accommodation for the nurse. They also agreed to select health volunteers to work with the nurse in addition to forming health committees to oversee the community health care delivery system and supervise the volunteers.

It is important to note that community members played a vital role in the Navrongo research. In spite of that, some questions remained at the back of the minds of both the health workers
and community members. The Navrongo Health Research Centre was tasked to test the various options and assess their effect on the health of the people. Five years later, all the questions were answered. The people reported that the community health nurses and the community volunteers were working together very well. The results of this experiment were obvious to the community. Fewer and fewer of their children were dying because a lot of them received life-saving care at the right time. More and more pregnant women survived during child birth because trained health personnel were available to assist them have a safe delivery. Women said they had access to family planning counselling and services which were now close to them.

From Research to Policy

The Ministry of Health and the Ghana Health Service were happy with these results. Results of the project were replicated as Community-based Health Planning and Services (CHPS) initiatives in Nkwanta, Birim North and Abura-Asebu-Kwamankese districts. These districts also found that the strategy was very effective in meeting the basic health needs of the people. Thus the Ministry’s thinking that if the strategy worked in Navrongo it could work in other parts of the country came true.

Based on these results, in 2000, the Ministry of Health introduced the CHPS initiative as a national strategy for increasing access to primary health care services in underserved locations. The overall goal of CHPS is to improve the health status of people living in Ghana, by facilitating actions and empowerment at household and community levels. CHPS aims to provide health services to the large number of people who live in disadvantaged communities including those that are remote or poor. It is based on a strategy that has been tested by community members and found to be effective and different from the traditional way of delivering health services. The traditional way of providing health services is for people to visit the hospital or any health facility when they are sick. The emphasis was on treatment or curative care. In CHPS, the slogan is: “prevention is better than cure”.

All districts in Ghana are now implementing CHPS. Under CHPS, health services are community-based. This means a trained health worker goes to live in the community and involves the community members in planning and delivery of health services.

Key Elements of CHPS

- The Community (as Social Capital)
- Households and individuals (as Target)
- Planning with community members as prime beneficiary of health services (community participation)
- Service delivery with their involvement (client-focused, need based services)
CHPS in Organisational structure

The Ghana Health Service organisational structure has a national headquarters that provides programmatic direction and support to the regions. The regions provide technical support to and coordinate the work of the districts, which in turn support the sub-district. CHPS zones are part of the sub-district system.
A key component of CHPS is a community-based service delivery that focuses on improved partnership with households, community leaders and social groups – addressing the demand side of service provision and recognising the fact that households are the primary producers of health. A CHO engages each Community within the zone (catchment area) in micro planning of health activities, sometimes termed “community decision making systems.” The CHPS organizational change process relies upon community resources for construction, labour, service delivery, and programme oversight including monitoring and evaluation. As such, it is a national mobilization of grass-root action and leadership in health service delivery.

Based on these CHPS activity sequence, six general implementation activities that change primary health care services from a sub-district clinic based operation to a comprehensive community-based programme are achieved. Each of the specific elements is referred to as a “CHPS milestone”:

1. **Planning**: “CHPS zones,” are geographical areas where services are to be delivered, are mapped district-wide, dialogue with communities about their health needs is held, and a situation analysis of the existing health services within a district is conducted.

2. **Community Entry**: Activities with chiefs and leaders residing within a CHPS zone are conducted in order to introduce and gain acceptance for the process, a durbar to introduce CHPS to the entire community is held, and a Community Health Committee, responsible for community-level and volunteer components of the CHPS process, is selected and trained.

3. **Community Health Compound (CHC)**: This is the site where the CHO will live and provide services. This phase includes securing funds for building or renovating a structure to serve as the CHC, selecting a site for the CHC that is acceptable and easily accessible to the entire community, and mobilizing communal labour for CHC construction.

4. **Community Health Officer (CHO)**: This is the title given to a certified community health nurse who has received additional training in order to provide the full complement of CHPS services. This phase includes the training and deployment of the nurse to the CHPS zone and holding a durbar to introduce the CHO to the CHPS zone residents.

5. **Essential Equipment**: In this phase, equipment essential for conducting CHPS services is procured. This includes a motorbike for CHO community and home visitation and purchasing bicycles for health volunteers as well as essential service delivery equipment such as weighing scales, BP apparatus, thermometer.

6. **Volunteers**: These are community residents who will aid the CHO by conducting health promotion activities and providing basic services. This phase consists of selecting and training the community health volunteers, convening a durbar to introduce them, holding
training for the Community Health Committee to oversee the work of volunteers and the procurement and distribution of their supplies, and training the CHO on how to work with health committees and volunteers. The training sessions for each group of worker usually combine all the components described above.

Completion of these six CHPS milestones heralds in a functional CHPS, ready to provide comprehensive primary health care services with strong health system strengthening at the community level.

Roles of CHO in the CHPS Zone

1. Planning health services and programmes with community members
2. Implementing health programmes with community participation
3. Supervising community level health workers, including health care assistants, TBAs, volunteers, and health committee members
4. Preparing and submitting monthly CHPS activity reports to sub-district

Icons

The following icons have been included in the CHO Training Manual to highlight main headings in the book. These also add some aesthetic value to the manual. Below are the icons and how they have been used in the manual.

Case study icon

Facilitator/Participants’ Interaction

It is our expectation that you find this manual very useful.
Module 1

Managing Community Health Officer Activities
Purpose and Organisation

A Community Health Officer (CHO) needs special skills, personal qualities and attributes for managing health activities in the community. This module is designed to introduce him/her to ways of planning health activities, implementing the planned activities and assessing whether targets set have been achieved. This includes ordering and storing equipment and supplies.

Facilitation Approach

The facilitation approaches to be used to impart this knowledge and the accompanying skills focus on discussing participants’ experiences, group work, role-plays, (real or simulated situations) case studies and field visits.

Objectives

Review these objectives now and all subsequent unit objectives as you begin each unit by:
- Reading each objectives yourself and
- Having a participant read the objectives aloud to the group

By the end of this module, the CHO will be able to:
1. Prepare a calendar for CHO activities
2. Mobilise resources to carry out planned CHO activities
3. Implement planned monthly activities
4. Monitor and evaluate planned CHO activities

Contents

Unit 1: Preparing a Monthly Calendar for CHO Activities.
Unit 2: Mobilising Resources for Monthly CHO Activities.
Unit 3: Implementing Planned CHO Activities.
Unit 4: Monitoring and Evaluating Planned CHO Activities.
Expected Outcome

Knowledge
- Mobilising resources for monthly activities
- Storing and issuing supplies
- Implementing planned activities
- Documenting field activities
- Monitoring and evaluating planned activities
- Appraising performance

Attitudes
- Initiative
- Tact and socio-cultural sensitivity
- Understanding
- Trustworthy
- Self appraisal
- Hard-working and perseverance

Skills Required
- Communication and interpersonal skills
- Decision-making and problem-solving skills
- Planning and organizational skills
- Recording and reporting skills
- Technical skills
- Monitoring skills
- Supervisory skills
- Community mobilisation skills
- Writing reports
### Table 1.1: Materials Needed

<table>
<thead>
<tr>
<th>Samples</th>
<th>CHO Materials</th>
<th>Facilitator Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Appraisal form</td>
<td>• Stationery</td>
<td>• Overhead projector (where available)</td>
</tr>
<tr>
<td>• Calendar of activities</td>
<td>• pencils</td>
<td>• Transparencies</td>
</tr>
<tr>
<td></td>
<td>• pens</td>
<td>• Felt Pens/Markers</td>
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<td></td>
<td>• Notepads</td>
<td>• Flipchart stand &amp; Paper</td>
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<td></td>
<td>• CHO Workbook</td>
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<tr>
<td></td>
<td>• Overhead projector (where available)</td>
<td></td>
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<tr>
<td></td>
<td>• Transparencies</td>
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<td></td>
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<tr>
<td></td>
<td>• Flipchart stand &amp; Paper</td>
<td></td>
</tr>
</tbody>
</table>

### Teaching Methods

- Use learner-centred methods in this module.
- Introduce new materials through a guided discussion.
- Start each unit with a guided discussion.

Help participants apply their knowledge in "real life" situations. In addition field practice is highly recommended.

### Getting Started

1. Do a warm-up exercise.
2. Review any topics from previous sessions that are relevant to this module.
3. At the beginning of each module, review the purpose, contents and objectives.
4. At the beginning of each unit, review the topic outline to enable participants understand how the module is organised.

### Facilitator-Participants Interaction

Depending on the manner in which you choose to facilitate the class, ask relevant questions on each of the questions in the Workbook. It is ideal to have participants attempt all the questions in their Workbook before the session.

**Call on participants to read their answers**

- Ask one person to volunteer to read their answers first.
- After he/she reads the answer, comment positively on it.
- Let another person read his/her answer.
• After he/she reads the answer, comment positively on it
• Compare and contrast what both have written or ask others if they see similarities or differences.

Group Activities

• Use role-plays, case studies, group discussions.
• Give each participant a copy of the material to read or refer them to the appropriate page in the Workbook.
• Divide the participants into small groups. Tell each group to discuss the questions on the case study and provide answers to the questions that follow.

During the presentations

• Ask if others have any additions
• Ask if others have any suggestions
• Comment on what they did well
• Offer suggestions for improvement
• Ask about lessons learnt
Unit 1

Preparing a Monthly Calendar for CHO Activities

Terminal Performance Objectives

After studying this unit, the CHO will be able to:

- Prepare monthly and daily calendar of activities

Rationale

Explain why these objectives are important to the CHOs:

- Setting priorities when preparing the calendar will help you to think carefully about what you have to do within the period.
- A calendar of activities will help you to work through as many of the activities as possible.
- You can then focus on what is important and not to be distracted unnecessarily.
- A monthly calendar will give direction and foster teamwork and co-operation when working with the Sub-District Health Team (SDHT) and community members such as the Health Committees and Community Health Volunteers (CHVs).

Topic Outline

1. Priority Setting after Problem Identification
2. Setting Targets for CHO Activities
3. Developing a Monthly Calendar of Activities

Topic Outline 1: Priority Setting after Problem Identification

Facilitator-Participants Interaction

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.
Activity 1: **Case study on Setting Priorities**

**Background**

Ama Mansa is the CHO in Aseru community which has a population of 2,500 people. The main occupation in the community is farming; they cultivate cash crop and staples such as cassava, plantain and vegetables. The community has a number of boreholes, but these dry up during the dry season so they depend on a nearby stream for water. Guinea worm is prevalent in the community and malaria is high, especially among infants and children under 5 years. Occasionally there are cholera outbreaks during the rainy season because the community has no public toilet and only a few households have their own pit latrines. Many of the children have not completed their immunizations, and parents do not seem bothered about it.

**Questions and Answers**

1. What are the health issues and problems in the community that the CHO and the community should be concerned about?
   
   a. Low immunisation coverage
   b. Childhood diseases
   c. Nutrition-related problems
   d. Protection of sources of water supply and water bodies
   e. Personal and environmental hygiene
   f. Commonly occurring ailments: malaria, cholera, Guinea worm

2. What factors would you consider in prioritising these health problems?

   a. Prevalence
   b. Seriousness (deaths)
   c. Level of concern by community members
   d. The ease of change
Topic Outline 2: **Setting Targets for CHO Activities**

**Facilitator-Participants Interaction**

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

**Questions and Answers**

1. Deciding which health issues in a community may be considered as the most important for intervention is often a difficult process. Suggest some factors the CHO and the community may consider in ranking identified health issues or problems.
   a. Which problem is affecting a large population of people in the community?
   b. Are there any solutions to the problem?
   c. Does the community see this as a problem?
   d. Is it something that the Sub-District Health Team (SDHT) or District Health Management Team (DHMT) is anxious about?
   e. Is it something that the DHMT has resources to carry out?

After the CHO has prioritised identified health issues or problems, he/she has to state what he/she wants to achieve, i.e. set his/her objectives and targets.

These objectives and targets must be - Specific, Measurable, Achievable, Relevant, and Timely (SMART).

2. List some factors you will be consider when setting targets for CHO activities.
   a. What were the previous targets?
   b. What were the achievements?
   c. What were the constraints?
   d. How can the constraints be avoided?
   e. Relevant information on the community which may be found in the community including community profile and map, community population register and other records such as number of women in fertile age group and number of children under five years.
   f. Prioritise health problems or needs identified during needs assessment
   g. Resources available for providing services
Topic Outline 3: **Developing a Monthly Calendar of Activities**

**Facilitator-Participants Interaction**

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

**Activity 2: Group Work on Developing Calendar of Activities**

Instructions:

Divide the participants into small groups
Ask them to answer the questions below and present their work during the plenary

Instructions:

1. Use the list of health problems identified in Aseru community to set targets for activities to be carried out
2. List and prioritise the activities
3. Prepare a monthly calendar of CHO activities

**Questions and Answers**

1. What type of information does a CHO need to prepare a monthly calendar of activities?
   - a. Prioritised list of health issues or problems in the community
   - b. Problems as indicated in reports from previous visits
   - c. Community’s calendar of activities
   - d. Seasonal health problems that are anticipated in the community

2. How will you use a monthly calendar of activities in your work?
   - a. Plan when to request for supplies and vaccines
   - b. Follow up on cases and clients
   - c. Make sure important activities are given the most attention
   - d. Use a tool to monitor performance
3. List some activities Ama Mansa will be performing in Aseru.
   a. Home visiting to conduct health education, counselling, immunisation, growth monitoring and the treatment of minor ailments
   b. Providing family planning services and possibly antenatal, emergency deliveries and postnatal care
   c. Organising school health activities including treatment of minor ailments
   d. Supervising the activities of community health volunteers and other health workers, especially TBAs in collaboration with the health committee and the SDHT
   e. Together with health committee and SDHT, CHO will organise group health education programmes such as durbars and fairs

4. Draw a typical daily calendar of activities for the CHO in the case study above.

**Table 1.2: Daily Calendar of CHO Activities**

<table>
<thead>
<tr>
<th>CHO Daily Calendar of Activities</th>
<th>Time</th>
<th>Target compound</th>
<th>Proposed Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8:30 – 09:00</td>
<td>BA 02</td>
<td>Growth Monitoring, Immunization, Follow-up on FP Client</td>
</tr>
<tr>
<td></td>
<td>09:00 – 10:00</td>
<td>BA 04</td>
<td>FP, H/Education</td>
</tr>
<tr>
<td></td>
<td>10:00 – 10:30</td>
<td>BA 05</td>
<td>Immunization, ANC Follow-up &amp; Treatment of Patients</td>
</tr>
<tr>
<td></td>
<td>10:30 – 11:30</td>
<td>BA 07</td>
<td>H/Education</td>
</tr>
<tr>
<td></td>
<td>11:30 – 12:45</td>
<td>BA 08</td>
<td>Growth Monitoring, Immunization and Family Planning</td>
</tr>
<tr>
<td></td>
<td>12:45 – 13:45</td>
<td></td>
<td>Lunch break</td>
</tr>
<tr>
<td></td>
<td>14:00 – 15:15</td>
<td>BA 10</td>
<td>Visit to TBA</td>
</tr>
<tr>
<td></td>
<td>15:15 – 15:45</td>
<td>BA 12</td>
<td>Follow-up on FP Client</td>
</tr>
<tr>
<td></td>
<td>15:45 – 16:15</td>
<td>BA 03</td>
<td>Follow-up on FP Client and Immunization</td>
</tr>
<tr>
<td></td>
<td>16:15 – 16:30</td>
<td></td>
<td>Prepare summary of activities for the day</td>
</tr>
</tbody>
</table>
5. How can the CHO ensure that community members, especially the health committee and volunteers participate in implementing planned activities successfully?
   a. By involving them in planning CHO and health activities for the month
   b. By sharing the content of his/her plan with them, making them aware of their roles and getting them to agree to perform those roles

6. What information will you need to schedule a meeting with community members?
   a. The community profile
   b. Who constitute the opinion leaders in the community?
   c. When are the people available?
   d. What are the special needs of the people?
   e. What are the various identifiable groups in the community?
   f. Who are the influential people?
   g. Who are the heads of the households?

Close topic: Summarise main ideas and link to next topic.
Unit 2

Mobilising Resources for Monthly CHO Activities

Terminal Performance Objectives

After studying this unit, you will be able to:

- Procure needed equipment and supplies
- Store the items and give them out when needed
- Ensure rational use and maintain your stock level

Rationale

Mention why these objectives are important to the CHO’s work:

- Knowing where to procure resources for the work will enable the CHO get the right resources for the work
- Ability to procure resources at the right time for the work will enable the CHO achieve his/her targets and on time
- Need to adhere to procurement and storage procedures and practices
- Managing the resources effectively to enable the CHO avoid waste and make maximum use of available resources

Topic Outline

1. Resources for CHO Activities in the Community
2. Obtaining Resources for CHO Activities
3. Storing Supplies
4. Issuing Supplies to Community-based Health Workers
Topic Outline 1: **Resources for CHO Activities in the Community**

**Facilitator-Participants Interaction**
Introduce topic using question and answers (Q&A), brainstorming, role-plays, case studies, group discussion, demonstrations, etc.

**Activity 3: Case Study on Resources for CHO Activities**

**Background**
Kofi goes out to visit some clients without preparing properly for home visiting. After visiting two households, he realized that he does not have any family planning devices in his bag.

**Questions and Answers**

1. What supplies does Kofi need to carry out his activities?
   a. Contraceptives
   b. Vaccines
   c. Consumables like cotton wool, disposable syringes and needles
   d. Stationery such as a notebook, pens, registers and registration cards
   e. Fuel and spare parts for equipment such as motorbike
   f. Essential drugs
   g. Non-drug consumables e.g. sterilizers, forceps, vaccine carriers

Topic Outline 2: **Obtaining Resources for CHO Activities**

**Facilitator-Participants Interaction**
Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.
Questions and Answers

1. List some of the sources of procuring supplies for CHO activities.
   a. DHMT
   b. SDHT
   c. Community members
   d. Chemical sellers
   e. Identifiable groups in community e.g. chief, opinion leaders, church groups
   f. District Assembly
   g. Non-governmental organizations (NGOs) and community-based organisations (CBOs) in the community

2. How will you collect resources from each of the sources listed above?
   a. From the DHMT and SDHT through request using the available requisition forms or books
   b. From community members and group through special appeal and request
   c. From the District Assembly and NGOs by writing special letters or application or making verbal request
   d. By direct purchase from recommended chemical sellers if the need arises

3. List the steps you will take to avoid shortage of your supplies and equipment.
   a. Take regular inventory of all equipment and supplies using an inventory book
   b. Keep up-to-date records of supplies by maintaining your tally cards, inventory and ledgers
   c. Order supplies and expendable materials every month
   d. Maintain a stock level of one month for all supplies. Always ensure that your stock does not go below your recommended minimum stock levels
   e. Carry out regular inspection and routine maintenance of all equipment
   f. Send all faulty equipment for repair as soon as they break down
   g. Store all supplies properly on shelves and at correct temperatures
   h. Issue supplies and drugs using the First-to-Expire, First-Out (FEFO) and First-In, First-Out (FIFO) principle
   i. Provide adequate security for supplies
Topic Outline 3: **Storing Supplies**

**Facilitator-Participants Interaction**

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

1. How will you take care of the items you supply to TBAs and volunteers in your community?
   a. Check their stock levels when you go on supervision
   b. Check their tally cards and ledgers regularly (which should be kept by the CHO)
   c. Remember to add their needs to your requisitions anytime you are re-ordering

**Activity 4: Group Activity on Storing Supplies**

**Instructions:**

Divide the participants into small groups. Ask participants to answer the questions below and present their work during the plenary

**Discussion**

1. You have used the following number of syringes in the past six months:
   - January – 60
   - February – 30
   - March – 46
   - April – 37
   - May – 75
   - June – 48

   Your current stock is 98.
   i. What is your average monthly consumption?
   ii. What minimum stock level will you set?
   iii. What maximum stock level will you set?
   iv. How many syringes will you order for July?

2. What will you look for when checking signs of damage or unwholesome items supplied to you?
   a. Damage to the container/box
   b. Signs of leakage
   c. Signs of broken glass
   d. Missing tape cord
   e. Manufacturing and expiring dates
3. Goods that are properly stored will last longer and work better; therefore, it is essential to learn about the storage needs of items received. List some examples of storage needs.

a. **Refrigeration:** Vaccines and some drugs need to be kept in a refrigerator. Vaccine refrigerators should only be used for storing vaccines. Storing other items like food in the vaccine refrigerator can cause contamination.

b. **Ventilation:** Fresh air stops items from going mouldy. Keep the windows of your store open or use a fan if possible.

c. **Temperature:** Many items spoil if they are hot; therefore, the store should be kept as cool as possible.

d. **Light:** Bright light destroys many items in cardboard boxes; therefore, store items away from direct sunlight.

e. **Moisture:** Moisture makes items go rotten and mouldy. Keep items off the floor (items should be kept on shelves or wooden stands). Keep tins lightly covered with their lids.

f. **Dirt:** A dirty store encourages pests such as cockroaches and ants, and also makes labels difficult to read. Clean the store once a week with a mop and moist cloth.

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**Topic Outline 4: Issuing Supplies to Community-Based Health Workers**

**Facilitator-Participants Interaction**

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

**Questions and Answers**

1. **What information will you require to estimate your fuel needs for a month?**
   
a. Estimated number of trips to be made and destinations

b. Estimate distances to be covered

c. Fuel consumption per kilometre - coverage of your motorbike. This can be calculated by dividing the number of kilometres covered as indicated in your log book by the quantity of fuel you put in the motorbike.

2. **What record will you require in issuing supplies to community-based health workers (CBHWs)?**
   
a. Tally cards

b. Registers for the CBHWs

**Close topic:** Summarise main ideas and link to next topic.
Implementing Planned CHO Activities

Terminal Performance Objectives

After studying this unit, the CHO will be able to:

- Conduct planned activities
- Document activities on a daily basis

Rationale

Mention why these objectives are important to the CHO’s work:

- It is important that you keep to your plan in the implementation of your activities
- Documenting daily activities facilitates self-monitoring. It also makes report-writing easier

Topic Outline

1. Qualities of a Successful CHO
2. Carrying out and Documenting Field Activities

Topic Outline 1: Qualities of a Successful CHO

Facilitator-Participants Interaction

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

Questions and Answers

1. List some qualities of a successful CHO
   a. Ability to communicate effectively, with good interpersonal skills
   b. Ability to be humble
   c. Ability to carry people along, motivate and empower others to achieve set targets
d. Ability to schedule tasks according to time

e. Sensitive to the needs of others and works well as a member of a team (tact and socio-cultural sensitivity)

f. Proficient in the technical skills required in her job and willing to learn about new developments in her field of work.

**Topic Outline 2: Carrying Out and Documenting Field Activities**

**Facilitator-Participants Interaction**

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

**Questions and Answers**

1. List some tasks a CHO undertakes while implementing her calendar of activities (a day in the working life of a CHO).

   a. In the morning, attend to clients who may come to her compound quickly or arrange to see them at a more appropriate time

   b. Depending on the occupation of community members, the CHO may go for home visits and provide services such as health education, issuing family planning devices and counselling her clients, and giving immunisations

   c. Later in the day, the CHO returns to her compound to do some paper work such as writing a summary of the day’s activities and other reports. She prepares for the following day’s activities

   d. Reviews her daily calendar of activities for that day and ensures that her equipment are in good condition and supplies adequate

   e. She may visit a TBA in the evening to discuss her work and ensure that she has adequate supplies for further use.

2. What are the uses of a field notebook in the CHO’s work?

   Field notebooks can be used to:

   a. Keep track of daily CHO activities
b. Keep sequence of daily activities

c. Take note of unusual occurrences

d. Note incidences that need follow-up: when and where these are to be done

e. Store data for monitoring and assessing one-self

f. Provide ready records when writing reports or recall events for report-writing

3. What are the key things that should be noted in a field notebook?

a. Activity carried out

b. Location

c. Purpose (why it was done)

d. Outcome observed/results

e. Time/date

f. Other relevant information

**Close topic:** Summarise main ideas and link to next topic.
Unit 4
Monitoring and Evaluating Planned CHO Activities

Terminal Performance Objectives

After studying this unit, the CHO will be able to:

- Follow the progress of his/her activities
- Assess whether set targets have been met
- Summarise daily activities over a period
- Write and submit a report

Rationale

Mention why these objectives are important to the CHO’s work:

- This is to equip you with skills to enable you review your own performance
- You will have the skills to determine whether activities are being carried out successfully or new approaches should be adopted
- To enable you determine the subsequent actions to take in your work
- To enable you communicate systematically with others concerning your activities

Topic Outline

1. Summarising Daily Activities
2. Self-monitoring and Appraisal of Performance
3. Analysis of Activity Results or Programme Outcomes
4. Report-writing and Follow-up Actions
Topic Outline 1: **Summarising Daily Activities**

**Facilitator-Participants Interaction**

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

**Questions and Answers**

1. List the key points that you will note in your daily summary of activities
   a. Scheduled activities
   b. Objectives and targets
   c. Activities carried out
   d. Resources used and cost where applicable
   e. Unusual occurrences
   f. Achievements and constraints
   g. Subsequent actions to be taken

2. How will you determine issues or problems which need follow-up from your daily summaries?
   a. Check for gaps between targets and actual performance
   b. Find out the possible cause(s) of the gaps
   c. Prioritise the gaps on the basis of their continuing importance, availability of resources, etc.

**Activity 5: Group Activity on Summarising Daily Activity**

**Instructions:**

Divide the participants into small groups. Working in their groups, participants are to answer the questions below and present their work during the plenary.

**Discussion**

Your supervisor visited at the end of the month. He requested information on the activities that were conducted in the past three months.
1. Indicate the information you will show to him
2. List topics to be covered in a monthly report
3. List ways of disseminating reports to:
   i. Community members
   ii. TBAs and volunteers
   iii. SDHT and others

Topic Outline 2: Self-Monitoring and Appraisal of Performance

Facilitator-Participants Interaction

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

Questions and Answers

1. List reasons why you have to monitor your own activities as a CHO.
   Monitoring your own activities is meant to:
   a. Identify problems early
   b. Make timely corrections
   c. Assess your own performance
   d. Prevent unnecessary waste of resources including time
2. How will you assess your own performance?
   a. Review records of activities carried out daily
   b. Compare with objectives and targets (using graphs where possible)
   c. Check for gaps in performance (self-assessment)
   d. Check for timely delivery, sufficiency and efficient use of resources
   e. Check clients’ participation in activities
   f. Check community’s participation in activities
3. What will you do when you realise that you are not meeting your targets because of gaps in your performance?
   a. If gaps are created by lack of skills, refer clients to where they can receive the service
   b. Review your targets
   c. Discuss your problem with your supervisors and request for support

**Topic Outline 3: Analysis of Activity Results and Programme Outcomes**

**Facilitator-Participants Interaction**

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

**Questions and Answers**

1. What follow-up action on monitoring and evaluation will the CHO need?
   In preparing a follow-up action on monitoring and evaluation you need to:
   a. Make a decision on what to do with your findings
   b. Decide on what action to take
   c. Identify resources needed
   d. Identify appropriate people in the community and involve them in solving the problem
   e. Look for support and mobilise resources
Topic Outline 4: **Report-writing and Follow-Up Actions**

**Facilitator-Participants Interaction**

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

**Questions and Answers**

1. **What should the content of a report be?**
   a. Reporting on activities is one of the tools used in measuring the progress of work. All reports should be written, spelling out the important topics.
   b. Timely submission of reports is very necessary. Reports are to reach the appropriate quarters within the specified period.
   c. Content of a report:
      i. Introduction, objectives and targets
      ii. Activities
      iii. Resources used
      iv. Achievements and constraints
      v. Recommendations
      vi. Follow-up activities

   In addition to the above, the CHO is required to complete a specially designed format e.g. the CD Form 1, which is used to report on communicable diseases:

2. **Reporting on Financial Transactions**

   Proper accounts should be kept at all times and promptly, too. Writing only figures is not appropriate accounting for monies paid to you on behalf of the community members or the SDHT. Use a separate notebook for financial transactions and for quick reference when the need arises.

3. **Disseminating Report**

   You are required to submit reports regularly to the SDHT. You are also required to periodically present feedback on your activities to the Chief and his elders, the
Community Health Committees, NGOs involved in health and other identifiable groups in the community

4. Channels of Reporting will Include:
   i. Submitting regular written report to SDHT, health committee and NGOs
   ii. Oral presentations at durbars or meetings with community members, TBAs and volunteers

**Close topic**: Summarise main ideas and link to next topic.

Checklist 1.1: Performance Guide for Managing CHO Activities

Instructions:
Rate the performance of each task/activity observed using the following rating scale.

| 0 | Task/Activity omitted                  |
| 1 | Task/Activity in correctly performed  |
| 2 | Task/Activity correctly performed (hesitated) |
| 3 | Task/Activity correctly performed with confidence |
| N/A | Task/Activity not required in this observation |

<table>
<thead>
<tr>
<th>Task/Activity</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Plans CHO activities (daily, weekly, monthly, annually)</td>
<td></td>
</tr>
<tr>
<td>2. Identifies health issues and problems in the zone using the community profile and other methods</td>
<td></td>
</tr>
<tr>
<td>3. Reviews disease profile of the community</td>
<td></td>
</tr>
<tr>
<td>4. Decides which are the most important problems and rank them by asking the following questions (priority setting)</td>
<td></td>
</tr>
<tr>
<td>a) How common is the problem?</td>
<td></td>
</tr>
<tr>
<td>b) How severe is the problem?</td>
<td></td>
</tr>
<tr>
<td>c) Does the problem worry the local community?</td>
<td></td>
</tr>
<tr>
<td>d) Is there a simple way of dealing with the problem with your available resources?</td>
<td></td>
</tr>
<tr>
<td>5. Sets targets for programmes and activities which are “SMART”</td>
<td></td>
</tr>
<tr>
<td>6. Prepares a calendar of activities to be performed to achieve set targets</td>
<td></td>
</tr>
<tr>
<td>Task/Activity</td>
<td>Rating</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>7. Procures/mobilizes resources</td>
<td></td>
</tr>
<tr>
<td>8. Carries out planned activities as follows</td>
<td></td>
</tr>
<tr>
<td>a) Records as appropriate e.g. in field notebook</td>
<td></td>
</tr>
<tr>
<td>b) Monitors activities</td>
<td></td>
</tr>
<tr>
<td>c) Interviews key informants</td>
<td></td>
</tr>
<tr>
<td>d) Discusses with supervisors and peers</td>
<td></td>
</tr>
<tr>
<td>e) Uses CHO self-assessment form</td>
<td></td>
</tr>
<tr>
<td>f) Takes follow-up actions</td>
<td></td>
</tr>
<tr>
<td>9. Prepares and presents monthly reports and other documentation as required</td>
<td></td>
</tr>
</tbody>
</table>
Once you are assigned a specific zone in which to work, you will find that you have a lot of work to do. Some of this work will be important and others would need to be done urgently. To help you think clearly and systematically about what you should do within a period, you would need a calendar of your activities. Planning your activities in this way offers you the opportunity to work through as many of the activities as possible and to recognise and measure your successes and shortcomings in relation to your targets.

1. Calendar of CHO activities

To prepare your calendar of activities for the period, you need to determine what is to be done, when, where and how it will be done, and for what purpose. This will result in a list of core activities including:

a. Home visits: zones, house number, names of landlords, date and time for the visits, type of service to be delivered

b. School health activities: name of school, classes to be visited, number of children to be seen, types of services to be delivered

c. Group health education programmes: audience, topics, date, time, venue

Developing Strategies and Actions to Address Problems

1. Prioritise activities on a monthly basis.

In order to identify health issues and problems, you will need to develop a community profile. This will help you to identify health problems and possible causes.

The following considerations may be taken into account in order to prioritise health problems:

**Prevalence**: How common is the problem?

**Seriousness**: How severe is the problem in terms of death, illness, long-term suffering and handicap?

**Level of concern**: Does the problem worry the local community? What are the economic, political and social implications of not tackling a particular problem immediately?

**Ease of change**: Is there a simple way of dealing with the problem with available resources?
2. Prepare annual, monthly and daily calendar of activities
   a. Identify activities to be put on the calendar through
      • Consultations / meetings with community members, your colleagues, supervisors and other health workers
      • It is a good practice to include the health committee members and CHVs in planning and scheduling your and their activities. In this way, they would be more likely to commit to implementing the plan. Having participated in its development, they will feel a sense of ownership toward the plan and will be more willing to carry out the activities
      • Your experiences and observations with implementing the previous year’s activities
      • Monitoring and evaluation reports
   b. Spread activities on monthly basis for the entire year. Consider the following:
      • resources available -material, financial, human, time
      • existing activities or programmes
      • anticipated activities -meetings, visits
   c. Breakdown activities into weekly and daily schedules (see table below)

Sample Format for Preparing a Weekly Schedule

<table>
<thead>
<tr>
<th>Week :</th>
<th>Activity</th>
<th>Target</th>
<th>Resource needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Two</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Three</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Four</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Five</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Setting Targets for Programmes or Activities
   Targets point us to the direction we want to go. They are performance measurements to be achieved within a specified time, and they measure progress towards the overall objective. The following criteria are to be considered in setting your targets.
S - Specific
M - Measurable
A - Attainable
R - Realistic
T - Time-bound

Example: Visit at least 20 households every month.

4. Identification of Resource Needs/Availability

Resources are inputs (manpower, material and money) required for implementing activities towards the desired target. These resources should be listed, costed if applicable and the sources of supply clearly stated. Circulate this list to all those involved in supplying them, such as SDHT leader, storekeeper, DHMT, community leaders and donors.

Sample Format for a monthly calendar of activities

<table>
<thead>
<tr>
<th>CHO Monthly Calendar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month: --------------</td>
</tr>
<tr>
<td>Community: -----------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Legend
- HV - Home Visit
- MM - Monthly Meeting at SDHT
- VC - Vaccine Collection
- DO - Day Off
- OC - Outreach Clinic
- SH - School Health visit
- SV/OJT - Supervisory Visit/On the Job Training
- DB - Durbar
Unit 2

Identifying Potential Sources of Support for Needed Resources

Resources (money, materials, manpower) are inputs required for implementing activities towards the desired target. Resources may be acquired from internal or external sources. Some of these are routinely available or easily mobilised. However, some activities may require resources that are not routinely available.

It is necessary to identify all the resources required for planned activities so that you do not get stranded in the middle of carrying out an activity.

In order to prepare budget estimates, information on the quantity and cost of resources is required. It is important to recognise that communities have potentials and may be willing to support resource mobilisation by providing cash or in kind such as labour and their time. Other sources include individuals and agencies such as NGOs, religious bodies and various associations.

Requisition from government sources, direct levy; fund raising activities, voluntary contribution, community income generating activities; and writing to external agencies or donors are some of the ways of mobilising resources.

Securing Resources for Planned Activities

Potential sources can be tapped by the CHO through requisition, personal contact, letters and appeals. These resources should be listed, costed if applicable and source of supply clearly stated. Circulate this list to all involved in supplying them, such as SDHT leader, storekeeper, DHMT, community leaders and donors.

There are four main procedures in managing equipment and supplies and each is important if we are to manage our resources effectively. When ordered materials have been received, they must be stored properly and used judiciously. Also, monitor the stock to ensure there is no shortage and keep proper records.

Obtaining the Resources for CHO Activities

1. How much to order? To order, it is important to know:
   a. How fast you use the items. You can know this from your tally cards, ledger books and from experience
   b. How long the available stock may last. Every month, check available stock and compare it with the amount you used in the previous month. This will give you an idea as to whether
you have enough stock to carry you through. It is important that you set a minimum stock level for every item. That will remind you of when to make a requisition. For many items, the minimum stock level will be that which will last for a month

Always order what will be most useful to achieve your targets. As part of the supervisory responsibilities, check the stock levels of community-based health workers. Check their tally cards and ledgers to find out whether their stocks have to be replenished. Remember to add their needs to the requisition any time materials and supplies are ordered from the SDHT or facility.

Do not wait until stocks are completely empty before making a requisition. Make sure that stock levels are checked regularly. Keep up-to-date records of the supplies by maintaining:

a. Tally cards
b. Inventory
c. Ledgers

Before you accept supplies you requested, check carefully to make sure that what is being received is what is stated on the invoice. The delivery note (way bill) and invoice must be carefully filled for accounting purposes.

a. Check expiry dates and do not destroy wrappers
b. If there is a problem, report in writing immediately to the supplier and keep a copy of the report in your files
c. Do not accept supplies that do not conform in quality or quantity

2. Where to order: SDHT, DHMT, etc

3. Documents to help the CHO Control Stock: To keep a ledger balanced, each time an item is received it should be added to the total in stock. The tally cards must be kept up-to-date with the same information as the ledger book.
Example:

<table>
<thead>
<tr>
<th>Date</th>
<th>Item received from/issued to</th>
<th>Invoice voucher no.</th>
<th>Qty. received</th>
<th>Qty issued</th>
<th>Balance in stock</th>
<th>Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/2/99</td>
<td>Dispenser</td>
<td>1/SD/77</td>
<td>10</td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>5/2/99</td>
<td>SCHN</td>
<td>1/SD/78</td>
<td>5</td>
<td></td>
<td>15</td>
<td></td>
</tr>
</tbody>
</table>

Value Books & Tools
- Requisition
- Ledger
  - Store receipt ledger
  - Store receipt
  - Store issue
  - Stock control
- Tally cards
- Log sheets

In order to prevent unnecessary wastage and expiration of drugs and other supplies note the following:

a. Check expiry dates of all supplies regularly

b. Use items that are nearing their expiry dates first

c. Store your items at their recommended temperatures

4. **Maintenance**: Check all equipment regularly and ensure that they are in good functioning state. If any of these is not, send it for repair immediately or report to the appropriate authority if it needs to be replaced. Motorbike/Vehicle: The motorbike/vehicle should be checked daily, weekly and monthly

a. Daily: check oil, water, tyres, brakes

b. Weekly: check lights, brake and clutch fluid, wheel nuts and engine for leaks. Wash engine

c. Monthly: take to an approved mechanic for an overall check

The motorbike/vehicle should have a logbook/record book which shows:

a. Mileage at start and beginning of your trips

b. Purpose of the journey, fuel and oil used

c. Maintenance done and problems noted
This information should be analysed weekly to show fuel and oil consumption, need for routine maintenance and cost of running. This information should be shared with the SDHT so that fuel and oil or other resources can be allocated appropriately.

Unit 3

Conduct Planned Activities

Having prepared the calendar and mobilised resources for the planned activities, carry out the activities making sure the plan is followed as much as possible. Note problems/challenges faced and adjust the plan as appropriate.

Document CHO Activities

a. Record activities in your field notebook using the following format
   - Date and time
   - Location
   - Purpose
   - Activity
   - Observed outcome

b. Note follow-up activities
c. Review entries and draw conclusions

The activities undertaken by the CHOs always result in some form of documentation. Below are some examples of the various types of documentation:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Documentation/Materials needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Health care activities e.g. clients attended to (seen)</td>
<td>• Registration, record of the care given</td>
</tr>
<tr>
<td>2. Maternal care and family planning service</td>
<td>• ANC/PC card, CWC card/Child record book, FP card</td>
</tr>
<tr>
<td>3. Correspondence, client problems Administrative problems i.e. other work-related problems</td>
<td>• Official letters to and from supervision, community members, health committee, volunteers</td>
</tr>
</tbody>
</table>
It is advisable to put all conversation into writing as this serves as a permanent record of decisions made.

The CHO will write two types of letters namely, official and referral letter. Make copies of all letters and file them!

a. An official letter should clearly indicate:
   - Where / Who it is going to, and who it is from
   - What it is about (subject)
   - A reference/file number for future correspondence
   - Date
   - Name and signature of sender

b. A referral Letter
   This is a special letter asking for help in caring for a client. It should contain:
   - Details of the client (name, age, sex, address, etc.)
   - Client’s complaint
   - Your observations on examination
   - Your provisional diagnosis
   - Treatment given to date

Unit 4

Monitoring and Evaluating Planned CHO Activities

A calendar of activities allows you to compare what you have planned to do with what you actually did. It enables you to examine the reasons for the difference, if any; whether the activities carried out actually brought about desired results; and to decide what changes should be made to the plan. In addition, the CHO has to follow the progress of her activities so that she does not divert from what she has to do. Also, the CHO may be assigned some tasks by her supervisor or she may have to revise her activities as a result of unforeseen events e.g. cholera outbreak or an eye clinic organised by a religious organisation. Therefore, the CHO has to check regularly if planned activities are being carried out as scheduled. There are many ways of monitoring activities but for the CHO the ‘self-assessment’ process is most beneficial. CHO self-assessment tool can be used as part of this monitoring.
Ways of Identifying Problems in Performance and Quality:

- Interview some community members, especially clients, community health volunteers, health committee members and other opinion leaders/key informants
- Use CHO self-assessment tool
- Review records and reports and analyse the information
- Check graphs to see improvement in coverage
- Review how the work is organised
- Discuss with the supervisors and other CHOs

Possible Questions to Ask During Interviews/Reviews

- Are activities taking place on time?
- Are the activities well done?
- Are the performance factors coming into place? (discuss with supervisors)
- Are you beginning to see results from the interventions?

Follow-up Action on Monitoring and Evaluation

In preparing for a follow-up action on monitoring and evaluation you need to:

- Make a decision on what to do with your findings
- Decide on what action to take
- Identify resources needed
- Identify appropriate people in the community and involve them in solving the problem.
- Look for support and mobilise resources

Report-writing

Reporting on activities is one of the tools used in measuring the progress of work. All reports should be written, spelling out the important topics.

Timely submission of reports is very necessary. Reports are to reach the appropriate quarters within the specified period. Content of a report:

- Introduction, including objectives or targets
b. Activities

c. Resources used

d. Achievements and constraints

e. Follow-up activities

In addition to the above you are required to complete specially designed formats e.g. The CD Form 1, which is used to report on Communicable Diseases.

Reporting on Financial Transactions

Proper accounts should be kept at all times. Writing only the figures is not appropriate. Account for any monies paid to you on behalf of the community members or the SDHT promptly. Use a separate notebook for financial transactions and also for quick reference when the need arises.

Disseminating Reports

You are required to submit reports regularly to the SDHT. You are also required to periodically present feedback on your activities to the Chief and his elders, the Unit Committee, NGOs involved in health and other identifiable groups in the community.

Channels of reporting will include:

a. Submitting regular written report to SDHT, health committee and NGOs

b. Oral presentations to community members, TBAs and volunteers

Monthly Report-writing Format

Content of Sample Monthly Report

1. Introduction covering objectives or targets (or brief summary of planned activities)

2. Activities carried out observations made, needs identified, problems faced

3. Activities not carried out, and reasons

4. Resources used

5. Conclusions/Achievements and constraints

6. Follow-up activities
<table>
<thead>
<tr>
<th>Element to be evaluated</th>
<th>Yes/ No</th>
<th>If ‘no’, give reasons? If yes, specify</th>
<th>Actions to solve the gap/further improve the area</th>
<th>Who? When?</th>
<th>Date Solved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do I have sufficient supplies for my use during home visiting?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Family planning commodities like pills, condoms etc</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Vaccines:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Drugs: iron, vitamin A, malaria drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other logistics (specify material that is not available)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Do I carry IEC materials during home visiting? e.g. on FP, STDs/HIV/AIDS, vaccination, pregnancy and nutrition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Module 2

Home Visiting For Health Activities
Purpose and Organisation

This module reaffirms that home visiting is an essential component of the CHPS strategy as it takes services into the houses of clients. This allows the CHO to observe how community members really live and also enables the CHO to educate, counsel and support clients in the environment that he/she will actually be carrying out activities.

This module has three units that cover the relevant steps in conducting home and school health services.

Objectives

Review these objectives now and all subsequent unit objectives as you begin each unit by:

- Reading each objective yourself or
- Having a participant read the objectives aloud to the group

After completion of this module, the CHO will be able to:

1. Plan and prepare for home visits as scheduled on monthly calendar
2. Conduct effective home visits as an essential component of his/her activities in the community
3. Participate in school health programmes in the community

Contents

Unit 1: Planning and Preparing for Home Visits
Unit 2: Conducting Effective Home Visits
Unit 3: Supporting Effective School Health Services

Expected Outcome

Knowledge
- Knowledge on Home Visiting and School Health Services

Attitude
- Initiative and drive in decision-making
- Tact and socio-cultural sensitivity towards clients
- Tolerance of clients

Skills
- Interviewing skills (questioning)
- Counselling skills
- Skills in problem identification
- Technical skills in providing care (e.g. physical examination and giving health talks)
- Skills in report-writing

Table 2.1: Materials Needed

<table>
<thead>
<tr>
<th>Samples</th>
<th>CHO Materials</th>
<th>Facilitator Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOH Reporting Formats</td>
<td>Stationery</td>
<td>Overhead Projector (where available)</td>
</tr>
<tr>
<td>Home visiting bag and its contents</td>
<td>- Pencils</td>
<td>- Transparencies</td>
</tr>
<tr>
<td>(e.g. Gallipot, dressing instruments,</td>
<td>- Pens</td>
<td>- Markers</td>
</tr>
<tr>
<td>pen hanging scale, hanging scale,)</td>
<td>- CHO workbook</td>
<td>- Flip chart sheets</td>
</tr>
<tr>
<td>Home visiting registers</td>
<td>- Note pads</td>
<td></td>
</tr>
<tr>
<td>Community Registers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requisition book</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Store receipt ledger</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tally cards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note pad</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Teaching Methods
- Use learner-centred methods in this module
- Introduce new materials through a guided discussion.
- Start each unit with a guided discussion.

Help participants get involved with developing their ability to prepare and conduct home visits through a variety of group activities and field practice.
Getting Started

1. Do a warm-up exercise
2. Review any topic from previous sessions that are relevant to this module
3. At the beginning of each module, review the purpose, contents and objectives
4. At the beginning of each unit, review the topic outline to enable participants understand how the module is organised

Facilitator-Participants Interaction

Depending on the manner in which you choose to facilitate the class, ask relevant questions on each of the questions in the Workbook. It is ideal to have participants attempt all the questions in their Workbook before the session.

Call on participants to read their answers

- Ask one person to volunteer to read first
- After he/she reads the answer, comment positively on it
- Let another person read his/her answer
- After he/she reads the answer, comment positively on it
- Compare and contrast what both have written or ask others if they see similarities or differences.

Group Activities

Role-plays, case studies, group discussions

- Give each participant a copy of the material to read or instructions on where the material is found in the Workbook
- Divide the participants into small groups. Tell each group to discuss the questions on the case study and provide answers to the questions that follow
During the presentations

- Ask if others have any additions
- Ask if other have any suggestions
- Comment on what they did well
- Offer suggestions for improvement
- Ask for lessons learnt
Unit 1

Planning and Preparing for Home Visits

Terminal Performance Objective

After studying this unit, the CHO will be able to:

Plan and prepare for home visits in the community

Rationale

Mention why this objective is important to the CHO’s work:

• To enable the CHO plan, prepare and carry out home visits effectively

Topic Outline

1. Types and Reasons for Home Visiting
2. Preparation for a Home Visit
Topic Outline 1: **Types /Reasons for Home Visiting**

Facilitator-Participants Interaction

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

Questions and Answers

1. Why is home visiting an essential component of the CHPS strategy?
   a. It takes services into the homes of the clients
   b. It allows health workers to see how people really live
   c. It enables the CHO give advice and support in the environment in which the clients live

2. State the various types of home visiting a CHO can do.
   a. Routine home visits to normal families and during which CHO may find clients who need care or help
   b. Special home visits
      i. Follow up - this is usually for a client who is ‘at risk’ for some reason e.g. a baby who is failing to gain weight, a client who is HIV positive
      ii. Defaulter tracing - where the CHO actively searches for a client who has missed a service e.g. family planning
      iii. Inspection and health education - where the CHO checks the environment in which her clients live and educates them on environmental hygiene
   c. Home Based Care is defined as the provision of health services by formal and informal caregivers in the home in order to promote, restore and maintain a person’s maximum level of comfort, function and health, including care towards a dignified death. Home care services can be classified into preventive, promotive, therapeutic, rehabilitative, long-term maintenance and palliative care. It is an integral part of community-based care
   d. Community-based care is the care that the consumer can access nearest to home. It encourages participation by people, responds to the needs of people, encourages traditional community life and creates responsibilities
Topic Outline 2: **Preparation for a Home Visit**

**Facilitator-Participants Interaction**

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

**Questions and Answers**

1. **What are the things a CHO will consider when preparing for home visit?**
   a. Materials required for visit are available and in good condition
   b. Identify areas to be visited on the map and revise route
   c. Ensure set time for visit is appropriate
   d. Set objectives for each home visit

2. **What will you consider when deciding where to visit?**
   a. Areas that have not been visited previously
   b. Areas that require follow-up
   c. Areas with special cases e.g. kwashiorkor or marasmic baby, anaemic baby, a postnatal mother with engorged breast

3. **Why is it important to carve out areas for home visit on your community map?**
   a. To enable you plan your visits in such a way that all areas are covered
   b. For easy flow of movement into homes
   c. To trace bearings, show distances and identify major obstacles in the terrain
   d. To mark areas affected by certain important diseases such as Guinea worm, diarrhoea, skin conditions
Activity 1: **Group Work on Drawing a Community Map**

**Discussion**

- Divide the participants into small groups. Ask participants to prepare community maps and carve out smaller areas for home visiting with dotted lines.
- Ask each group to draw its map on flip chart and present to the class.
- Comment positively on each work.
- Compare and contrast what groups have produced or ask others if they see similarities or differences.
- Summarise the answers and close the session.
Figure 2.1: **Map of Community and Available Source of Health Care**

- Health Post
- Village Well
- Houses
- TBA
- Village Council
- School
- Village Well
- Private Clinic & Pharmacy
- Village Well
- Traditional Healer
- To District Hospital 10 Km
- Highway
- To Market
- To Regional Hospital 35 Km
Questions and Answers

1. What things do you have to take into consideration when setting time for home visiting?
   a. Home visiting should be done at hours that are convenient for the client
   b. Have knowledge of other community activities and their timing
   c. Organise the visit systematically and efficiently so that every area is covered within a period of time

2. List the important steps one would follow when estimating and receiving materials for home visiting.
   a. Check homes and clients to be visited
   b. Check type of materials and quantities required
   c. Fill relevant requisition forms (refer to Module 1)
   d. Enter requisition in appropriate record book
   e. Store materials e.g. drugs and vaccines appropriately

3. What items are needed when visiting clients in their homes?
   a. Area map
   b. Home visiting register (for the area)
   c. Notebook and pen
   d. Health education materials, immunisation tally sheets and other management information system (MIS) instruments
   e. Home visiting bag e.g. ruck-sack
   f. Contraceptive devices
   g. Drugs (tablets and syrups for minor ailments)
   h. Vaccine carrier with vaccines
   i. Syringes, needles and swabs
   j. Growth monitoring cards/Child Health Record Cards
   k. Standard Treatment Guidelines
1. Midwifery kit (pair of gloves, packet of blades, cord ligature, swabs, soap and rubber sheet, disinfectant or bleach)

m. Tape measure

n. BP apparatus (sphygmomanometer and stethoscope)

o. Foetal stethoscope

p. Means of transport, if not within walking distance

q. Maternal record books

r. Family planning record books

s. Hanging scale

t. Toddler scale

u. Hand washing items

### Preparing for Home Visits

#### Instructions

Divide participants into small groups. Let participants in each group read and discuss the following case study. Ask each group to discuss the question that follow and present their response during the plenary

#### Activity 2: Case Study on Preparing for Scheduled Home Visits

1. How would you, as a CHO, prepare for scheduled home visits?

**Points to consider during the plenary:**

a. Re-plan: the CHO needs to review her plan for the day. Can it be postponed? If yes, send word that you are unable to visit as planned. Prepare a special visit

b. Arrange for transport as soon as possible and go to Kojokrom. Leave message on your door showing others where to find you

c. Show the affected area on your community map

d. Send a word to SDHT about the situation

**Close topic:** Summarise main ideas and link to next topic.
Unit 2

Conducting Effective Home Visits

Terminal Performance Objectives

After studying this unit, the CHO will be able to:

• Conduct home visits using the calendar of activities
• Establish rapport with families and assist them with specific issues
• Offer appropriate services to individuals
• Record the outcomes of the home visits

Rationale

Mention why this objective is important to CHOs:

• To Enable the CHO carry out home visits effectively

Topic Outline

1. Establishing rapport
2. Client needs assessment
3. Problem-solving methods
4. Recording home visit and completing reporting format(s)
5. Updating community register (e.g. births, deaths, migration)
Topic Outline 1: **Establishing Rapport**

**Facilitator-Participants Interactions**

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

**Instructions:**

Divide participants into small groups. Let participants in each group read and answer the questions that follow. Tell the groups to write down their responses on flip chart for plenary discussion. From the home visit note any follow up/next line of action.

The proposed actions should specify responsible of parties and time lines. Each group then presents their work at plenary showing how this will be recorded in the CHO’s notebook.

**Activity 3: Case Study on Home Visiting**

**Background**

Madam Adisa is a trader who spends most of her day in the market. She buys cooked food from the market for herself and family because she comes home late. Her one-year-old baby is malnourished and has not had any immunizations. One day, the CHO visited Madam Adisa in her home. During their interaction, Madam Adisa admitted that her baby had not had any of the vaccinations. The CHO was angry. She spent 30 minutes talking about the causes of malnutrition and the importance of immunization. She gave the baby the necessary vaccinations and referred her to the nutrition rehabilitation centre. Madam Adisa never went to the rehabilitation centre.

**Questions and Answers**

1. Did the CHO establish good rapport with Madam Adisa? Give reasons for your answer.
   a. The CHO failed to establish good rapport with Madam Adisa because she did not find out the reasons why Madam Adisa’s child was malnourished. The CHO rather got angry with the woman
   b. The CHO should have found out why Madam Adisa did not immunise her child

2. Give some reasons why Madam Adisa did not go to the rehabilitation centre?
   a. Madam Adisa thinks health workers at the Centre will behave in an unfriendly manner as the CHO did
b. Madam Adisa cannot afford the cost of transporting the child to the Centre

c. Madam Adisa may need support from the family

3. What are the steps in establishing rapport?
   a. Greet client in a respectful manner
   b. Introduce yourself
   c. Ascertain condition of client and other family members
   d. Pay full attention
   e. Talk in a private place
   f. Assure client of confidentiality

**Topic Outline 2: Client Needs Assessment**

**Facilitator-Participants Interaction**

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

Home visiting allows the CHO to take health care close to community members. The CHO has opportunity to educate community members in very practical ways.

**Questions and Answers**

1. How does the CHO assess the needs of her clients?

   Client needs are assessed by:
   a. Asking relevant questions
   b. Observing the general appearance of the client
   c. Doing a physical examination where necessary
   d. Observing their environment
   e. Checking previous records e.g. Child Health Record Cards, Tetanus Toxoid (TT) card, FP card
   f. Negotiating with client and agreeing on what to do to solve a problem e.g. to improve child feeding
Topic Outline 3: Problem-solving Methods

Facilitator-Participants Interaction

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

Questions and Answers

1. How would you assist in providing the client’s needs?
   a. Assist the client depending on problems identified
   b. Undertake health education based on problems identified
   c. Using the relevant guidelines or protocols, provide care as appropriate. For example, for a special client you may use the Reproductive Health Protocol or the Standard Treatment Guidelines
   d. Supply contraceptives and other drugs as required

2. Name any five (5) special clients you may meet during home visit.
   a. Malnourished child
   b. Buruli ulcer patient
   c. Postnatal mother
   d. Anaemic child
   e. HIV/AIDS patient
   f. Grand multiparas
   g. Single parents
   h. Drug and substance abusers
   i. Child abuse and domestic violence victims
   j. Physically and mentally challenged people
   k. Chronically ill patients (diabetic, hypertensive, leprosy)
   l. Orphans
   m. Pre-term babies
3. How would you manage special clients?
   a. Assess client’s status
   b. Review records, if any
   c. Counsel client and relatives
   d. Manage client’s condition with the help of relatives
   e. Refer them to where they can be helped
   f. Visit regularly to assess progress

Topic Outline 4: **Recording Home Visits and Completing Reporting Formats**

**Facilitator-Participants Interaction**
Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

**Questions and Answers**

1. What activities do you need to note down during and after home visits?
   a. The types of services rendered
   b. Number of households visited
   c. The number of people attended to
   d. Remarks on some special ones, especially those who need follow-up visits
   e. Child Health Record Cards, TT and FP cards should be updated
   f. The community register should also be updated
   g. Write your findings using the appropriate reporting format

2. List the stages you go through when interpreting the updated information (community health data)
   a. Analyse the health data
   b. Make inferences and form opinions
c. Recommend what is feasible under existing circumstances

d. Group recommendations into areas that require additional support from community and those areas where assistance has to be sought from outside the community

e. Discuss findings with the community leaders at the next village health committee meeting

**Topic Outline 5: Updating the Community Register**

**Facilitator-Participants Interaction**

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

**Questions and Answers**

1. How often would you update the community register?

   The CHO updates the community register every month during her meeting with the Village Health Committee volunteers

2. What are some of the areas in the community register which need to be updated after home visits?

   a. Cancelling the names of dead people
   
   b. Entering the names of births
   
   c. Noting those who have accepted modern contraception
   
   d. Clients who have stopped using some FP methods
   
   e. Clients who have switched FP methods
   
   f. Those who have left the catchment area (migration)

**Close topic:** Summarise main ideas and link to next topic
Unit 3

Conducting Effective School Hygiene Inspection

Terminal Performance Objectives

After studying this unit, you will be able to:

- Prepare for school hygiene inspection
- Conduct school health visit
- Report on the inspection

Rationale

Mention why this objective is important to CHOs:

- To enable the CHO carry out effective school hygiene inspection.

Topic Outline

1. Preparing for School Hygiene Inspection
2. Conducting School Hygiene Inspection
3. Writing a Report

Topic Outline 1: Preparing for School Hygiene Inspection

Facilitator-Participants Interaction

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

It is mandatory that the school health teacher examines children in the following classes with support from the health worker.
Questions and Answers

1. Which classes are being referred to?
   a. All nursery and kindergarten classes
   b. Primary classes one to six
   c. Junior High School forms one to three

2. What preparations must a CHO undertake when preparing for school hygiene inspection?
   a. Review the school calendar and ensure that school is in session
   b. Check your monthly or annual calendar if date is scheduled
   c. Write a letter to the school a week or two prior to the day of inspection
   d. Send a reminder a day or two to the day of inspection if need be
   e. Go back for feedback on appointed date and time
   f. Issue out School Health Inspection (SHI) cards to the selected class teachers
   g. Teachers should inform parents to bring children for SHI
   h. CHO prepares by informing other health personnel e.g. SDHT, environmental health officers, nutritionists, dentists, eye nurse
   i. Gather all materials that would be needed for the visit

3. List examples of supplies you will need during the school hygiene inspection.
   a. Snelling’s chart
   b. Weighing scale
   c. Spatula
   d. Visual aids
   e. Vaccines (if necessary)
   f. Height measure
   g. Tuning fork
   h. Drugs (for de-worming, anti malaria, topical dressings)
   i. Transport
j. Notebook for registration  
k. Pen, pencil, ruler, eraser  
l. First aid box  
m. Vaccine carrier  
n. TT Cards  
o. Syringes and needles  
p. Immunization tray  
q. Dressings (plaster, swabs, spirit)  
r. Hand washing towels, soap, bowls  
s. Screen to provide privacy  
t. Scissors, container for used swabs

**Topic Outline 2: Conducting School Health Inspection**

**Facilitator-Participants Interaction**

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

**Questions and Answers**

1. How will you conduct your school hygiene inspection?  
   a. Send prior information to the head-teacher  
   b. Ask teacher to gather the children for you  
   c. Gather all the materials needed for the work e.g. vaccines, visual aids, leaflets  
   d. Go to the school and introduce yourself to the head-teacher  
   e. Ask for the school health teacher and work with him/her  
   f. Go to the appropriate class and introduce yourself to the class  
   g. Establish rapport with the pupils and explain rationale for SHI  
   h. Give a health talk, ask questions and receive feedback
i. Physically examination each pupil and counsel or refer where necessary
j. Immunise if necessary
k. Do environmental health inspection
l. Check areas like refuse disposal site, urinal, drinking water and hand washing facilities and find out whether there are enough trees on the compound
m. Inspect the environment in which the food vendors operate and examine their health status cards
n. Inspect First Aid Box and its contents
o. Debrief the head-teacher and entire teaching staff
p. Thank them and agree on a date for next visit
q. Write a report and send copies to your superior and the school

2. What will you do during a physical examination of a school child?
   a. Welcome child
   b. Explain procedure
   c. Wash hands with soap and running water before and at the end of inspection
   d. Use alcohol hand rub after inspecting each child
   e. Inspect each child from head to toe for abnormalities, growths, discharges, swellings, parasitic infections e.g. lice. The inspection is conducted as follows:
      i. the hair for lice, dirt, shine and colour
      ii. scalp for head lice, ringworm, sores, dandruff
      iii. ears for discharge and hearing impairments
      iv. eyes for discharge, cataract, jaundice, pallor, visual acuity
      v. neck for swellings, goitre, dirt
      vi. conjunctiva for pallor, discharge
      vii. nose for discharge, abnormalities
      viii. upper lips for equality, deformities, scars
      ix. mouth for dental caries, congenital malformation
      x. glands around the neck for swelling
xi. armpit for boils, enlarged lymph nodes, dirt
xii. breast for lumps, discharge from the nipples
xiii. abdomen for rashes and nodules
xiv. genitals for discharges, undescended testicles in boys
xv. skin for infections, cuts and wounds
xvi. nails, hands and feet for webbed fingers, extra digits, dirt and malformations
xvii. back for swellings, tenderness, deformities
xviii. inspection of the school uniform and underwear
xix. observe for any abnormal behaviour

3. Which areas should be considered when inspecting the environment?
   a. State of school infrastructure
   b. Sitting arrangement and capacity in a class
   c. Ventilation in the classrooms
   d. Availability and state of urinals and toilets
   e. Refuse disposal sites
   f. Recreational facilities or playground
   g. Availability of trees to serve as wind breaks and shade for the pupils.
   h. Inspection of health status cards of food vendors, the types of food sold, and cleanliness of the utensils and surroundings
   i. Inspection of First Aid Box and its contents

**Topic Outline 3: Report on the Inspection**

**Facilitator-Participants Interaction**

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

1. What should be reported after conducting a school health visit?
   a. Name of school visited
b. Date and time of visit  
c. Classes inspected  
d. Total number of pupils enrolled in school, number inspected and number absent  
e. Teacher you worked with  
f. Health talk topic  
g. Findings during the physical examination and inspection of the environment  
   i. Nutritional status  
   ii. Immunizations  
   iii. Number of children de-wormed  
   iv. Health status of the children  
   v. Personal hygiene  
   vi. Environment  

**Close topic:** Summarise main ideas and link to next topic.
Checklist 2.1: Performance Guide for Conducting Home Visits

Instructions:
Rate the performance of each task/activity observed using the following rating scale.

- 0 - Task/Activity omitted
- 1 - Task/Activity incorrectly performed
- 2 - Task/Activity correctly performed (Hesitated)
- 3 - Task/Activity correctly done and with confidence
- N/A - Task/Activity not required in this observation

<table>
<thead>
<tr>
<th>Task/Activity</th>
<th>Rating</th>
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<tbody>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td><strong>Prepare for Home Visit</strong></td>
<td></td>
</tr>
<tr>
<td>1. Sets objectives</td>
<td></td>
</tr>
<tr>
<td>2. Sketches the map of the area to be visited</td>
<td></td>
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<tr>
<td>3. Writes the number of homes to be visited</td>
<td></td>
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<tr>
<td>4. Sets time for the visit</td>
<td></td>
</tr>
<tr>
<td>5. Reviews previous records of area to be visited</td>
<td></td>
</tr>
<tr>
<td>6. Collects visiting bag, packed with needed items</td>
<td></td>
</tr>
<tr>
<td>7. Decides on means of transport (if motorbike is</td>
<td></td>
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<tr>
<td>to be used) and checks the transport</td>
<td></td>
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<tr>
<td>8. Re-checks packed items (on the day of visit)</td>
<td></td>
</tr>
<tr>
<td>before setting off</td>
<td></td>
</tr>
<tr>
<td>9. Sets objectives and packs items according to</td>
<td></td>
</tr>
<tr>
<td>needs of special clients to be visited for special home visits</td>
<td></td>
</tr>
<tr>
<td><strong>Conducting a Home Visit</strong></td>
<td></td>
</tr>
<tr>
<td>1. Establishes rapport</td>
<td></td>
</tr>
<tr>
<td>2. Assesses clients by interviewing, observation</td>
<td></td>
</tr>
<tr>
<td>and physical examination</td>
<td></td>
</tr>
<tr>
<td>3. Solves identified problem(s) e.g. gives care</td>
<td></td>
</tr>
<tr>
<td>to client and counsels as appropriate or gives</td>
<td></td>
</tr>
<tr>
<td>first aid and refers</td>
<td></td>
</tr>
<tr>
<td>4. Records activities</td>
<td></td>
</tr>
</tbody>
</table>
Checklist 2.2: Performance Guide for School Hygiene Inspection

Instructions:
Rate the performance of each task/activity observed using the following rating scale.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Task/Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
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</tr>
<tr>
<td>1</td>
<td>Task/Activity incorrectly performed</td>
</tr>
<tr>
<td>2</td>
<td>Task/Activity correctly performed (Hesitated)</td>
</tr>
<tr>
<td>3</td>
<td>Task/Activity correctly done and with confidence</td>
</tr>
<tr>
<td>N/A</td>
<td>Task/Activity not required in this observation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Task/Activity</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preparing for School Hygiene Inspection</strong></td>
<td></td>
</tr>
<tr>
<td>1. Reviews the calendar of the school</td>
<td>0-1-2-3-N/A</td>
</tr>
<tr>
<td>2. Checks monthly calendar</td>
<td>0-1-2-3-N/A</td>
</tr>
<tr>
<td>3. Writes letter to school</td>
<td>0-1-2-3-N/A</td>
</tr>
<tr>
<td>4. Sends a reminder</td>
<td>0-1-2-3-N/A</td>
</tr>
<tr>
<td>5. Gathers all materials</td>
<td>0-1-2-3-N/A</td>
</tr>
<tr>
<td><strong>Conducts School Hygiene Inspection</strong></td>
<td></td>
</tr>
<tr>
<td>6. Sends prior information to the head teacher</td>
<td>0-1-2-3-N/A</td>
</tr>
<tr>
<td>7. Gathers all materials needed e.g. vaccines, visual aids, leaflets</td>
<td>0-1-2-3-N/A</td>
</tr>
<tr>
<td>8. Go to the school and introduce yourself to the head teacher and work with him/her</td>
<td>0-1-2-3-N/A</td>
</tr>
<tr>
<td>9. Goes to the appropriate class and introduce yourself</td>
<td>0-1-2-3-N/A</td>
</tr>
<tr>
<td>10. Establishes rapport with the pupils and explains the purpose of SHI</td>
<td>0-1-2-3-N/A</td>
</tr>
<tr>
<td>11. Gives a health talk</td>
<td>0-1-2-3-N/A</td>
</tr>
<tr>
<td>12. Physically examines the pupils</td>
<td>0-1-2-3-N/A</td>
</tr>
<tr>
<td>13. Immunizes when necessary</td>
<td>0-1-2-3-N/A</td>
</tr>
<tr>
<td>14. Counsels or refers when necessary</td>
<td>0-1-2-3-N/A</td>
</tr>
<tr>
<td>15. Inspects environment</td>
<td>0-1-2-3-N/A</td>
</tr>
<tr>
<td>Task/Activity</td>
<td>Rating</td>
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<tr>
<td>--------------</td>
<td>--------</td>
</tr>
<tr>
<td>16. Inspects environment where food is sold and stored</td>
<td>0</td>
</tr>
<tr>
<td>17. Examines food vendors’ Health Status Cards</td>
<td>0</td>
</tr>
<tr>
<td>18. Inspects first aid box and contents</td>
<td>0</td>
</tr>
<tr>
<td>19. Debriefs the head teacher and entire teaching staff</td>
<td>0</td>
</tr>
<tr>
<td>20. Writes a report and sends copy to the supervisor and the School</td>
<td>0</td>
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</tbody>
</table>

**Inspecting the School Environment**

<table>
<thead>
<tr>
<th>Task/Activity</th>
<th>Rating</th>
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<tbody>
<tr>
<td>21. States status of school infrastructure</td>
<td>0</td>
</tr>
<tr>
<td>22. Inspects seating arrangement and capacity in class</td>
<td>0</td>
</tr>
<tr>
<td>23. Inspects ventilation in the classrooms</td>
<td>0</td>
</tr>
<tr>
<td>24. Inspects availability and state of urinals and toilets</td>
<td>0</td>
</tr>
<tr>
<td>25. Inspects refuse disposal sites</td>
<td>0</td>
</tr>
<tr>
<td>26. Inspects recreational facilities and playgrounds</td>
<td>0</td>
</tr>
<tr>
<td>27. Assesses availability of trees</td>
<td>0</td>
</tr>
</tbody>
</table>

**Inspection of School Child**

<table>
<thead>
<tr>
<th>Task/Activity</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>28. Conducts head-to-toe examination</td>
<td>0</td>
</tr>
<tr>
<td>a. Hair for lice, dirt, colour</td>
<td>0</td>
</tr>
<tr>
<td>b. Scalp for lice, ringworm, sores, dandruff</td>
<td>0</td>
</tr>
<tr>
<td>c. Ears for discharge, hearing impairment</td>
<td>0</td>
</tr>
<tr>
<td>d. Nose for discharge, abnormalities</td>
<td>0</td>
</tr>
<tr>
<td>e. Conjunctiva for paleness, discharge, visual acuity</td>
<td>0</td>
</tr>
<tr>
<td>f. Mouth for dental caries, congenital malformation</td>
<td>0</td>
</tr>
<tr>
<td>g. Glands around the neck for swelling</td>
<td>0</td>
</tr>
<tr>
<td>h. Skin for infections, cuts and wounds</td>
<td>0</td>
</tr>
<tr>
<td>i. Nails, hands and feet for dirt, malformations</td>
<td>0</td>
</tr>
</tbody>
</table>

**Report on School Hygiene Inspection**

<table>
<thead>
<tr>
<th>Task/Activity</th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>29. Records name of school visited</td>
<td>0</td>
</tr>
<tr>
<td>Task/Activity</td>
<td>Rating</td>
</tr>
<tr>
<td>--------------</td>
<td>--------</td>
</tr>
<tr>
<td>30. Date and time of visit</td>
<td>0 1 2 3 N/A</td>
</tr>
<tr>
<td>31. Classes inspected and number enrolled</td>
<td>0 1 2 3 N/A</td>
</tr>
<tr>
<td>32. Records of total number of pupils examined</td>
<td>0 1 2 3 N/A</td>
</tr>
<tr>
<td>33. Health talks given</td>
<td>0 1 2 3 N/A</td>
</tr>
<tr>
<td>34. Records of physical examination findings and school environment inspections</td>
<td>0 1 2 3 N/A</td>
</tr>
<tr>
<td>35. Recommendations based on the findings, if any</td>
<td>0 1 2 3 N/A</td>
</tr>
</tbody>
</table>
Unit 1

What is Home Visiting?

Home visiting is a strategy used to contact families and individuals in their home setting for the purpose of education, counselling and providing a minimum package of health service as may be required by the family or individual. To be effective, home visits have to be planned well, including a determination of the kind of visit you want to undertake. Home visiting can be classified as:

a. Routine - to normal families or for case finding
b. Special - defaulter tracing, follow-up, rehabilitation, etc.

Routine visits

When visiting homes, one often comes across individuals who have not reported to the health centre/SDHT but who need some form of health care. These include children who have not been immunised, malnourished children, physically handicapped children, women and men who need education on how to manage their fertility effectively and also individuals with communicable diseases such as Guinea worm and leprosy.

Special visits

a. **Follow-up**: this will usually be for clients who are thought to be ‘at risk’ for whatever reason, for example, failure to gain weight in a child, pregnant woman who has problems after discharge from hospital, an HIV-positive client and his family

b. **Defaulter tracing**: if someone has not completed a set of health care activities such as family planning, ANC, immunisation, tuberculosis or leprosy treatment, then the CHO and the CHVs should follow up the client to find out the reasons and take appropriate action

c. **Rehabilitation**: many chronic illnesses and conditions (e.g. AIDS, mental illness, TB, amputations) need prolonged follow-up in the home environment to ensure that the person is able to lead normal life as possible. This requires frequent visits from the CHO, CHVs, and other members of the SDHT to solve problems and provide support

It is necessary to check the environment where people live during home visiting and give practical advice on how to improve the sanitation. Toilets, weeds, drainage, water storage and
cooking areas should be inspected.

Home visiting is associated with many challenges but going to clients in their homes can be very fulfilling since clients open up and share more about themselves. However, if home visiting is not seen as a priority by the CHO and or has not been planned adequately, it should be suspended and done properly at the appropriate time.

The CHO’s weekly schedule should include the homes to be visited and the time for each visit. The area in which the CHO operates must, therefore, be subdivided so that the CHO can cover the whole zone at least once every quarter (3 months).

The CHPS Zone

If a CHO is to provide services to all people in her zone and to support CHVs/TBAs to provide quality service, then it is essential that she becomes very conversant with the area in which she works. She also has to be familiar with the total population and the kinds of people who make up the various communities and have a map of the area showing the important features. Every zone is divided into a number of manageable operational areas which the CHO visits periodically.

The population of each village in the zone is obtained from the community register. To keep this accurate, it is important to update the information in the register regularly.

Target population

A target population is that part of the population which should receive particular services. The target populations for RCH are:

- Women in fertile age (WIFA) - 20% of the population
- Pregnant women - 4%
- Children under 5 years - 20%
- Children under one year - 4%

Drawing a Map

A map is a most useful tool for a health centre as it allows everyone to see what is in the zone, identify important landmarks and to see where the CHO’s activities take place.

The most useful map is one drawn by the CHO herself, showing landmarks that are important to her work. Other members of the SDHT, especially the disease control unit and community members may work with the CHO to draw the map. A map should be constantly upgraded to show new activities and information. There should be a key which shows the symbols used on the
map. A map should contain the following features:

a. Boundaries showing neighbouring districts, sub districts or zones
b. Important towns, villages and their populations
c. Communications such as roads, footpaths, railways
d. Health infrastructure such as private clinics, trained TBA homes, homes of CHVs, traditional healers, health centres and outreach points
e. Public infrastructure (e.g. schools, markets, cemetery); traditional and religious infrastructure (e.g. chief’s palace, churches); and physical features (e.g. mountains, rivers, ponds, forests)

After the zone has been defined and a map drawn, the CHO continues to find out as much as possible about the health of the people in her area. She finds out who they are, the way they live, the food they eat, relevant taboos, the work they do, their major health problems and local resources available to improve the situation. This information is collected together in one document called a community profile, which gives an overview of the local health situation. This profile should be used to highlight problems and stimulate action.

Unit 2

Conducting Effective Home Visits

Steps in carrying out home visit activities include:

a. Preparation for each home visit activity
b. Conducting the actual home visit (includes establishing rapport with the client, assessing the client’s needs as well as assisting in solving the client’s problems)
c. Documenting each activity

Providing for client needs would include providing health care services such as the following:

a. General examination of all clients (e.g. taking temperatures of all children)
b. Examination of conjunctiva for pallor; monitoring growth of children; and checking BP of all adults
c. Treating minor ailments, providing antenatal and postnatal care, family planning services, counselling, and care to special clients
d. Providing health education.
Home visiting should always be done at hours that are convenient for the recipients. This means that the CHO will often have to work at “odd” hours i.e. outside of normal working hours. Transport is essential for home visiting and different means of transport can be used. So there should be proper planning and regular maintenance of vehicles to avoid breakdowns. Though Ghana is generally a safe place, the CHO should avoid travelling to places and at times that are perceived to be dangerous. It is advisable to travel with assigned community members. Community protection can be arranged by the health committees and other opinion leaders.

The CHO records her activities in her home visiting notebook which is checked regularly by her supervisors and feedback given to the CHO.

Relations with clients and community members

If the CHO approaches community members in an insensitive or antagonistic way and divulges sensitive information, the people may become hostile and regard the CHO with suspicion. This should be avoided by using a diplomatic approach, showing empathy and a respectful attitude. However, if there are problems, the SDHT and the village health committee should be consulted and the problems solved by careful explanation and reassurance.

For health-related activities to be successful, there is a need to establish a good relationship with your clients. The CHO should use all her knowledge and skills to detect a client’s fears or worries and reassure him. Some ways to establish good rapport are:

a. Greet each client by name and with a smile. Show concern for their relatives. Compliment them if something has been done well. Make eye contact as much as is culturally appropriate; it makes them feel more comfortable

b. Ask how the client is faring and listen carefully to what he/she says. Show empathy for his/her problems. Make sure that anything the client tells you is kept confidential

c. Tell the client what you find and the conclusions you make after examining him. Talk in a simple language which people can easily understand. Avoid medical jargons and words which confuse people

d. Help the client to use the services of the nearest health facility if he/she has to be referred. Inform him/her of your next visit

e. Explain the problems you have found and what treatment you are giving. Make sure the client knows exactly when to take what medication. Explain how the problem can be prevented or controlled in future.

f. Reassure the client
Module 3

Supporting Community Health Volunteers (CHVs)
Purpose and Organisation

This module helps the CHO to develop the necessary knowledge and skills to supervise community health workers (CHWs) e.g. Community Health Volunteers (CHVs) and Traditional Birth Attendants (TBAs). It also helps the CHO to learn how to monitor their activities, organise needed training or updates and assist them stock up necessary supplies for their work.

The module has four (4) units that cover the core issues that help the CHO understand supervision and monitoring, and work towards improving the performance of community health workers in their catchment area.

Objectives

Review these objectives now and all subsequent unit objectives as you begin the unit by:
• Reading each objective yourself or
• Having a participant read the objectives aloud to the group

After studying this module, the CHO will be able to:

1. Plan supervisory activities
2. Monitor the activities of CHVs and provide them with technical support
3. Organise supervisory meetings and prepare reports
4. Assist CHWs manage their logistics and supplies
5. Collabourate with the SDHT to assess the training needs of CHWs and update their knowledge and skills accordingly

Contents

Unit 1: Managing Supervisory Activities

Unit 2: Providing Technical Assistance to CHVs during Supervisory Visits

Unit 3: Organising Regular Supervisory Meetings

Unit 4: Assisting CHVs and TBAs manage their Logistics and Procure their Supplies
Expected Outcome

Knowledge
- Provide technical support to CHVs and TBAs during supervisory visits
- Carry out supervision
- Assess outcomes of supervisory visits
- Organise supervisory meetings
- Identify essential supplies needed
- Manage supplies and logistics

Attitudes
- Initiative and drive
- Tact and socio-cultural sensitivity
- Self-discipline
- Trustworthy

Skills
- Communication and interpersonal relations
- Decision-making and problem-solving skills
- Planning and organising
- Recording and reporting
- Monitoring
- Supervision
- Technical skill
- Sharing experience and information with VHCs and community members
Table 3.1 Materials Needed

<table>
<thead>
<tr>
<th>Samples</th>
<th>CHO Materials</th>
<th>Facilitator Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Formats for supervision/monitoring</td>
<td>• Stationery</td>
<td>• Overhead Projector (where available)</td>
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<td></td>
<td>– Pencils</td>
<td>• Transparencies</td>
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<td></td>
<td>– Pens</td>
<td>• Felt pens/Markers</td>
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<td></td>
<td>• CHO workbook</td>
<td>• Flip chart sheets</td>
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<td></td>
<td>• Note pads</td>
<td>• Samples of supplies e.g. condoms</td>
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Teaching Methods

- Use learner-centred methods in this module
- Introduce new materials through a guided discussion.
- Start each unit with a guided discussion.

Help participants develop their ability to support CHVs and TBAs through a variety of group activities e.g. role-plays and case studies.

Getting Started

1. Do a warm-up exercise
2. Review any topics from previous sessions that are relevant to this module
3. At the beginning of each module, review the purpose, contents and objectives
4. At the beginning of each unit, review the topic outline to enable participants understand how the module is organised

Facilitator-Participants Interaction

Depending on the manner in which you choose to facilitate the class, ask relevant questions on each of the questions in the Workbook. It is ideal to let participants attempt all the questions in their Workbook before the session.

**Call on participants to read their answers**

- Ask one person to volunteer to read first
- After he/she reads the answer, comment positively on it
- Let another person read his/her answer
• After he/she reads the answer, comment positively on it
• Compare and contrast what both have written or ask others if they see any similarities or differences.

Group Activities
Role-plays, case studies, group discussions
• Give each participant a copy of the material to read or direct them to where the material can be found in the Workbook
• Divide the participants into small groups. Tell each group to discuss the questions on the case study and provide answers to the questions that follow

During the presentations
• Ask if others have any additions
• Ask if others have any suggestions
• Comment on what they did well
• Offer suggestions for improvement
• Ask for lessons learnt
Unit 1

Managing Supervisory Activities

Terminal Performance Objectives

After studying this unit, the CHO will be able to:

- Set objectives for supervisory visit
- Prepare a realistic supervision plan
- Develop a checklist to ensure accomplishment of planned activities and to guide reporting

Rationale

Mention why these objectives are important to CHOs:

- The CHO learns about the CHVs/TBAs working condition through supervision
- It enables the CHO to support the CHV/TBA by giving effective feedback, motivation and updates
- It helps to develop a good working relationship between the CHO and the community workers

Topic Outline

1. Planning Supervisory Activities
2. Implementing, Monitoring and Evaluating Supervisory Activities
3. Steps to Follow in Report-writing
Topic Outline 1: **Planning Supervisory Activities**

**Facilitator-Participants Interaction**

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

**Questions and Answers**

1. **What is Supervision?**

   Let participants brainstorm to come up with the definition of monitoring and supervision.

   a. Supervision refers to a process of communication between the CHO and the CHW that emphasises mentoring and ensures joint problem-solving. Supervision is a helping process that concentrates on people and sets out to improve performance. Through supervision, the supervisor has the opportunity not only to provide guidance, advice and help, but also to learn.

   b. Administrative supervision, which is a type of supervision, consists mainly of monitoring. Monitoring is a process of continuous review or observation of the health activities or services given or provided by the CHW with the aim of identifying and rectifying gaps between what has been achieved and set targets. It is also concerned with checking on the progress of activities and the utilisation of resources.

2. **Discuss the importance of supervision with CHO(s).**

   a. To support CHWs to perform well (up to expectation) and thereby improve the quality of the services they provide and meet health goals of the district.

   b. You need to communicate effectively with those you supervise, coach them to gradually acquire the needed information and skills, work effectively with groups and also facilitate and plan meetings. Lead another discussion to bring out the qualities of a good supervisor.
Activity 1: Case Study on Supervision

Instructions:

- Divide participants into groups
- Let participants in each group read and discuss the case study below
- Ask each group to present their work during the plenary session and discuss

Background

Madam Hawa, a CHO, in Nakori community saw Madam Grace, a TBA, in Chansa, on a market day in Wa and promised to visit her the next day. Madam Grace was glad that the CHO would be visiting so she prepared and waited anxiously for Madam Hawa that day. Meanwhile her stock of male condoms was almost finished and she wanted to ask the CHO about the female condom and how it is worn. However, the CHO did not show up as planned.

Two weeks later the CHO brought a supply of condoms to Madam Grace on her way to a funeral in the next village. But they were the wrong brand of condoms and too few for the number of clients. Surprisingly, the CHO neither apologises nor gives an explanation for not honouring the visit.

When Madam Grace commented on the brand and number of condoms, the CHO hurriedly apologized and turned to leave. Seeing the unhappy expression on Madam Grace’s face, the CHO asked, “You do not have any problems, do you?” and then rushed off before Madam Grace had time to respond.

Questions and Answers

1. Assess Madam Hawa’s behaviour. What did she do right?
   a. She had an intention to pay a supervisory visit.
   b. She confirmed her intention
   c. CHO admitted her fault and apologised to the TBA
   d. She was observant

2. Make suggestions to improve Hawa’s supervisory activities.

   The CHO should draw a monthly supervision plan and stick to the plan as much as possible. (Refer to the reference material section for sample plan and steps to help you prepare your own plan)
Topic Outline 2: **Implementing, Monitoring and Evaluating Supervisory Activities**

**Facilitator-Participants Interaction**

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

**Questions and Answers**

1. Lead a discussion to bring out the steps to follow in implementing your planned activities.
   - a. Discuss with SDHT, community health committee and CHV how to go about the supervision and monitoring
   - b. Mobilise resources needed (e.g. IEC materials, contraceptives)
   - c. Conduct a supervisory visit and other activities as planned
   - d. Record all activities. Make observations and collect information using prepared tools
   - e. Discuss findings and agree on steps to be taken to address the gaps
   - f. Arrange a follow-up visit
   - g. Write a report
   - h. Check your plan regularly to ensure accomplishment of the activities
   - i. Modify the plan if necessary

2. State the steps you will follow in monitoring and evaluating your supervisory plan.
   - a. Check the plan regularly to ensure that planned activities are implemented
   - b. Record activities carried out and those not carried out and give reasons
   - c. Modify the plan and re-organise activities not carried out
   - d. Note all major problems and constraints encountered during the month
   - e. Seek solutions to the problems
   - f. Use outcomes or results of the monitoring and evaluation activities to plan for the following month
   - g. Write a narrative monthly report
Facilitator-Participants Interaction

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

Questions and Answers

1. Ask participants to list reasons for writing reports.
   a. Document activities
   b. Monitor activities
   c. Give feedback
   d. Identify main issues
      i. activities observed
      ii. level of proficiency
      iii. gaps in performance
      iv. feedback and support given
   e. Conclusions and recommendations for further action e.g. training

2. What issues should be highlighted in the report?
   a. Heading or title
   b. Introduction
      i. objectives
      ii. where the activities were undertaken
      iii. who did the activity
Providing Technical Support to the CHV During Supervisory Visits

Terminal Performance Objectives

After studying this unit, you will be able to:

• Conduct the visit as planned
• Follow up after a supervisory visit

Rationale

Mention why these objectives are important to CHO:

• The CHO is able to update the CHV/TBA on his/her knowledge of health issues
• The CHO is able to observe the CHV/TBA at work and make necessary corrections or give encouragement for good work
• CHV/TBA has opportunity to ask questions
• CHV/TBA can have assistance to update his/her records and restock supplies

Topic Outline

1. Types of Supervision
2. Conducting Supervisory Visits
3. Assessment of Outcomes of Visit and Follow-up

Topic Outline 1: Types of Supervision

Facilitator-Participants Interaction

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc. Lead participants to discuss the types of supervision.
Questions and Answers

1. Supervisory visits may be done for an individual or a group. Explain how it is done in each case.
   a. Individual supervision: The CHO visits the CHV/TBA individually. The visits are usually scheduled. However, there may be occasional unscheduled visits.
   b. Group supervision: The CHO brings together all CHVs/TBAs in his/her catchment area to review their work. Time and cost are reduced and the volunteers have opportunity to share problems, experiences and find solutions to their problems.

Topic Outline 2: Conducting Supervisory Visits

Facilitator-Participants Interaction

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

Activity 2: Case Study on Conducting Supervisory Visits

Instructions:
Divide participants into small groups to read and discuss the case study that follows.
Discuss their answers during a plenary session.

Background

During a supervisory visit, Ms. Fatima Salifu, the CHO, made these remarks to the CHV/TBA:
“During the visit to Papa Kwame’s house today, you were friendly and warm. I see that you have established a good relationship with the household. Your reminders to Papa Kwame and his wife about how to take the pill were clear and complete, and it is excellent that you remembered to repeat them, since she is a first-time user who just started last month. You listened well when she told you the problems she has been having with taking the pill.”

“However, there are two things that you should do differently next time you see a client with these complaints. She is a new pill user, and it is important to reassure new pill users that the nausea will probably disappear by the second month. Her headaches could be due to many causes. Next time a pill user complains of headaches, ask whether she had these headaches before she started taking the pill. Also keep track of who is complaining about headaches. If a woman has this complaint two months in a row, let me know about it or refer her to the Health Centre. Later this afternoon, I’ll review our policies for treatment of side effects of the pill with you, to refresh your memory.”
Questions and Answers

1. Comment on the feedback given by the CHO to the CHV/TBA.
   a. The feedback was effective. The CHO communicated her reaction regarding the volunteer’s work
   b. He/she assured the CHV that he/she was doing well, indicated areas where he/she needed to improve and how he/she could improve performance. (Refer to the module on Communication for more information).

2. What techniques did the CHO employ to enable her give feedback?
   Observation of the CHV, interviewing and effective listening skills

3. What can a CHO do to motivate or encourage the CHVs in her zone?
   a. Give praise when it is due
   b. Explain the value of the CHV’s work to him
   c. Help CHVs to take up responsibility i.e. do not be too quick to make decisions for them
   d. Help them achieve their work objectives
   e. Provide opportunity for personal development through invitation to relevant SDHT meetings

4. How will you as a CHO prepare for a supervisory visit?
   a. Review information from various sources e.g. previous reports
   b. Identify specific issues or tasks that require attention and on which to focus during the visit
   c. Set objective(s) for the visit based on those issues identified
   d. Review available information on critical tasks or procedures, focusing on the objectives of the visit
   e. Check the availability of all resources needed for the supervisory visit e.g. contraceptives, visual aids
   f. Inform your supervisor, the CHC, the CHV and other interested groups

Activity 3: Role-play on Supervisory Visits

Instructions:
Ask participants to role-play the following scenario. Generate a discussion from the role-play using the questions that follow.

Background
A CHO accompanied the CHV on supervisory visit to initiate the use of condoms. While the CHV was talking to the client, the CHO was interrupting with instructions. The CHO also collected the CHV’s reports, glanced through them and exclaimed, “You have wasted my time and energy. I have to do this work all over again.”
Questions and Answers

1. What are the possible effects of the CHO’s actions on the performance of the CHV?

   The CHV is likely to be demoralised

2. If you were the CHO what would you have done?

   a. I would motivate him/her by praising him/her for the effort made.
   b. I would also explain the value of the work being done to improve his/her community’s health status
   c. I would coach the CHV on how to report accurately

3. In a brainstorming session, ask participants to list the steps they will follow in conducting a supervisory visit.

   a. Create a positive environment e.g. establish rapport
   b. Assure the CHV/TBA that you have come to help her and not to find faults
   c. Discuss the purpose of the visit with the volunteer and how it will be organised
   d. Observe the CHV/TBA, interview and/or analyse his records and other documents
   e. Put the CHV/TBA at ease to facilitate communication
   f. Record all important information gathered
   g. Provide immediate feedback to the CHV/TBA during the process if necessary and at the end of the task
   h. Plan with the CHV what the next line of action will be (personal planning conference)
   i. Before ending the visit, encourage the CHV/TBA to bring up any other issues for discussion
   j. Express appreciation to CHV/TBA for his/her effort and urge him/her to continue with the good work
Topic Outline 3: **Assessment of Outcome of the Visit and Follow-up**

**Facilitator-Participants Interaction**

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc

**Questions and Answers**

1. Lead participants to brainstorm on what they do after the supervisory visit.
   a. Analyse the information collected
   b. Interpret the result from the visit e.g. performance of the CHV/TBA, strengths and weaknesses, problems and constraints
   c. Draw conclusions and make recommendations taking into account his/her work condition and other factors that may affect the quality of service he provided
   d. Record briefly the major outcomes of the visit (including observations made, needs identified, corrective measures taken, conclusions and recommendations and possible date for the next visit)
   e. Use the conclusions and recommendations in planning for the next visit

**Close topic:** Summarise main ideas and link to next topic.
Organising Regular Supervisory Meetings

Terminal Performance Objectives

After studying this unit, the CHO will be able to:

- Explain how to organize a supervisory meeting
- Conduct the meeting
- Follow up the meeting
- Identify other community workers as team members

Rationale

Mention why these objectives are important to CHO:

- Establish a good working relationship between CHO and other community workers
- Assess the achievement of set objectives and targets
- Share experience and information
- Motivate community workers to improve on quality of services provided

Topic Outline

1. Preparation for a Supervisory Meeting
2. Steps in Conducting a Meeting
Topic Outline 1: Preparation for a Supervisory Meeting

Facilitator-Participants Interaction

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

1. Ask participants to list steps in preparing a supervisory meeting and record responses on flipchart
   a. Identify topics to be discussed (refer to reference material)
   b. Formulate objectives for the meeting
   c. Identify site and resources needed
   d. Send invitations and ensure that CHVs/TBAs are informed in time about purpose, venue, date, time
   e. Prepare the outline for the meeting
   f. Prepare site for the meeting
   g. Prepare and assemble all materials needed (visual aids)

Topic Outline 2: Steps in Conducting a Meeting

Facilitator-Participants Interaction

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc. Lead a discussion to bring out how a CHO would conduct the meeting. Record the responses on the flip chart and compare them with the following:

Step 1 Conduct the meeting

1. Be present to welcome participants and settle them as they arrive
2. Create a positive environment (i.e. establish rapport, comfortable seating arrangement, etc); greet and formally welcome participants
3. Restate the purpose of the meeting and introduce the topics
4. Allow CHVs/TBAs to give feedback on their reports and bring out any other concerns for discussion
5. Summarise the major issues for discussion
6. Summarise any major decisions arrived at while ensuring that the time allocated for the meeting is not exceeded
7. Schedule the next meeting
8. Agree on possible topics
9. Thank participants and close the meeting

**Step 2 After the meeting**

1. Elicit from participants the next step the CHO should take after conducting the meeting.
2. Write the report of the meeting which should include major decisions and recommendations
3. Submit a narrative report to his/her immediate supervisor
4. Inform CHVs/TBAs and other collaborators about the major outcome of the meeting
5. Prepare the agenda for the next meeting; include any outstanding issues from previous meetings
Unit 4

Management of Supplies and Logistics

Terminal Performance Objectives

After studying this unit, you will be able to:

• Explain the procedures for determining quantities of supplies to be ordered by the CHV
• Explain how to store supplies and materials
• Keep records on supplies

Rationale

Mention why the objectives are important to CHOes:

CHOes become aware of:

• Efficient ways of storing supplies
• Organised way of procuring
• Efficient distribution of supplies in required quantities to desired locations to reduce spoilage.

Topic Outline

Essential Supplies Needed by CHV/TBA
Module 3 Supporting Community Health Volunteers (CHVs)

Topic Outline 1: **Essential Supplies Needed by CHV/TBA**

**Facilitator-Participants Interaction**

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc

**Activity 4: Case Study on Essential Supplies**

**Instructions:**

Divide participants into small groups to read and discuss the case study that follows.

Discuss their answers during a plenary session

**Background**

The CHO of Brodzie New Town visited Madam Akosua Anomaa, the TBA of the community and found that she had just delivered a client using old and dirty rags. During discussion, the CHO learnt that the TBA’s supplies had run out for over four weeks. The TBA did not see the need to collect fresh supplies because, according to her, they were expensive and she could not get all the things she needed.

**Questions and Answers**

1. What should the CHO do about the above situation?
   a. The CHO needs to plan and organize individual supervisory sessions to update the TBA’s knowledge on the use of aseptic techniques, personal and environmental hygiene especially while conducting deliveries
   b. CHO must also assist the TBA to manage her supplies more effectively to prevent shortages

2. How can you prevent such a situation from occurring in your zone?
   a. The CHO must meet the community leaders through the Village Health Committee together with the TBA and decide how to replenish the items in the box whenever they are used up
   b. The CHO should inspect the TBA’s delivery kit and box during supervisory visits including delivery records made in the book
c. The CHO can supply the TBA with drugs, contraceptives and other supplies with the consent of the SDHT and the DHMT
d. The CHO must ensure that the TBA has a minimum stock of supplies in the right condition at every supervisory visit

3. List some supplies needed by the CHV/TBA in carrying out his/her health care activities.
   a. Contraceptives such as male and female condoms, spermicides or foaming tablets
   b. Level A drugs such as tablets and syrups of paracetamol, folic acid, vitamin B complex and ORS
   c. Gauze and gauze bandage, cotton wool and dressings
   d. Ligature for cords and antiseptic solutions like dettol or savlon
e. Soap for hand washing
f. Health education materials

4. Record six sources from which the CHV/TBA can procure his/her supplies
   a. Personal purchases by the CHV/TBA
   b. District Health Administration/MOH/GHS kits and boxes
c. District Hospitals
d. District Assemblies
e. Religious organisations like churches and mosques
f. NGOs and research organisations

5. What role can the CHO play to assist the CHV/TBA acquire supplies from the appropriate source?
   a. Help the CHV/TBA determine logistics and supplies needed
   b. Help the CHV/TBA establish and maintain appropriate stock levels
c. Develop a cordial relationship with the CHV/TBA’s sources of supplies
d. Help the CHV/TBA establish or maintain a timely delivery/collection arrangement for the supplies

6. Describe the procedure you will use in issuing/distributing supplies to the CHV/ TBA
   a. Collect supplies for CHV/TBA on schedule
b. Enter supplies collected in supplies notebook

c. Open a separate section or page for each item supplied

d. Indicate number for each item, quantity, cost and supply date

e. Get the signature or mark of the CHV/TBA for supplies distributed

Refer to the reference material section for more information on how to manage supplies including guidelines for proper storage of drugs and keeping records on supplies distributed to the CHV/TBA.

Checklist 3.1: Performance Guide for Conducting a Supervisory Visit

Instructions:
Rate the performance of each task/activity observed using the following rating scale.

| 0 | Task/Activity omitted  |
| 1 | Task/Activity in correctly performed |
| 2 | Task/Activity correctly performed (Hesitated) |
| 3 | Task/Activity correctly done and with confidence |
| N/A | Task/Activity not required in this observation |

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<tr>
<th>Task/Activity</th>
<th>Rating</th>
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<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td>1. Communicates with the CHV about timing and plans for the visit</td>
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<tr>
<td>2. Reviews previous supervision reports, follows up plans, service statistics, and other relevant information.</td>
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<td>3. Identifies and focuses on areas where the CHV needs your assistance</td>
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<td>4. Develops a schedule for the visit</td>
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<td>5. Conducts the visit as planned</td>
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<td>6. Greets the CHV – establish and maintain good relations based on trust and open communication with the volunteer</td>
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<td>7. Reviews the plan for the visit and encourage the CHV to make changes (add to the list if necessary)</td>
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<td>8. Asks about progress made and possible continuous problems</td>
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<td>Task/Activity</td>
<td>Rating</td>
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<td>9. Observes and listen to the CHV (focus on areas that require immediate attention or areas that need improvement)</td>
<td>0 1 2 3 N/A</td>
</tr>
<tr>
<td>10. Involves the CHV in evaluating the services</td>
<td>0 1 2 3 N/A</td>
</tr>
<tr>
<td>11. Discusses and clarifies performance expectations (what the CHV is expected to do and not do )</td>
<td>0 1 2 3 N/A</td>
</tr>
<tr>
<td>12. Reviews supplies and equipment and asks the CHV if he/she has problems in this area</td>
<td>0 1 2 3 N/A</td>
</tr>
<tr>
<td>13. Participates in whatever activity the CHV is involved in and uses the opportunity to observe him/her at work</td>
<td>0 1 2 3 N/A</td>
</tr>
<tr>
<td>14. Provides constructive feedback on the CHV’s performance and makes plans for future updates on the areas where performance was not up to standard</td>
<td>0 1 2 3 N/A</td>
</tr>
<tr>
<td>15. Thanks the CHV and praises him/her for work well done</td>
<td>0 1 2 3 N/A</td>
</tr>
<tr>
<td>16. Agrees on the next meeting or supervisory visit</td>
<td>0 1 2 3 N/A</td>
</tr>
<tr>
<td>17. Follows up after the visit</td>
<td>0 1 2 3 N/A</td>
</tr>
<tr>
<td>18. Coordinates with the Village Health Committee and members of the SDHT to solve the problems identified that you and the CHV are not able to solve</td>
<td>0 1 2 3 N/A</td>
</tr>
<tr>
<td>19. Completes supervisory report and shares with other supervisors</td>
<td>0 1 2 3 N/A</td>
</tr>
<tr>
<td>20. Communicates with the CHV about actions taken to solve problems and assist him/her</td>
<td>0 1 2 3 N/A</td>
</tr>
<tr>
<td>21. Prepares for the next supervisory visit</td>
<td>0 1 2 3 N/A</td>
</tr>
</tbody>
</table>
Unit 1

Managing Supervisory Activities

Planning for Supervision

Supervision: Definition and Purpose

a. Supervision is a helping process that concentrates on people and sets out to improve performance. Through supervision, the supervisor has the opportunity not only to provide guidance, advice and help, but also to learn. The purpose of supervision is to promote continuous improvement in the performance of community health workers.

b. Supervision helps to improve performance by:
   - clarifying objectives
   - helping staff overcome difficulties encountered
   - providing appropriate motivation
   - promoting staff development

Every CHO should draw up a schedule for periodic supervisory sessions that specifies the dates, times, places and people involved. This will help to ensure that all supervisory sessions have a definite purpose. Develop performance objectives that will adequately cover the CHV’s major activities, functions and responsibilities.

Implementing the Planned Activities

a. The supervision of volunteers with whom you are in day-to-day contact is challenging in many ways. You can monitor how much and how well CHVs perform on a continuous basis and in the course of the day’s normal activities. However, because it is so easy to carry out that kind of informal supervision, it is important not to neglect the scheduling of more formal supervisory sessions on a regular basis with each CHV/TBA. Such sessions should concentrate on reviewing a CHV/TBAs work over a longer period and offering them guidance, assistance, and support they need to do their job well
b. CHO/Supervisors have the choice of supervising people on an individual basis or in groups. Most of the functions that are carried out in individual supervisory settings can be done as effectively in a group setting. Individual conferences or mini-teaching sessions are needed only when one person’s performance is far behind the others in the group or at the time of a review like an annual review.

Monitoring/Evaluating the Plan

Below is a format that can be used to guide monitoring and evaluation of your monthly plan to ensure that planned activities have been implemented or rescheduled as appropriate. Reporting on activities is one of the tools used in measuring the progress of any work or programme. It is important to give account of all activities over a period of time. Reports can be used in many ways e.g. for evaluation of work, planning, budgeting.

Content of Sample Monthly Report

- Introduction:
  Why, when, where, who, what? – Summary of planned activities
- Activities carried out, observations made, needs identified, problems and constraints
- Activities not carried out and reasons
- Conclusions
- Proposed solutions
- Proposed actions that will be included in the following month’s plan

Name of CHO--------------------------------------------------------------

Date-------------------------------- Signature:------------------------

Writing Supervisory Reports

To make reporting easy for the CHO, supervisory forms and monthly report formats should be used. All reports should be written spelling out the important topics on the format. These are narrative reports.

Proper accounts should be kept by CHO at all times, especially where the CHO has to keep monies collected from community members. Keeping the figures alone is not enough but also account for any money received.
Timely submission of reports is also very necessary. Monthly narrative and statistical reports should reach the CHO supervisor and the Community Health Committee by the first week of the following month.

Unit 2

Providing Technical Assistance to CHVs during Supervisory Visits

Developing a Supervisory Session Plan

An effective and thorough supervisory visit requires planning. Before you leave on a supervisory visit, determine all the activities you will observe and all the information you will collect during the supervisory session. It is impossible to supervise everything all the time. For supervision to be effective, supervise selectively. This means that you identify critical activities to supervise routinely and other activities to supervise less often. Your plan should therefore cover:

a. Core tasks - activities that are so important that they should be observed during every supervisory session
b. Selected tasks - important activities that are covered less frequently or on a rotating basis
c. Programme support activities - activities that you must perform during each visit, such as replenishment of supplies, checking records, and collecting information. Include a list of forms, supplies, official announcements, notebooks and contraceptives that you will need to take with you on every visit

Factors to consider in selecting tasks to be supervised:

a. Identified needs of the CHV/TBA
b. How complex the task is
c. Importance of the task
d. Available resources
e. Competency of the CHV/TBAs

Supervision Techniques

Depending on the supervision objectives, the CHO will employ either one or a combination of methods when carrying out the supervision. The methods are:
1. Observation of CHV
The CHO observes the CHV/TBA performing a given task and records the findings as directed in the appropriate instrument. It is important that he/she puts the CHV/TBA at ease before the volunteer starts performing the task to avoid poor performance which may be due to anxiety.

2. Interview of CHV/TBA
The CHO holds face-to-face discussion with the volunteer/TBA to gather information to enhance understanding of findings either from observation or analysis of documents. This is used mainly as a supplementary method.

3. Inspecting records and documents
The CHO looks at records to ascertain that a certain task is performed according to required standards and procedures.

4. How to Give Effective Feedback
Feedback in this context means communication with the CHV/TBA regarding his performance.

The CHO:

- a. Gives feedback to the volunteer/TBA at different times and in different forms
- b. Indicates whether or not the task was carried out as expected
- c. Points out aspects of the task which were not properly done
- d. Encourages the CHV/TBA to improve those aspects of the task that were not properly performed

At the end of the visit, the CHO will have a meeting with the CHV/TBA during which she/he will:

- a. Provide solutions to problems raised during the previous visit and for which the CHO had no answers at that time
- b. Outline major findings of the visit pointing out the strengths and weaknesses
- c. Discuss and propose solutions to problems identified
- d. Plan together for future visits and other related matters
5. Guidelines for Conducting a Review Meeting with the volunteer/TBA
   a. Listen to his opinions
   b. Ask what helped and hindered progress
   c. Keep the discussion focused on future activities
   d. Discuss how improvements might be made and what the volunteer feels would help
   e. When it is your turn to talk be open and honest
   f. Agree on the goals to be achieved during the next period and how to measure them
   g. Find out exactly how the volunteer intends to reach each goal and what actions are planned
   h. Share ideas with the volunteer on how best to reach the goals and suggest various approaches
   i. Finally, review and put in writing the goals and measurements agreed upon, and the timing of your next visit
   j. Give a copy to the volunteer, the health committee and your supervisor

6. How to Provide Effective Supervision
   a. Share the programme’s overall goals and objectives with the CHV/TBA as much as possible so they can participate intelligently in making decisions
   b. Respect the CHV/TBAs and their contributions. They may have insights that will lead to better decisions
   c. Talk with volunteers informally. This will help you learn about their views and opinions without asking directly. Listen to them even if you do not agree with their opinions
   d. Identify the types of decisions or issues which volunteers think are important and in which they would like to be involved. Take their ideas, suggestions and wishes into account whenever possible
   e. Encourage volunteers to make suggestions for the agenda of regular formal meetings. When you conduct meetings, try not to dominate by talking too much

All supervisory sessions, whatever the circumstances should:
   a. Re-affirm the mission of the programme, reminding volunteers of the GHS/ district’s health goals/targets
b. Ensure that the volunteers have the technical and intellectual skills necessary for the tasks they perform and that they are properly trained

c. Deal with personal work-related issues. Follow up supervision (what to do next after a supervisory visit). Analyse and interpret the data collected e.g. number of contraceptives sold by the TBA

d. Draw conclusions from your results and make recommendations e.g. the CHV is expected to initiate the oral pill but he is not able to do it. The CHO’s recommendation could be that the CHV needs an update in pill initiation

e. In evaluating the performance one needs to use indicators to measure success or failure. For example, when the CHV is demonstrating the wearing of a condom he should be able to go through all the laid down steps systematically

f. Write and submit reports promptly using available forms/formats

7. Content of a Supervisory Report
   a. Introduction (CHV/TBA visited, location, supervisory objectives and tasks supervised)
   b. Observations made
   c. Needs identified
   d. Conclusions
   e. Recommendations

Unit 3

Organising Regular Supervisory Meetings

1. Suggested topics for supervisory meetings
   a. Evaluate achievements
   b. Discuss and share field experiences
   c. Prepare and discuss a monthly plan
   d. Conduct update session (technical)
   e. Provide information or new instructions
2. **Content of supervisory meeting report**
   a. Introduction (why, where, when, and what)
   b. Purpose of meeting
   c. Major topics discussed
   d. Major decisions, recommendations
   e. Conclusions

3. **Follow up to Supervision**
   a. Analysis and interpretation of data are very important tasks for the CHO after supervision. The analysis involves adding up, for example, the number of births recorded by the CHV/TBA for the month or the number of condoms sold. To interpret the results, the CHO compares the actual performance of the CHV/TBA with the set target
   b. Conclusions are drawn from the interpretation of the results. For example, the CHO may conclude that a particular CHV is not performing because even though there was a death and two deliveries in his community within the month, he has recorded only one birth
   c. Recommendations are the suggestions made by the CHO to improve the performance of the CHV/TBA. For example, the CHV/TBA should be given an update on how to talk to a group of women on the family planning methods, or the Village Health Committee should be informed of the CHV’s inability to update the community records regularly

4. **Supervisory Reports**
   a. Reporting on activities is one of the tools used in measuring the progress of any work. To make reporting easier, supervisory forms and monthly report formats are used
   b. Submitting reports on time is very necessary. Set deadlines for collecting and reviewing reports so that you can have enough time to use the information gathered to plan for the next month

5. **Definition of a Team**
   A team is made up of a group working together to achieve a common goal. In the community, the CHO works with many different people to improve the health status of community members. It is necessary, therefore, to collaborate and cooperate with them as much as possible (review Communication module for more details).
Assisting CHVs and TBAs Manage their Logistics and Procure their Supplies

To succeed in their work the CHO, volunteers and the community must together develop the logistics and supplies system. The CHO and the CHVs/TBAs must have an organised way of efficiently managing or distributing their supplies. The “six rights of a logistics system” will help you remember how to manage selected goods in required quantities.

1. The Six Rights of a Logistics System
   a. Supply the Right Goods
   b. In the Right Condition
   c. In Right Quantities
   d. At the Right Place
   e. At the Right Time
   f. At the Right Price

The Six Rights apply to any logistics system e.g. drugs, vaccines, fuel, contraceptives. If any one of the Six Rights is absent, the CHV/CHO will have problems.

2. Procedures for Storage, Making Requisition and Issuing Supplies
   a. Procedures for storage, making requisition and supplying medications and contraceptives must be properly followed otherwise the products will spoil.
   b. CHVs/ TBAs need to know how to properly store drugs and contraceptive supplies in a cupboard, trunk or box that can be closed and possibly locked.
   c. It is preferable to keep these drugs and supplies on a shelf in a cupboard or in a box to protect the materials from moisture, sunlight and children.
   d. Supplies must be kept in a well-ventilated or an airy place that is not extremely warm.
   e. As much as possible, follow the “First-In-First-Out” or “First-Expiry-First-Out method of inventory, which means that you distribute supplies that you have had the longest or have the shortest time period to expiry before distributing new stock or supplies that have longer period to expire.
f. CHVs/TBAs should be assisted or taught to keep accurate records and to periodically count the quantity of the different drugs and contraceptive supplies they have in stock. If they do this once every month, they can estimate how many they distribute monthly and replenish their stocks accordingly. They can also use this method of counting to estimate the expiry dates of their products.

g. Inform CHVs/TBAs not to distribute any expired materials to clients but return them to the supplier and order new stocks. Damaged supplies should also be reported to the appropriate authority for disposal.

3. Keeping Records of Supplies to CHVs/TBAs

a. Make a copy of the list of supplies distributed to each CHV/TBA

b. Keep a tally card/bin card on each item

c. Send a copy of the list of supplies issued out to each CHV/TBA to Sub-district Head, and Community Health Committee

Community Health Volunteers in the CHPS

1. Who is a Community Health Volunteer in the CHPS programme and what are his/her responsibilities?

a. A CHV is a man or woman who is recruited by chiefs and elders with technical support from the SDHT and the CHO on the basis of their commitment to community work.

b. He/she is viewed as a member of the community who can be trusted with confidential information, and carry out work under the supervision of the Community Health Committee

2. The responsibilities of the CHV include:

a. Provision of preventive and curative services for malaria and diarrhoea

b. Provision of family planning counselling

c. Referral of serious cases to CHO and clinics

d. Health education using ‘Road to Health Card’

e. Identifying children lacking immunisation and those failing to thrive

f. Early notification of disease appearance in her community to the CHO
3. What relationship exists between the CHO and the CHV/TBA?

a. The CHO acts as a link between the community and the sub-district health system. Volunteerism failed in the past because supervision was not properly planned, organised and implemented.

b. The Community Health Committee is expected to closely monitor the drug collection and dispensing channels of the volunteer while the CHO supervises the CHV’s technical competence and performance.
Module 4

Behaviour Change Communication
Purpose and Organisation

The aim of this module is to introduce the CHO to basic techniques of communicating health with his/her audience. The module starts with key concepts and principles of communication. The module closes with practical guides on how to communicate effectively with individuals, groups and large communities in order to effect behaviour change towards improved health.

Objectives

Review these objectives now and all subsequent unit objectives as you begin each unit by:
- Reading each objective yourself
- Having a participant read the objectives aloud to the group

After studying this module, CHOs will be able to:

1. Apply effective client and community-focused communication skills
2. Reach a common understanding of the behaviour change process
3. Counsel individuals, couples and families on specific health issues
4. Use teaching and learning materials appropriately

Contents

Unit 1: Effective Communication.
Unit 2: The Behaviour Change Process
Unit 3: Inter-personal Communication/Counselling.
Unit 4: Using Learning Aids Appropriately

Expected Outcome

Knowledge
- Communicate effectively
- Use learning aids appropriately
- Conduct educational sessions
• Communicate effectively to individuals and groups to effect behaviour change
• Evaluate IEC activities
• Counsel individuals, couples and families on specific health issues
• Promote client/provider interactions
• Identify the strengths and limitations of various learning aids
• Use learning aids appropriately

Attitudes
• Knowledgeable
• Empathy
• Confidentiality
• Respectful
• Tolerant and patient
• Supportive
• Friendly

Skills
• Communication and inter-personal relations
• Decision-making and problem-solving
• Planning and organisation
• Recording and reporting
• Listening and interviewing
• Observation
• Probing and summarising
• Technical
Table 4.1: Materials Needed

<table>
<thead>
<tr>
<th>Samples</th>
<th>CHO Materials</th>
<th>Facilitator Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>• CHO Reporting forms e.g. Health Education Reporting Format</td>
<td>• Stationery</td>
<td>• Overhead projector (where available)</td>
</tr>
<tr>
<td></td>
<td>– Pencils</td>
<td>• Transparencies</td>
</tr>
<tr>
<td></td>
<td>– Pens</td>
<td>• Felt Pens/Markers</td>
</tr>
<tr>
<td></td>
<td>– Erasers</td>
<td>• Flip chart stand and paper</td>
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<tr>
<td></td>
<td>– Note pads</td>
<td></td>
</tr>
</tbody>
</table>

Teaching Methods

- Use learner-centred methods in this module
- Introduce new materials through a guided discussion.
- Start each unit with a guided discussion.
- Use group activities to help participants develop their health communication skills.

Getting Started

1. Do a warm-up exercise
2. Review any topics from previous sessions that are relevant to this module
3. At the beginning of each module, review the purpose, contents and objectives
4. At the beginning of each unit, review the topic outline to enable participants understand how the module is organised

Facilitator-Participants Interaction

Depending on the manner in which you choose to facilitate the class, ask relevant questions on each of the questions in the Workbook. It is ideal to have participants attempt all the questions in their Workbook before the session.

Call on participants to read their answers

- Ask one person to volunteer to read first
- After he/she reads the answer, comment positively on it
- Let another person read his/her answer
- After he/she reads the answer, comment positively on it
• Compare and contrast what both have written or ask others if they see similarities or differences.

Group Activities

Role-plays, case studies, group discussions

• Give each participant a copy of the material to read or instructions as to where the material is found in the Workbook

• Divide the participants into small groups. Tell each group to discuss the questions on the case study and provide answers to the questions that follow

During the presentations

• Ask if others have any additions

• Ask if others have any suggestions

• Comment on what they did well

• Offer suggestions for improvement

• Ask for the lessons learnt
Unit 1

Effective Communication

Terminal Performance Objectives

After studying this unit, the CHO should be able to:

- Use communication skills
- Apply feedback principles and rules

Rationale

Mention why these objectives are important to the CHO:

- Uses generic principles in education and communication to improve health
- Communicate health in a manner that meets the specific needs of various audiences or groups

Topic Outline

1. Definition of Communication
2. Understanding the Purpose of Feedback in Communication
3. The Purpose of Communication in Health
4. Communication Skills
Topic Outline 1: **Definition of Communication**

**Facilitator-Participants Interaction**

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

Introduce topic by asking participants to brainstorm on how information and news travel within their communities. Ask them to identify primary channels of information such as mass media (radio, television, newsprint), gong-gong beating, durbar, and inter-personal communication.

List them on the flip chart and discuss the principles and characteristics of communication. Arrive at a definition for communication with participants

**Questions and Answers**

1. What is Communication?
   a. Communication is a process of conveying information, thoughts, ideas, knowledge, emotions from a source to a receiver. The only way you can determine whether the purpose of communication has been understood is to obtain feedback.
   b. Communication can also refer to the process of exchanging ideas and information between people. Components of the process include verbal and non-verbal messages transmitted through one or more channels from message senders to receivers. Providing feedback is very important in communication.

2. What is behaviour change communication?
   a. Behaviour change communication (BCC) is an interactive process with communities to develop messages and approaches for specific groups using a variety of communication channels to develop and maintain positive behaviours.
   b. It also promotes and sustains individual, community and societal behaviour change. It recognises that behaviour change is a process and that individuals usually move through several intermediate stages before they change their behaviour.
   c. The objectives of BCC are to raise awareness, increase knowledge, increase intentions to practise a certain behaviour and create advocacy for a certain behaviour.

3. The Components of Communication

   What are the components of the communication process? Make a diagram of the process.
Lead participants to discuss the characteristics of each of the above components.

1. The Source/Sender:
   a. Must know the subject very well
   b. Be interested in the subject
   c. Know the audience and establish a good relationship with them
   d. Speak at the level of the receiver
   e. Choose appropriate channel

2. The Message must be:
   a. Clear and concise
   b. Accurate
   c. Relevant to the needs of the receiver
   d. Appropriate to the level of the receiver
   e. Timely
   f. Meaningful
   g. Applicable to the situation

3. The Channel must:
   a. Be seen or heard clearly
   b. Not be interfered by anything
   c. Be right for the specific audience
   d. Be properly utilised
4. The Receiver must:
   a. Be aware, interested and willing to accept the message
   b. Listen attentively
   c. Understand the value of the message
   d. Provide feedback

5. Feedback
   a. The receiver must send a response
   b. Must be specific
   c. Must be appropriate to the situation and the right cultural context
   d. Constructive and not destructive
   e. Not judgemental

6. List examples of traditional communication channels
   a. Durbars
   b. Traditional poetry recital
   c. Folk songs
   d. Drumming/dancing
   e. Local theatre
   f. House to house broadcasting
   g. Gossip

7. Who are the different audiences you will need to communicate with as a CHO?
   a. Community leaders
   b. Individuals and families
   c. Organised groups
Topic Outline 2: Understanding the Purpose of Feedback in Communication

Facilitator-Participants Interaction

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

Activity 1: Group Activity on Purpose of Feedback in Communication

Instructions:

1. Put four participants in two pairs
2. Take them away from the classroom and give one member of each pair a drawing. The two drawings must be the same
3. The other partner of each pair must not see the drawing
4. Pair A: The partner who has the drawing describes it and the other draws it. The rules include: Illustrator is not allowed to ask questions or give non-verbal messages. Describer is not allowed to repeat instructions
5. Pair B: Illustrator is allowed to ask questions and allowed to use non-verbal language. Describer is allowed to repeat instructions in any way he/she wants
6. Bring pair A inside the room and tell illustrator to draw the picture on a flip chart sheet as the describer describes it. After five minutes let them stop and bring pair B to repeat the process
7. Ask participants to observe and compare the two drawings
8. Extract observations from the participants and explain that where there is constant feedback (verbal and non-verbal), and there is repetition, there is effective communication

1. Guidelines for Giving Effective Feedback
   a. Must be given at the appropriate time
   b. Must be specific
   c. Must be appropriate to the situation and the right cultural context
   d. Politely given
   e. Constructive and not destructive
   f. Not judgemental
Topic Outline 3: The Purpose of Communication in Health

Facilitator-Participants Interaction
Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

1. Purpose

Effective communication for behaviour change goes beyond information dissemination. What are the other considerations? The purpose of health communication is to promote improvement in health through the mediation of certain factors that influence behaviours. In groups, let participants state the reasons for communication between the CHO and community members. The reasons are to:

a. Educate clients on the consequences of certain unhealthy practices
b. Help clients understand that they will be personally affected by a health problem or condition
c. Guide clients on how to obtain emotional, psychological and other forms of support from family, community and health providers to facilitate behaviour change
d. Give clients appropriate skills to practise the new behaviour
e. Help community members identify the sources of financial and other resources needed to initiate and maintain the intended new practice
f. Help community members to learn how to deal with socio-cultural pressures, especially those that affect their health

Topic Outline 4: Communication Skills

Facilitator-Participants Interaction
Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

What are some of the skills you will require in order to communicate effectively?

a. Active listening: paraphrasing, summarizing and probing
b. Observation of non-verbal communication

c. Providing and receiving feedback

Activity 2: **Case Study on Communication Skills**

**Instructions:**

Ask two participants to role-play the above case study. Let other participants observe for active listening, paraphrasing, summarising, probing, observation of non-verbal, communication and giving feedback.

**Background**

Auntie Ama has given birth to six children and does not want any more children. She comes to you for family planning counselling.

1. **Common Barriers to Effective Communication**
   
   List some common barriers to effective communication.

   a. Inadequate preparation for design and planning for communication
   
   b. Socio-cultural differences
   
   c. Lack of knowledge about the audience and their interest
   
   d. Lack of knowledge about the subject matter
   
   e. Language differences
   
   f. Use of inappropriate vocabulary
   
   g. Negative attitudes of both the sender and receiver

2. **How to overcome barriers**

   An effective way to overcome communication barriers is to be aware of their existence and plan to reduce their impact

**Close topic:** Summarise main ideas and link to next topic.
Behaviour Change Process

Terminal Performance Objectives

After going through this unit the participant will be able to:

• Reach a common understanding of the behaviour change process
• Link behaviours with behaviour change process
• Use effective communication to facilitate behaviour change

Rationale

Mention why these objectives are important to CHOs:

• Understands the basis of behaviour change
• Links health promotion to behaviour change process
• Communicates effectively to change behaviour for health

Topic Outline

1. Understanding Behaviour Change Communication
2. Factors that Influence Behaviour and Behaviour Change
3. Stages of Behaviour Change
4. Using Effective Communication to Conduct Educational Activities to Influence/ Facilitate Behaviour Change
Topic Outline 1: **Understanding Behaviour Change Communication**

**Facilitator-Participants Interaction**

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

Lead participants in a discussion on personal behaviours that they have changed or would like to change.

Instructions:

**Step 1:**

1. List them on the flip chart

2. Select a few of the behaviours (about 2 or 3) and discuss the steps taken to change the behaviours. The individuals concerned should explain why they would like to change and state the obstacles to change or factors that promote change

3. Note the environmental, cultural or policy issues that hamper or support a change in behaviour

**Step 2:**

Lead a discussion to arrive at the definition of Behaviour Change (BC) and Behaviour Change Communication (BCC).

1. **Behaviour Change Communication**
   
   a. Behaviour change is the modification of action. It focuses on bringing about a change in specific behaviours of an individual or groups.
   
   b. Behaviour change communication is an interactive process with communities to develop messages and approaches for specific groups.
   
   c. Behaviour change communication uses a variety of communication channels to develop and maintain positive behaviours. It also promotes and sustains individual, community and societal behaviour change.
   
   d. It recognises that behaviour change is a process and individuals usually move through several intermediate steps before they change their behaviour.
2. Objectives of BCC
   a. Raise awareness
   b. Increase knowledge
   c. Increase intentions to practise a certain behaviour
   d. Create advocacy for certain behaviour

**Topic Outline 2: Factors that Influence Behaviour and Behaviour Change**

**Facilitator-Participants Interaction**

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

**Instructions:**

**Step 1:**

Put participants in groups of 5. Lead participants to identify internal and external factors that lead to positive healthy behaviour and compare to Table 4.2.

1. Factors that influence behaviours

The factors that influence behaviours can be internal or external and are called behavioural determinants.
Table 4.2: **Internal and External Factors for Positive Health Behaviour**

<table>
<thead>
<tr>
<th>INTERNAL FACTORS</th>
<th>EXTERNAL FACTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Knowledge of the subject</td>
<td>• Health education</td>
</tr>
<tr>
<td>• Positive attitudes</td>
<td>• Women’s control of income</td>
</tr>
<tr>
<td>• Experience with the health system</td>
<td>• Societal capital</td>
</tr>
<tr>
<td>• Social norms</td>
<td>• Access</td>
</tr>
<tr>
<td>• Access</td>
<td>• Policies e.g. health insurance</td>
</tr>
<tr>
<td>• Negative attitudes</td>
<td>• Provider skills</td>
</tr>
<tr>
<td>• Self efficiency image</td>
<td>• Gender issues</td>
</tr>
<tr>
<td>• Perceived quality of health system</td>
<td>• Family expectations</td>
</tr>
<tr>
<td>• Perceived social norms</td>
<td>• Social pressure</td>
</tr>
<tr>
<td>• Perceived access</td>
<td>• Institutional policies</td>
</tr>
<tr>
<td>• Perceived cost</td>
<td>• Quality of service</td>
</tr>
<tr>
<td>• Perceived risk</td>
<td>• Cultural norms</td>
</tr>
<tr>
<td></td>
<td>• Maternal education</td>
</tr>
</tbody>
</table>

Step 2:

Lead a brainstorming session to outline factors that influence behaviour change.

2. Factors that influence behaviour change
   a. Physical - pain, pleasure
   b. Rationale - knowledge
   c. Emotional - attitudes, feelings
   d. Practical - personal skills
   e. Social - relationships, networks
   f. Environmental - context e.g. peer pressure
Facilitator-Participants Interaction

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

Instructions:

1. Discuss the stages of behaviour change by making reference to behaviours that participants tried to change or are trying to change.
2. Draw participants’ attention to what prompted them to start and the stage they have managed to reach.
3. Stress the fact that often people take a long time to change their behaviour, and that people rarely adopt a new behaviour after hearing about it just once.
4. Use this discussion to introduce the process of behaviour change to participants.
5. Link the stages of behaviour change with the decision-making process.

1. The process of behaviour change

The process of behaviour change can be divided into stages and one needs to go through all the stages before the desired behaviour is realised:

a. Pre-awareness
b. Awareness
c. Contemplation
d. Intention
e. Trial
f. Adoption
g. Maintenance
h. Advocacy (telling others)
### Table 4.3: Stages of Behaviour Change Process

<table>
<thead>
<tr>
<th>Stages</th>
<th>Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>• Recall the message</td>
</tr>
<tr>
<td>Persuasion</td>
<td>• Understand it</td>
</tr>
<tr>
<td>Decision</td>
<td>• Beware of the information and skills needed to change behaviour</td>
</tr>
<tr>
<td>Practice</td>
<td>• Have a favourable attitude towards the behaviour and the service provider</td>
</tr>
<tr>
<td>Sustainability</td>
<td>• Approve the message</td>
</tr>
<tr>
<td></td>
<td>• Get support for the behaviour</td>
</tr>
<tr>
<td></td>
<td>• Decide to practise the behaviour</td>
</tr>
<tr>
<td></td>
<td>• Acquire the information products and skills necessary to practise the behaviour</td>
</tr>
<tr>
<td></td>
<td>• Change behaviour</td>
</tr>
<tr>
<td></td>
<td>• Practice the new behaviour regularly</td>
</tr>
<tr>
<td></td>
<td>• Recognise the advantage of the changed behaviour</td>
</tr>
<tr>
<td></td>
<td>• Integrate the new behaviour</td>
</tr>
<tr>
<td></td>
<td>• Promote the behaviour among others</td>
</tr>
</tbody>
</table>

### Topic Outline 4: Using Effective Communication to Conduct Educational Activities for Behaviour Change

#### Facilitator-Participants Interaction

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

#### Instructions:

1. Introduce the topic outline with a discussion, asking participants to recall the traditional channels of communication in Unit 1.

2. In a brainstorming session, let participants list the steps in conducting effective education for behaviour change. (You can also mix up the steps and ask them to re-arrange).

3. Let participants discuss in details, each of these steps.

1. Steps in conducting effective education for behaviour change
a. Identify the priority population
b. Have appropriate information about the priority population’s unhealthy practices
   (identify the health problem)
c. Segment the identified priority population
d. Set the goals to be achieved
e. Design messages
f. Identify communication channels or best way to reach the priority population
g. Identify benefits and barriers
h. Build support (financial and other resources) to initiate and maintain the intended new
   practice for the selected priority population among implementing agencies, donors,
   stakeholder, etc.
i. Implement the intended educational activity
j. Document all important information
k. Monitor the behaviour change e.g. record of mothers sending their babies for vaccination

2. Education can be done through the following means:
   a. Lectures or mini-lectures (lecturette)
b. Discussions
c. Focus group discussions
d. Counselling
e. Role-plays
f. Brainstorming
g. Debates
h. Study tours
i. Demonstrations
j. Educational games
k. Question and answer session
Instructions:

1. Divide the participants into groups of four
2. Each group should discuss the questions on the case study and provide answers to the questions that follow
3. Regroup after the exercise and discuss the group results

Activity 2: Case study on Education for Behaviour Change

Background

During a durbar in Abura community, Evelyn the CHO, spoke to the community members about the need to keep their environment clean to avoid being ill. Feedback received indicated that all had accepted the need to keep their environment clean. She was happy and expected that the community would keep its environment clean.

On one of her visits, two (2) months after this durbar, Evelyn realized that some community members had started dumping refuse in a pit not too far from the market, which is in the centre of the town. She was surprised and disappointed. She concluded that the community was difficult.

Questions and Answers

1. Why is it necessary to hold durbars once in a while in communities?

Durbars afford the communities the opportunity to celebrate or mark important cultural, religious or social events. These are normally happy moments that allow people to reflect better and make public commitments. Durbars provide the golden opportunity to reach many people with information at the same time. They are occasions that are used by the elders and influential people to make proclamations most of which endorse every day messages delivered by health workers

2. How is feedback received or given during durbars?

Durbars afford people the opportunity to accept certain messages through cheering, nodding and other types of gestures that imply acceptance of a certain message. This affords people the opportunity to express their disapproval of certain community issues

3. Why do you think the community members went back to the old practice?
Durbars would normally provide general information, but this needs to be followed up with inter-personal communication (IPC) e.g. person-to-person education. IPC reinforces messages and reaffirms people's resolve to take health actions.

4. Was the durbar sufficient to effect the needed behaviour change?

No, there is the need for IPC activities to effect the needed behaviour change.

**Close topic:** Summarise main ideas and link to next topic.
Terminal Performance Objectives

After studying this unit, the CHO should be able to:

- Use inter-personal communication skills to communicate effectively with individuals, groups and communities
- Use effective counselling skills
- Counsel individuals, couples and families on different health issues

Rationale

Mention why these objectives are important to the CHO:

- Will help the CHO to acquire the knowledge and proficiency to counsel effectively

Topic Outline

1. Definition of Inter-personal Communication
2. Characteristics of Inter-personal Communication
3. Definition of Counselling
4. Types of Counselling
5. Client-Provider Interactions
6. Client-Provider Interactions Counselling
Topic Outline 1: Definition of Inter-personal Communication (IPC)

Facilitator-Participants Interaction

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

1. Definition of Interpersonal communication

Inter-personal communication is a face-to-face communication which involves two or more persons, who are in each other’s presence, see each other and hear each other, e.g.

   a. Conversation between friends, families etc.
   b. Client and counsellor
   c. Group interaction

2. Types of Inter-personal Channels

   a. Counselling
   b. Informal Discussions
   c. Durbars, festivals, drama, folk songs etc.

3. Advantages of IPC

   a. Provides a good opportunity for interactions
   b. Feedback is often immediate
   c. It is more effective in changing attitudes
   d. Gives problem-solving skills
   e. Helps address local needs

4. Disadvantages of IPC

   a. It takes a long time to cover large populations
   b. Cannot reach unseen audience
   c. Time-consuming
   d. Can be expensive
Topic Outline 2: **Characteristics of Inter-personal Communication**

Facilitator-Participants Interaction

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

1. Basic Principles of IPC

   a. Listening (be attentive, accepting, alert, active, subtle)
   
   b. Probing (to gain deeper understanding of facts, opinions and feelings)
   
   c. Observing (non-verbal communication like body movements, facial expression)
   
   d. Informing (provide information, explain, express ideas, procedures, or claims, bridge gaps in understanding, give assurances, and/or resolve contradictions and misconceptions)

Ask participants in groups to list the different ways of communicating with individuals and groups.

**Table 4.4: Ways of Communicating with Individuals and Groups**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Definition</th>
<th>Purpose</th>
<th>Target Audience</th>
<th>When to Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>• Face to face interaction between two people</td>
<td>To help individual solve a personal or particular problem</td>
<td>• Single person</td>
<td>• Counselling, sharing, in-depth personal information</td>
</tr>
</tbody>
</table>
| Group | • Face to face interaction between facilitator and two or more people | • To reach a consensus on how to deal with existing problem  
• To share opinions, exchange ideas etc | • Two or more persons | • When you want to create exchange among participants |
| Durbar | • Interaction between facilitators(s) and community | • To inform community about existing issues or planned course of action | • Community (e.g. towns, schools) | • Community Mobilization and transmission of information |
Topic Outline 3: **Definition of Counselling**

Facilitator-Participants Interaction

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

1. **Definition of counselling**

   Counselling is a process of helping people make decisions. It gives them the confidence to put their decision into practice. Counselling should take into account the emotional, social, economic and spiritual needs of the client. Proper counselling does not encourage the counsellor to give advice.

   A client will require counselling if there is a health problem that he/she cannot easily solve or understand. In such situations the counsellor must listen, try and understand their circumstance and aspirations, and provide information and suggest possible options that will help client make informed choices.

Topic Outline 4: **Types of Counselling**

Facilitator-Participants Interaction

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

In a brainstorming session, lead participants to identify the different types of counselling and describe the conditions conducive for counselling.

1. **Types of Counselling**

   Counselling takes several forms and will normally be named in relation to the subject matter under review. Sometimes the name is related to whether it is an individual or a group that is being counselled. Examples include:

   a. HIV counselling
   b. Family planning counselling
   c. Career counselling
2. Conducive Conditions for Counselling

a. Provide Privacy
b. Assure confidentiality
c. Establish a caring and trusting relationship
d. Provide comfortable seat
e. Establish eye contact
f. Create opportunity to observe non-verbal cues
g. Prepare cues and follow through systematically
h. Prevent interruption of the process

Topic Outline 5: **Client-Provider Interaction**

Facilitator-Participants Interaction

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

Give a short lecture to explain client-provider interactions (CPI).

1. Client-provider interactions

CPI is the term that involves all aspects of interaction between client and the health worker. It starts from the first point of contact with the client through the discussion to the point of departure. The essence of mentioning this concept is to remind the CHO and all other health workers to begin showing a caring attitude at the gate of their premises.

2. Counselling

It involves two-way communication between counsellor and client. It also provides information and helps client to decide how to apply relevant information to solve health problems affecting the client.
3. The purposes and principles of counselling
   a. Help clients to make healthy decision
   b. Provide information and collect information from client(s)
   c. Guide the client to weigh benefits and risks
   d. Consider needs and feelings
   e. Make informed and voluntary decision

4. Principles for good client-provider interaction
   a. Treat clients well
   b. Interact with the client
   c. Tailor information to client’s needs
   d. Avoid too much information
   e. Provide what the client wants
   f. Help clients understand and remember

Lead participants to brainstorm on the process of counselling. Guide participants to identify the GATHER steps in relation to the process.

5. Steps in the counselling process

   It is necessary to plan a counselling session and move systematically. This is to enable the counsellor remain composed and organised. Below is an acronym used to guide the process.

   Meaning of the Acronym, **GATHER**
   
   **G** - Greet client
   **A** - Assess/Ask client about themselves and the problem affecting them
   **T** - Tell client about the options
   **H** - Help client make choices
   **E** - Explain the preferred choice made (strengths and limitations)
   **R** - Return visit; remind client to revisit on the follow-up date for review

List the qualities of a good counsellor.
The Qualities of a Good Counsellor

a. Knowledgeable
b. Shows empathy
c. Maintains confidentiality
d. Respectful
e. Tolerant and patient
f. Supportive
g. Friendly
h. Ability to listen, paraphrase, summarise and provide feedback

Instructions:

1. Put participants into small groups of about 5 or 6 members
2. Each group should choose an issue for counselling, discuss and let two people role-play a counsellor and a client having a counselling session on the issue
3. The groups should observe the role-play and list the characteristics of an effective counselling session and present it at a plenary
4. Allow time for the group work.

Characteristics of Good Counselling Session

a. Privacy ensured
b. Confident counsellor
c. Use of simple language
d. Active listening
e. Client-centred communication
f. GATHER steps followed
Topic Outline 6: CPI Counselling

Facilitator-Participants Interaction
Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

Instructions:
1. Divide the participants into three groups
2. Each group should discuss the questions on the case study and provide answers to the questions that follow

Activity 3: Case Study on Counselling Steps

Background
Ami is a 16-year-old Senior High School (SHS) form 2 student who is visiting her grandmother in Sikaman, a fishing community in the Volta Region. After a visit by a CHO to their home, she secretly meets the CHO outside the door and asks for some information on how she can keep a boyfriend and not get pregnant since she wants to finish her schooling and go on to become an engineer in future. The CHO is mindful of not letting her grandparents know what was being discussed but needs to provide some support. The grandparents of the girl got nearer and wanted to know what the two were discussing.

Questions and Answers
1. As a CHO, how will you handle the situation?
   Discuss the various options that will enable Ami get the right information without allowing her grandparents to know about the issue
2. What information do you need from her?
   Discuss the relevant information required, including vital personal data, lifestyle, family and medical history.
3. What suggestions will you give her?
   The suggestions given to Ami should be relevant to the background information provided by Ami and must be technically accurate
Activity 4: **Role-play on Counselling**

**Background**

Auntie Aba has a 9 month-old baby, Samuel. She did exclusive breastfeeding for 6 months and started giving other foods afterwards, as she had heard from the clinic. She is bringing him to the clinic for weighing for the first time since Sammy turned 6 months and his weight has fallen below the expected weight for a healthy baby at 9 months.

Role-play this scenario, paying attention to how a CHO would help Sammy regain his lost weight and continue gaining appropriate weight that will ensure proper growth and development.

**Points of Discussion after Role-play**

1. Find out whether Sammy had any illness during the period
2. Find out what foods Sammy is fed on and in what quantities
3. Is Sammy still breastfeading and how often?
4. What foods are usually consumed by the family?
5. Give her options to improve on what Sammy can eat to gain weight

Negotiate with Aba to agree on what she can do to improve Sammy’s feeding.

For example:

a. Increase number and duration of breastfeeds
b. Do not give Sammy lots of water just before complementary feeding
c. Increase quantities and frequency of foods fed
d. Do not feed him with hot spicy foods
e. Enrich porridge with soya flour, etc

**Close topic:** Summarise main ideas and link to next topic.
Unit 4

Using Learning Aids (Teaching and Learning Materials) Appropriately

Terminal Performance Objectives

After studying this unit, CHO will be able to:

- Explain the appropriate uses of various learning aids
- Demonstrate ability to use appropriate low-technology learning aids
- Demonstrate the effective use of learning aids in health education

Rationale

Mention why these objectives are important to the CHO:

- CHO acquire proficiency in using selected learning aids and also develop capacity to improvise as well as innovate learning aids in their various sessions

Topic Outline

1. Definition of Learning Aids (Teaching/Learning materials)
2. Types of learning aids
3. Strengths and Limitations of Different Learning Aids
4. Preparing Simple and Appropriate Learning Aids (TLMs)
5. Using Learning Aids Appropriately
Topic Outline 1: **Definition of Learning Aids**

Facilitator-Participants Interaction

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

Introduce the topic with a discussion on what can help people learn better and what learning aids are

a. Any combination of methods and actions that seek to appeal to many senses at the same time

b. Learning aids are materials or equipment used to facilitate the exchange of information and ideas. Learning aids affect the use of a combination of two or more of the five senses: touch, sight, smell, feeling and taste to facilitate the acquisition of knowledge and sharing of experience

Topic Outline 2: **Types of Learning Aids (T/LMs)**

Facilitator-Participants Interaction

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

Introduce the topic. Explain the term ‘learning aids’. Let participants brainstorm to classify and give examples of learning aids. Record the responses on the flip chart in a tabular form.
Table 4.5: **Types of Learning Aids**

<table>
<thead>
<tr>
<th>VISUAL</th>
<th>AUDIO</th>
<th>AUDIO-VISUAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Flip chart/Newspaper</td>
<td>• Radio</td>
<td>• Television</td>
</tr>
<tr>
<td>• Posters</td>
<td>• Cassettes</td>
<td>• Films</td>
</tr>
<tr>
<td>• Leaflets</td>
<td>• CD</td>
<td>• Drama</td>
</tr>
<tr>
<td>• Brochures</td>
<td></td>
<td>• Puppetry</td>
</tr>
<tr>
<td>• Drawings</td>
<td></td>
<td>• DVD</td>
</tr>
<tr>
<td>• Maps</td>
<td></td>
<td>• VCD</td>
</tr>
<tr>
<td>• Charts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Models</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Slides</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Flash cards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Comics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Demonstration kits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Chest Kits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Journey of Hope Kits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other traditional materials (stones, leaves, etc)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Some Equipment used to Enhance Learning

a. Video Cassette Recorder
b. Flip chart stand
c. Slide projector
d. Computer
e. Public Address System (PAS)
f. Overhead projector (OHP)
g. Multimedia projector
h. LCD projector
i. DVD/VCD player
Topic Outline 3: **Advantages and Disadvantages of Different Learning Aids**

**Facilitator-Participants Interaction (TLMs)**

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

Facilitate a discussion to explain the advantages and disadvantages of the different Media/Learning Aids.

**Table 4.6: Advantages and Disadvantages of Different Audio-Visual TLMs**

<table>
<thead>
<tr>
<th>MEDIA</th>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
</tr>
</thead>
</table>
| Audio-Visual | • Appeals to more than one of the 5 senses  
• Increases understanding  
• Saves time  
• Ensures consistency of messages  
• Promotes humour  
• Enhances retention  
• Promotes attentiveness  
• Helps control nervousness | • Operates on electricity, therefore cannot be used in areas without electricity  
• May require additional equipment  
• Equipment may break down frequently  
• High cost  
• Requires skilled persons to operate |
| Audio      | • Enhances participation  
• Can reach wide audience  
• Can use various formats  
• Can be persuasive  
• Relatively low cost for user  
• It is portable | • Higher cost for good production  
• Requires electricity or batteries  
• Requires skilled person to operate |
| Visual     | • Less costly to produce  
• Can include more information  
• Can enhance participation | • High cost if using colours  
• Does not hold attention  
• Tendency to rely on written word  
• Easily forgotten about or misplaced |
Topic Outline 4: **Preparing Simple and Appropriate Learning Aids (TLMs)**

**Facilitator-Participants Interaction**

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

Put participants into groups. Each group should discuss list, explain the points CHO should consider when preparing simple visual aids for a selected audience.

- a. Profile - age, educational background of audience
- b. Knowledge of audience
- c. Attitude of audience
- d. Practices of audience
- e. Beliefs of audience
- f. Gender
- g. Language
- h. Culture
- i. Resources or funds available
Facilitator-Participants Interaction

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

Teaching and Learning materials can greatly improve your teaching, but these have to be well-chosen and properly used. These should be used to stimulate understanding, discussion and participatory learning.

Guidelines for Using Learning Aids (TLMs)

a. Talk slowly because people are looking and at the same time listening. If you talk too fast, they will miss what you are saying

b. Look at the client or group as often as you talk, ensure they understand and follow what you are saying

c. Ask if there are any questions before you move on to the next learning aid

d. Visual aids must be seen by all clients

Close topic: Summarise main ideas and link to next topic
Checklist 4.1: Performance Guide For Health Education (To be used by the CHO)

Instructions:
Rate the performance of each task/activity observed using the following rating scale.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Task/Activity omitted</td>
</tr>
<tr>
<td>1</td>
<td>Task/Activity incorrectly performed</td>
</tr>
<tr>
<td>2</td>
<td>Task/Activity correctly performed (Hesitated)</td>
</tr>
<tr>
<td>3</td>
<td>Task/Activity correctly performed with confidence</td>
</tr>
<tr>
<td>N/A</td>
<td>Task/Activity not required in this observation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tasks/Activity</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Greets and introduces self to clients</td>
<td>0</td>
</tr>
<tr>
<td>2. Establishes rapport</td>
<td>0</td>
</tr>
<tr>
<td>3. Assures clients of confidentiality</td>
<td>0</td>
</tr>
<tr>
<td>4. Explains the purpose of the health education activity</td>
<td>0</td>
</tr>
<tr>
<td>5. Asks general questions</td>
<td>0</td>
</tr>
<tr>
<td>6. Chooses one topic at a time</td>
<td>0</td>
</tr>
<tr>
<td>7. Provides general information to groups</td>
<td>0</td>
</tr>
<tr>
<td>8. Speaks openly and answers questions patiently and fully</td>
<td>0</td>
</tr>
<tr>
<td>9. Shows that people in the audience can speak openly, even</td>
<td>0</td>
</tr>
<tr>
<td>about sensitive matters</td>
<td>0</td>
</tr>
<tr>
<td>10. Encourages people with individual problems to speak about</td>
<td>0</td>
</tr>
<tr>
<td>them with a provider, where confidentiality can be assured</td>
<td>0</td>
</tr>
<tr>
<td>11. Listens to, learns from, and responds to the people in the group</td>
<td>0</td>
</tr>
<tr>
<td>12. Tailors information to the group</td>
<td>0</td>
</tr>
<tr>
<td>13. Avoids too much information. Too much information makes it</td>
<td>0</td>
</tr>
<tr>
<td>hard to remember really important information</td>
<td>0</td>
</tr>
<tr>
<td>14. Projects voice for all to hear</td>
<td>0</td>
</tr>
<tr>
<td>15. Exhibits enthusiasm about the subject</td>
<td>0</td>
</tr>
<tr>
<td>16. Maintains eye contact</td>
<td>0</td>
</tr>
</tbody>
</table>
**Checklist 4.2: Performance Guide for Individual Health Education (To be used by the CHO)**

Instructions:

Rate the performance of each task/activity observed using the following rating scale.

- **0** - Task/Activity omitted
- **1** - Task/Activity incorrectly performed
- **2** - Task/Activity correctly performed (Hesitated)
- **3** - Task/Activity correctly performed with confidence
- **N/A** - Task/Activity not required in this observation

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Presents the main information of the session by:</td>
<td></td>
</tr>
<tr>
<td>1. Introducing the topic, its main message, and the objectives of the session</td>
<td></td>
</tr>
<tr>
<td>2. Using non-technical language throughout the session</td>
<td></td>
</tr>
<tr>
<td>3. Asking the group what they know or have heard about the topic. Allow about a third or fewer of the participants to respond. This will help you to identify what else to cover on that day or on another occasion. Rumours, concerns or misconceptions may also be stated after this question.</td>
<td></td>
</tr>
<tr>
<td>4. Commending the group for positive information they know about the topic</td>
<td></td>
</tr>
<tr>
<td>5. Explaining the purpose or objectives of the session</td>
<td></td>
</tr>
<tr>
<td>6. Explaining the type of information that you will cover during the session based on the session’s objective and the available time</td>
<td></td>
</tr>
</tbody>
</table>
### Performance Guide for Individual Health Education

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 1 2 3</td>
</tr>
<tr>
<td>7. Stating the type of information that will be answered privately and confidentially for the clients who wish to see you later. Present the content factually, clearly, logically and build on what the group knows or has heard.</td>
<td></td>
</tr>
<tr>
<td>8. Using visual aids or local sayings appropriately</td>
<td></td>
</tr>
<tr>
<td>9. Pausing and allowing the group to ask questions and answer these factually. When you are unable to answer a question inform the group accordingly and inform them that you will find out the answer and let them know later (if you do this, keep to your promise)</td>
<td></td>
</tr>
<tr>
<td>10. Involving the whole group</td>
<td></td>
</tr>
<tr>
<td>11. Giving opportunity for clients to ask questions</td>
<td></td>
</tr>
<tr>
<td>12. Providing positive feedback</td>
<td></td>
</tr>
<tr>
<td>13. Using audio-visuals effectively</td>
<td></td>
</tr>
</tbody>
</table>
Checklist 4.3: Performance Guide for Group Health Education (To be used by the CHO)

Instructions:

Rate the performance of each task/activity observed using the following rating scale.

- 0 - Task/Activity omitted
- 1 - Task/Activity incorrectly performed
- 2 - Task/Activity correctly performed (Hesitated)
- 3 – Task/Activity correctly performed with confidence
- N/A - Task/Activity not required in this observation

<table>
<thead>
<tr>
<th>Performance Guide for Group Health Education</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tasks/Activity</td>
<td>0 1 2 3 N/A</td>
</tr>
<tr>
<td>1. Introduces self to the group</td>
<td></td>
</tr>
<tr>
<td>2. States the objective of the demonstration</td>
<td></td>
</tr>
<tr>
<td>3. Mentions outline and process of the demonstration</td>
<td></td>
</tr>
<tr>
<td>4. Goes step-by-step during the demonstration</td>
<td></td>
</tr>
<tr>
<td>5. Provides the opportunity for audience to observe</td>
<td></td>
</tr>
<tr>
<td>6. Describes the process sat each stage</td>
<td></td>
</tr>
<tr>
<td>7. Makes a summary of the session</td>
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</tbody>
</table>
Unit 1 & 2

Definition of communication

Communication is a process of conveying thoughts, ideas, and information from a person to others with the sole aim of getting some action taken. The only way you can determine whether the purpose of communication has been understood is to obtain feedback.

Components of the process of Communication

The CHO communicates with various groups of people or audience including

a. Community leaders
b. Individuals and their families during home visits
c. Organised groups like school children

Effective communication for behaviour change goes beyond information dissemination. These are some other considerations.

a. Appropriate knowledge of the consequences of certain unhealthy practices
b. Belief that they will be personally affected by a health problem or condition
c. Emotional, psychological support from family, community and provider
d. Appropriate skills to do the new practice
e. The relevant financial and other resources needed to initiate and maintain the intended new practice
f. Socio-cultural pressures

Some of the skills you will require in order to communicate effectively are:

a. Active listening: paraphrasing, summarising and probing

b. Observation of non-verbal communication

c. Providing and receiving feedback

Some ways of providing feedback effectively:

a. Must be immediate

b. Must be direct

c. Appropriate to the situation and in the right cultural context

d. Politely given

e. Constructive and non-judgemental

Common barriers to effective communication:

a. Inadequate preparation for design and planning for communication.

b. Socio-cultural differences and lack of knowledge about the importance of communication

c. Language difficulties and the use of inappropriate vocabulary

d. Negative attitudes of the sender or lack of knowledge about the audience and their interests

Rules for receiving feedback:

a. Accept criticism in good faith

b. Listen attentively

c. Avoid arguments

d. Avoid being defensive

e. Show appreciation (e.g. thank you, very good)
Examples of traditional communication channels:

a. Durbars
b. Traditional poetry recital
c. Folk songs
d. Drums/dancing
e. Local theatre
f. House to house broadcasting
g. Gossip

Unit 3

Counselling

Definition

Counselling is a process of helping people make decisions and giving them the confidence to put their decision into practise. Counselling should take into account the emotional, social, economic and spiritual needs of your client. Proper counselling does not encourage the counsellor to give advice. A client will require counselling if there is a health problem that does not seem easy for the client to solve. Such a situation requires listening to the client to understand his/her circumstances and aspirations, providing information and suggesting options to make it possible for the client to make informed decision.

Types of Counselling

a. HIV counselling
b. Family planning counselling
c. Career counselling
d. Marriage counselling
e. Individual counselling
f. Group counselling
Creating an Atmosphere Conducive for Counselling

Counselling can best take place in a quiet and serene environment where there can be visual and auditory privacy. The place should be free from intrusion by other persons and the process must not be unnecessarily interrupted. It is important to position your client such that both the counsellor and the client can maintain eye contact and non-verbal cues during the interaction. Look out for signs of fidgeting, stress, resignation, and anxiety. These should provide the right pointers for conducting successful counselling session. Places designated for counselling do not have to be lavishly furnished. They only need to meet the set of criteria mentioned above.

Things to Remember about a Counselling Environment

a. Provide privacy
b. Assure confidentiality
c. Establish a caring and trusting relationship
d. Provide comfortable seat
e. Ensure eye contact
f. Create opportunity to observe non-verbal cues
g. Prepare cues and follow through systematically
h. Prevent interruption of the process

Client-Provider Interaction (CPI)

CPI is the term which involves all aspects of interaction between client and the health worker. It starts from the first point of contact with the client through the discussion to the point of departure. The essence of mentioning this concept is to remind the CHO and all other health workers to begin showing a caring attitude at the gate of their premises. The Purpose of Counselling is to:

a. Help clients to make healthy decision
   ▶ Provide information and collect information from client
   ▶ Guide the client to weigh benefits and risks
   ▶ Consider needs and feelings
   ▶ Make informed and voluntary decision
b. It provides 2-way communication between counsellor and client

c. It provides information and helps client to decide how to apply relevant information to solve health problems affecting the client

Some Principles for Good Client-Provider Interaction

a. Treat clients well
b. Show concern and care
c. Tailor information to meet the specific needs of the client
d. Avoid giving too much information
e. Provide what the client wants
f. Help clients understand and remember

Steps in Counselling

It is necessary to plan a counselling session and move systematically. This will enable the counsellor remain composed and organised. Below is an acronym meant to guide the process.

GATHER: Steps in Counselling

G - Greet client
A - Assess/Ask clients about themselves and the problem affecting them
T - Tell client to make choices
H - Help client to make choices
E - Explain the preferred choice made (strengths and limitations)
R - Return visit; remind client to revisit on the follow-up date for review

Qualities of a Good Counsellor

a. Knowledgeable
b. Shows empathy
c. Maintains confidentiality
d. Respectful
e. Tolerant and patient
f. Supportive
g. Friendly
h. Able to listen, paraphrase, summarise and provide feedback

Characteristics of Effective Counselling include:

a. Privacy ensured
b. Confident counsellor
c. Use of simple language
d. Active listening
e. Client-centered communication
f. GATHER steps followed

It involves two-way communication between counsellor and client. Provides information and helps clients to decide how to apply relevant information to solve health problems affecting the client.

Unit 4

Techniques that Facilitate Learning

These include any combination of methods and actions that seek to appeal to many senses at the same time.

Learning aids are materials or equipment used to facilitate the exchange of information and ideas. Learning aids are materials or equipment used to affect the five senses (touch, sight, smell, feeling and taste) to facilitate easy uptake of knowledge and also enhances the sharing of information as well as experience.
Types of Learning Aids (Teaching and Learning Materials)

<table>
<thead>
<tr>
<th>VISUAL</th>
<th>AUDIO</th>
<th>AUDIO-VISUAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Flip chart/Newsprint</td>
<td>• Radio</td>
<td>• Television</td>
</tr>
<tr>
<td>• Posters</td>
<td>• Cassettes</td>
<td>• Films</td>
</tr>
<tr>
<td>• Leaflets</td>
<td>• CD</td>
<td>• Drama</td>
</tr>
<tr>
<td>• Brochures</td>
<td></td>
<td>• Puppetry</td>
</tr>
<tr>
<td>• Drawings</td>
<td></td>
<td>• DVD</td>
</tr>
<tr>
<td>• Maps</td>
<td></td>
<td>• VCD</td>
</tr>
<tr>
<td>• Charts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Models</td>
<td></td>
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<tr>
<td>• Slides</td>
<td></td>
<td></td>
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<tr>
<td>• Flash cards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Comics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Demonstration kits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Chest Kits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Journey of Hope Kits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other traditional materials (stones,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>leaves, etc)</td>
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</tr>
</tbody>
</table>

Equipment used to Enhance Teaching and Learning

- Video Cassette Recorder
- Flip chart stand
- Slide projector
- Computer
- Public Address System (PAS)
- Overhead projector (OHP)
- Multimedia projector
- LCD projector
Advantages and Disadvantages of different media/learning aids

<table>
<thead>
<tr>
<th>MEDIA</th>
<th>STRENGTHS</th>
<th>LIMITATIONS</th>
</tr>
</thead>
</table>
| Audio - Visual | • Appeals to more than one of the five senses  
• Increases understanding  
• Saves time  
• Ensures consistency of messages  
• Promotes humour  
• Enhances retention  
• Promotes attentiveness  
• Help control nervousness | • Operates on electricity, therefore cannot be used in areas without electricity  
• May require additional equipment  
• Equipment may break down frequently  
• High cost  
• Requires skilled persons to operate |
| Audio       | • Enhance participation  
• Can reach wide audience  
• Can use various formats  
• Can be persuasive  
• Relatively low cost for user  
• It is portable | • Higher cost for good production  
• Requires electricity or batteries  
• Requires skilled persons to operate |
| Visual      | • Less costly to produce  
• Can include more information  
• Can enhance participation | • High cost if using colours  
• Does not hold attention  
• Tendency to rely on written word  
• Easily forgotten about or misplaced |

Preparation of Simple Audio Visual Materials for Selected Audience

Considerations for selecting visual aids:

a. Profile: age, educational background of audience
b. Knowledge of audience
c. Attitude of audience
d. Practices of audience
e. Beliefs of audience
f. Gender
g. Language
h. Culture
i. Resource and funds available
Key Consideration while Preparing to Use Learning Aids

a. Plan and rehearse
b. Test various positions of learning aids
c. Arrangement
d. Manipulation
e. Audience characteristics e.g. size
f. Feasibility (availability of power, etc.)
Module 5

Working With Communities
Purpose and Organisation

The Community Health Officer (CHO) attends to people and their health problems. Since these people have a major role to play in solving their problems they have to be actively involved in assessing their needs and identifying possible solutions to these problems.

To work effectively in a community, the CHO needs to know her community well and be aware of how it functions. She also has to seek the cooperation of community members to implement health activities that will promote health. This module has four units that cover the core issues.

Objectives

Review these objectives now as well as all subsequent unit objectives as you begin each unit by:

- Reading each objectives yourself or
- Having a participant read the objectives aloud to the group

After completing this module, CHOs will be able to:

1. Learn about their communities and how they work
2. Conduct a community needs assessment
3. Mobilise communities around specific health activities

Contents

**Unit 1:** Getting to Know your Community (CHPS Zone)

**Unit 2:** Conducting a Community Needs Assessment

**Unit 3:** Mobilising Communities Around Specific Health Activities

**Unit 4:** Using Participatory Tools to Solve Community Health Problems

Expected Outcome

**Knowledge**

- Know your community
- Identify community needs
- Mobilise communities to address their specific health needs
Attitudes
- Friendliness
- Tolerance
- Socio-cultural sensitivity
- Self-appraisal

Skills
- Mobilisation skills
- Interpersonal skills
- Tactfulness
- Communication skills
- Problem-solving skills

Table 5.1: Materials Needed

<table>
<thead>
<tr>
<th>Samples</th>
<th>CHO Materials</th>
<th>Facilitator Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formats for registers</td>
<td>• Stationery</td>
<td>• Overhead projector (where available)</td>
</tr>
<tr>
<td>Community registers</td>
<td>– papers</td>
<td>• Transparencies</td>
</tr>
<tr>
<td>Community maps</td>
<td>– pencils</td>
<td>• Markers</td>
</tr>
<tr>
<td>Data collection instruments e.g. guidelines</td>
<td>– pen</td>
<td>• Flip charts stand and Paper</td>
</tr>
<tr>
<td>for developing community profiles</td>
<td>– eraser</td>
<td></td>
</tr>
<tr>
<td>Copies of sample data from a community</td>
<td>• CHO Workbook</td>
<td></td>
</tr>
<tr>
<td>needs assessment</td>
<td>• Note Pads</td>
<td></td>
</tr>
</tbody>
</table>

Teaching Methods
- Use learner-centred methods in this module
- Introduce new materials through a guided discussion.
- Start each unit with a guided discussion.

Help participants apply their knowledge in "real life" situations. In addition, field practice is highly recommended.

Getting Started
1. Do a warm-up exercise
2. Review any topic from previous sessions that are relevant to this module
3. At the beginning of each module, review the purpose, contents and objectives
4. At the beginning of each unit, review the topic outline to enable participants understand how the module is organised

Facilitator-Participants Interaction

Depending on the manner in which you choose to facilitate the class, ask relevant questions on each of the questions in the Workbook. It is ideal to have participants attempt all the questions in their Workbook before the session.

**Call on participants to read their answers**

- Ask one person to volunteer to read first
- After he/she reads the answer, comment positively on it
- Let another person read his/her answer
- After he/she reads the answer, comment positively on it
- Compare and contrast what both have written or ask others if they see similarities or differences.

Group Activities

Role-plays, case studies, group discussions

- Give each participant a copy of the material to read or instructions on where the material is found in the Workbook
- Divide the participants into small groups. Tell each group to discuss the questions on the case study and provide answers to the questions that follow

During the presentations

- Ask if others have any additions
- Ask if others have any suggestions
- Comment on what they did well
- Offer suggestions for improvement
- Ask for Lessons learnt
Unit 1

Getting To Know your Community

Terminal Performance Objectives

*After studying this unit, CHOs will be able to:*

- Prepare a community profile
- Prepare a CHO coverage map
- Establish a community register

Rationale

Mention why these objectives are important to CHOs:

- Identify health issues of the community
- Develop a community profile to pinpoint health problems
- Identify resources for health
- Become familiar with community

Topic Outline

1. Definition of Community
2. Community Entry
3. Community Profile
4. Community Mapping
5. Community Registers
Topic Outline 1: **Definition of Community**

**Facilitator-Participants Interaction**

Introduce topic using question and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

What name will you give to the area you visited?

In your own words define a community. Facilitator further explains ‘community mapping’ and guides participants to draw a community map.

How will you call the work you have produced? Facilitator should lead participants to define a community map.

What are the similarities and differences in the group presentations?

What are the lessons learnt?

**What is a community?**

a. A place or geographic area where a group of people live and share common interests and aspirations and have social network of relationships e.g. village, town

b. A group of people with well-defined demographic characteristics and power structure e.g. district, traditional council area

c. A CHPS zone profile may comprise a cluster of villages or divisions of a larger settlement or town with a travelling distance of five to ten kilometres across and a population of 3000 to 4500 people

d. A CHPS zone may cover 2 to 3 unit committees of the District Assembly.

**Mapping**

Mapping is a process of drawing or creating a visual representation of an area with a specific aim in mind e.g. distribution of health facilities.

**What is a community map?**

A community map is a drawing or a visual representation of a specific community, which indicates the distribution of health facilities and other landmarks.
What can a CHO use a map for?

a. Estimate the number of people or households in the community
b. Learn about the presence and location of resources
c. Identify which resources are important to different community groups e.g. men might focus on farming while women might focus on trading and commercial activities
d. Establish dialogue among different community groups
e. Learn about general community problems including health and hygiene
f. Learn about specific characteristics of community members

Topic Outline 2: Community Entry

Facilitator-Participants Interaction

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

Community Entry

Community entry involves recognising the community, its leadership and people and adopting the most appropriate processes in meeting, interacting and working with them. In a brainstorming session, list the key actions you will take to ensure a successful community entry. Capture responses on the flip chart and fill in the gaps.

a. Know the community involved
b. Identify contact persons or informal leaders e.g. teachers, leaders of women’s group, Imams and other religious leaders
c. Study and be conversant with the customs and traditions of the people
d. Identify community leaders
e. Conduct meetings with the community leaders
f. Introduce yourself to community leaders and people and tell them your mission
g. Brief leaders of the purpose of your visit
h. Seek approval and support for your programme
Put participants into groups to recommend appropriate ways of meeting with leaders of a community e.g. chiefs during advocacy and consultation for the establishment of a CHPS zone. Groups to present work at a plenary.

Summarise key points on the flip chart for groups to fill in any gaps on their work.

a. Meet the paramount chief and discuss the new health programme with him. Allow him time to discuss your proposals with his sub-chiefs and elders

b. Meet the chiefs of the selected villages/communities and discuss the programme with them

c. Meet the chiefs and their elders and the community at large and discuss the programme at the sub-district start-up durbar and at subsequent meetings

**Note:**

Advocacy and consultations for the establishment of a CHPS zone should not be the responsibility of the CHO alone but with support from the SDHT and DHMT

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**Topic Outline 3: Community Profile**

**Facilitator-Participants Interaction**

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

Ask participants to go back to their groups and reflect on the area walk they did. Ask them to use the information gathered to:

- Come up with a working definition of the term 'Community Profile'
- List the main features of a typical community profile

**Community Profile**

It is a description of a community that includes basic information about that community such as landmarks, population, language, cultural activities, staple foods and other resources. Put together in one document, this information is called a community profile.

The main features described in a typical community profile include:

a. Name of community

b. Name of sub-district in which community is located
c. Name of villages or settlements making up the community
d. Brief description of landscape and vegetation
e. Population of community or member villages
f. Main customs and beliefs of the people
g. Predominant religious groupings
h. Economic activities - sources of income
i. Economic facilities - markets, shops, etc
j. Forms of transportation and communication
k. Water and sanitation facilities
l. Housing - nature and pattern of housing
m. Schools and other educational facilities
n. Health facilities – hospital, clinics, health centre, community health compound, chemical shop, TBA compound
o. Disease patterns - sickness and health behaviour

Topic Outline 4: **Community Registers**

Facilitator-Participants Interaction

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

Questions and Answers

Facilitator introduces the topic and leads a discussion on:

a. What a community register is
b. The importance of a community register
c. Types of information needed to prepare a community register
d. Use of a community register in planning
e. How often the community register should be updated
1. **What is a Community register?**
   
   It is a record of the characteristics of individual members of the community and a summary of basic demographic information about community members.

2. **Importance of community registers**
   
   - It serves as a tool for effective planning
   - It keeps track of migration in and out of the community
   - It helps to determine the immunisation status of women and children
   - It determines the contraceptive status of women and men

3. **Types of information needed to prepare a community register**
   
   - Household identification particulars
   - Particulars of household members
   - Particulars of birth and nationality
   - Immunization, disability, literacy records
   - Occupation and particulars of death

4. **How often should a community register be updated?**
   
   A register should be updated regularly to show new events e.g. a birth, death or when vaccination is given.

5. **How can a community register be used in planning?**
   
   A community register can be used to determine the:
   
   - Amount of logistics e.g. vaccines and FP commodities to request in a month
   - Number of households in an area to be visited daily
   - Types of health education methods to be used and topics to address

**Close topic:** Summarise main ideas and link to next topic
Unit 2
Conducting a Community Needs Assessment

Terminal Performance Objectives

After studying this unit, the CHO will be able to:

- Collect community health data
- Do basic analysis and interpretation of data
- Use findings to develop mobilization strategies and prepare a calendar of health activities

Rationale

Mention why these objectives are important to CHOs:

- Understand community health needs
- Provide appropriate assistance based on these health needs
- Use resources wisely to address real needs

Topic Outline

1. Needs Assessment Methods
2. Needs Assessment Process
3. Data Collection Techniques
4. Data Analysis & Interpretation
Topic Outline 1: **Needs Assessment Methods**

**Facilitator-Participants Interaction**

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

---

**Activity 2: Group Work on Community Needs Assessment**

Instructions:

1. Facilitator should divide participants into groups
2. Ask each group to do needs assessment of a designated community or examine sample data from a community needs assessment you give out
3. Ask them to draw conclusions about the health needs in that community
4. Allow time for this activity. Check to see when they finish
5. Ask each group to present at a plenary
6. Compare the needs identified by each group and discuss why they identified different needs from the same sample data (if that happened)

Based upon the group presentations, ask the groups to describe needs assessment methods. Fill in the gaps in their knowledge and come up with a working definition.

---

**Needs Assessment Methods**

Needs assessment is a process of finding out and prioritising the local problems of a community. It is also used in identifying the environmental and socio-cultural factors influencing such problems and structuring resources available in the community to solve the problems.

**Importance of needs assessment**

a. Enables CHO's to gather and share information on the health and well-being of the community

b. Promotes the collection of appropriate information for effective programme planning

c. Helps to raise awareness of the key issues confronting the people in the community and among the partners in community-based health service delivery
What methods can the CHO use to collect information during a needs assessment?

List responses on a flip chart.

a. Interviews, focus group discussions, observation and surveys

b. Available data collected from records such as annual reports from DHMT, Birth and Death registry and other related organisations, health facility records, newspapers and health journals

Kinds of data a CHO can collect

a. Background information about the community e.g. population characteristics

b. Political structure of the community

c. Disease pattern – most common causes of ill-health; most frequently diagnosed diseases; ranking of health problems in order of importance; special and unusual health problems, etc

d. Sickness and health-seeking behaviour:

   i. actions people take to remain healthy and avoid ill-health

   ii. sources of relief for health problems

   iii. role of TBAs and traditional healers

Topic Outline 2: Needs Assessment Process

Facilitator-Participants Interaction

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

Solicit from participants their views about the needs assessment process using questioning techniques.

Role CHOs can play in assessing the health needs of an area include:

a. Collect information on health conditions with community members

b. Organise sessions for discussion of health needs with community members

c. Conduct regular health education activities to create awareness on health issues

d. Hold meetings with chiefs and opinion leaders to discuss health issues
e. Hold regular meetings with other groups such as mothers, young unmarried women, young men, fathers to discuss their specific health problems

f. Discuss community health issues with SDHT and other health workers

**Topic Outline 3: Data Collection Techniques**

**Facilitator-Participants Interaction**

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

In a discussion, the facilitator leads participants to explain how CHO's can combine different needs assessment techniques or instruments when conducting a needs assessment of their communities.

You can carry out:

- Key informant interviews
- An in-depth interview of a few families
- A group discussion

**Questions and Answers**

1. You move into a new community and send a questionnaire to each family there to collect data about their health needs. What problems might emerge from this approach?
   
   a. You may get only a few of the questionnaires back
   
   b. Some people may not be able to read the questionnaire

2. What might be a more effective approach?
   
   a. Interview key informants
   
   b. Hold general and focus group discussions to gather information about the community

3. After moving to a community you talk with three families and use information from them to establish the needs of the community. How accurate will this needs assessment be?

   Information from them may not be enough to represent the community
Facilitator-Participants Interaction

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

In groups, participants should read the case study and find solutions to the problems raised. The groups should present their findings at a plenary.

Activity 3: **Case Study on Prioritising Community Health Needs**

Background

A CHO has identified the following problems together with the community members – poor sanitation, malnutrition in children and frequent deaths from preventable diseases.

Questions and Answers

1. How will they prioritise the health problems in the community?
   
   a. The community identifies and lists their health problems
   
   b. The health problems are then prioritised according to the felt needs of the community using ranking, weights, etc
   
   c. Health problems should be analysed to arrive at the root cause of the problem. Analysing such problems can help the CHO to know the difference between felt needs, expressed needs and institutional needs
   
   d. In analysing the problems to find the root cause, several methods can be used e.g. problem tree analysis and “but why approach”

2. How will they arrive at solutions to these problems?
   
   a. Tackle the root causes of the problem
   
   b. Tackle the health problems according to the resources available
   
   c. Source for external support

**Close topic:** Summarise main ideas and link to next topic
Unit 3
Mobilising Communities around Specific Health Activities

Terminal Performance Objectives

After studying this unit, the CHO will be able to:

- Ensure full involvement and participation of the community in running health activities

Rationale

Mention why this objective is important to CHOs:

- Accomplish the objectives timely and effectively
- Recognise that response to health needs lies in the hands of the powerful and influential people in the community
- Assist communities take responsibility for their health

Topic Outline

1. Community Mobilisation
2. Community Participation
Topic Outline 1: **Community Mobilisations**

**Facilitator-Participants Interaction**

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

Facilitator leads participants in a brainstorming session to explain community mobilisation. Facilitator captures responses on a flip chart and derives a working definition from participants’ responses.

Community mobilisation is a process through which a community is motivated to take action to improve its state of development.

**Instructions:**

1. Facilitator distributes copies of case study with the attached questions
2. Allow participants to read and answer questions on pieces of paper or in their Workbooks
3. Leads a group discussion to answer the questions

**Activity 4: Case Study on Community Mobilisation**

**Background**

Nii Boye is a twenty-two year-old CHO who has been posted to Hwehwee, a farming community. It is a predominantly Twi speaking community. Nii Boye who is a Ga speaks very little Twi. He is polite and respectful and though he has few clothing, he always appears neat and well-dressed.

When he arrived he joined the local Methodist Church and introduced himself to the Pastor. He had already been introduced to the community leaders by the SDHT. However, with the help of some church elders he went to greet the chief and elders of Hwehwee. He also identified all the community groups and associations present in the community. From the community profile he prepared and introduced himself and asked for their support and participation in his work.

Nii Boye was very hardworking and always ensured that the community was involved in a health promotion programme. Over a short period he had impressed the people so much so that the chief and elders always sought his opinion not only on health matters. Even though he came from a different cultural background Nii Boye was able to involve the whole community in health promotion programmes. He learnt to speak some Twi, the local language, and could therefore communicate and lead discussions with support from the volunteers.
Questions and Answers

1. What community mobilization approach did Nii Boye demonstrate that made him acceptable to the people of Hweehwee?
   a. He first introduced himself to the church pastor and joined the church
   b. He was polite and respectful
   c. He identified community groups and asked for their support
   d. He always involved the community members in the planned activities
   e. He learnt the local language

2. It is essential that the community is involved in the planning and organization of all health activities that affect them, and it is the responsibility of health workers to seek their cooperation and not impose activities on them without their knowledge. How will the CHO achieve this?

To achieve this, the CHO should:
   a. Listen and observe by studying the community
   b. Talk, discuss and decide with community leaders such as the health committee members
   c. Allow community members to play an active role in the planning, execution and monitoring of activities
   d. Involve the committee actively in preparing a plan for health activities in the community
   e. Put participants in groups.
   f. Distribute copies of the two case studies.
   g. Organise groups to read case studies, answer the questions and present at a plenary

Activity 5: Case Study on Community Mobilisation

Background

Ni Kofi is a small village in the Eastern Region. The villagers depend on a stream for their water requirements. Once a year, during the rainy season, the stream overflows its banks and floods the vegetable farms of the villagers. This causes a lot of damage and loss to the community members.

On arrival in the community, some adolescent girls informed the CHO that the chiefs and elders had recently decreed that no adolescent girl may fetch water from the stream whilst menstruating. As a result, many adolescent girls must find water sources much further away from the village. The adolescents are unhappy about this and would like this decree reversed.
Questions and Answers

1. List some characteristics which a CHO should have in order to motivate community members to take action to improve their health.

   The CHO needs to:
   
   a. Have advocacy and mediation skills to direct community members on appropriate ways to access health service
   b. Strengthen community’s capability to address its own needs
   c. Be a good listener and a democratic leader
   d. Be ready to learn from the community, value and respect local knowledge and capacity
   e. Be humble and ready to admit when she is wrong

2. What steps should the CHO take to assist the adolescents in this case?

   a. Meet with opinion leaders
   b. Describe situation from all points of view
   c. Search for options and solutions

3. Who should the CHO involve in her effort?

   a. Community chief and elders
   b. Health committee
   c. Adolescent girls
   d. Other community members

4. Is it necessary to involve women when mobilizing the community, even if they appear uninterested? Give reasons for your answer

   a. As caregivers in the family, women play an important role in promoting health.
   b. They need encouragement to take active part in meetings
   c. It may be necessary to meet females as a group on their own as this may give them the confidence to express themselves
Activity 6: Case Study on Community Needs Assessment and Mobilisation

Background
Ms. Mansa has been deployed as a CHO in Kofikrom. On arrival, she conducted a needs assessment and identified malaria and diarrhoeal cases as very prevalent. She approached the community to involve them in minimizing the prevalence of these two conditions.

Questions and Answers

1. What do you think Mansa learned about the community?
   a. She learned about the causes of malaria and diarrhoeal disease and their prevalence
   b. She might also have learned about some actions that the community could take to prevent these diseases and some resources available in the community to assist in accomplishing this

2. What problems will Mansa encounter in her effort to assist the community?
   a. Community members may have difficulty accepting the causes of these diseases
   b. She may encounter general apathy about eliminating or reducing these diseases since they have been present for so long

Topic Outline 2: Community Participation

Facilitator-Participants Interaction
Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

Facilitator leads participants to explain the term Community Participation.

It is the process of involving community members in the planning, designing, implementation, monitoring and evaluation of community programmes

Facilitator refers participants to case study about the CHO in Kofikrom. He/she leads a brainstorming session on the steps Mansa could follow to get community members involved in addressing identified health problems (malaria and diarrhoea). These include:

a. Contact and involve enough people in the community, especially community leaders
b. Help the community identify and understand the problem and possible solutions

c. Help the community to agree on an action plan

d. Identify other service providers or agencies that could help

Discuss at least four benefits of a community participating in health activities.

a. Community members acquire knowledge and skills to assume a variety of roles in implementing health programmes

b. It builds community determination to act and empower them to use their initiative to manage their resources with greater confidence

c. Cost of implementing a health activity is reduced as members offer their time, money, equipment or labour

d. Community participation in defining and setting priorities can ensure community ownership of the programme thus facilitating utilisation and support of services

Discuss the extent to which a CHO can assess the level to which the community is participating in health activities.

A positive response to each of these questions can show the level to which the community is actively participating in health activities.

a. Is there a mechanism for community dialogue between health workers, community leadership and the people?

b. Are community representatives and social organizations involved in the decision-making process?

c. Are marginalised groups such as the poor, unemployed, women and the youth adequately represented in decision-making?

d. Is the community involved in planning the management and control of the programme?

e. Are the community felt needs explored in planning the health activities during objective or target setting?

f. Is there evidence of the CHO and other health personnel changing their plans as a result of criticism from the community?

g. Are local resources such as labour, buildings and money utilized in implementing the programme?

h. Is the community involved in monitoring, assessing and evaluating the programme?

Close topic: Summarise main ideas and link to next topic
Unit 4

Using Participatory Tools to Solve Community Health Problems

Terminal Performance Objectives

After studying this unit, the CHO will be able to:

- Mention some appropriate tools used for identifying and solving health issues effectively with community members
- Demonstrate the use of participatory tools in enhancing health delivery in the community
- Describe the importance of using participatory tools in community entry, mobilisation and participation

Rationale

Mention why these objectives are important to CHOs:

- Mobilise community members to identify health issues of the community
- Get community members involved in identifying and solving their own health problems
- Facilitate assigning certain responsibilities to some community members
- Facilitate community ownership of the solution
- Become familiar with the community

Topic Outline

1. Definition and Types of Tools
2. Using Participatory tools e.g. – Community Client-Oriented Provider-Efficient Service (C-COPE), Community Decisions Systems (CDS), Men-as-Partners (MAP), Participatory Rural Appraisals/Participatory Learning Appraisal (PRA/PLA)
3. Application of Tools in Solving Health Issues
Topic Outline 1: **Definition of Tool**

**Facilitator/Participants Interactions**

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc.

**Activity 7: Group Work on Community Problem-solving Strategies**

**Instructions:**

1. The facilitator should divide participants into three groups.
2. Each group is a community.
3. Let each group identify and discuss what methods they would use as a community to identify and solve health issues in a manner that would get as many community members as possible involved.

**Questions**

1. How did you find this activity?
2. What methods or tools did you apply to get as many community members as possible involved?
3. What are the lessons learnt?
4. How will you call the tools you used?

Lead participants to define a tool.

**Definition of a Tool**

1. **What is a Tool?**
   
   A thing that helps one to do one’s job
   
   a. Let participants mention the types of tools they know which can be used in identifying community health problems
   
   b. Record their answers on a flip chart
   
   c. Let participants identify which of the tools listed could be applied in solving community health problems
d. Introduce C-COPE, CDS, MAP and PRA/PLA to participants if they were not mentioned

e. Find out from participants which of these tools are familiar to them

f. Ask two participants who have used these tools before to brief the rest about its uses

g. Emphasise the participatory nature of these tools and their importance in ensuring community participation

**Close topic**: Summarise and fill in the gaps

**Topic Outline 2**: Using Participatory Tools - C-COPE, CDS, MAP, PRA/PLA

**Facilitator-Participants Interaction**

Introduce topic using questions and answers (Q&A), brainstorming, role-plays, case studies, group discussions, demonstrations, etc

**Instructions:**

1. Discuss clients’ and health providers’ rights with participants

2. Use the problem tree and ‘but why?’ to assist participants to find out the root causes of some health problems found in the communities and their consequences

3. Using the problems identified, participants should be shown how to draw an action plan

4. Participants should be put into four groups as shown below and assigned roles.

5. Discuss each of the participatory tools with participants e.g. C-COPE

6. Refer participants to what they have said above on their experience with C-COPE, CDS, MAP and PRA/PLA and introduce C-COPE to participants

a) C-COPE - Community Client-Oriented Provider-Efficient Services

Facilitator should explain COPE and C-COPE to participants

COPE is a process and a set of tools for health care staff to continuously assess and improve the quality of their services (AVSC International, 1995).

Community COPE - This is a participatory process and tools – an extension of COPE – used by health care staff to build partnerships with community members in order to improve local health
services and make them more responsive to local needs. It can also have the result of increasing community ownership of health facilities and services and advocacy for resources for health problems.

Introduce the process of using C-COPE to solve community health problems as follows:

Summary of C-COPE

1. What are community COPE activities?

There are four activities in this tool. These are:

   a. Individual interviews
   b. Group discussions (male and female groups)
   c. Site walk through community health compound
   d. Participatory mapping - community walk-through

Participants should be put into groups to use the above participatory activities to identify actual and potential health problems in the community e.g. choked drainage, cholera outbreak, stagnant water, indiscriminate refuse disposal

Participants should give their report at a plenary

Group 1: Individual interviews

Group members should interview a cross-section of the community individually

Group 2: Group discussions (male and female groups)

Male-only and female-only groups should discuss among themselves the health problems that exist in the community

Group 3: Site walk through community health compound

This group should be made up of persons who have never visited the community health compound or have not done so for about 3-6 months. The group should perform the site walk through the community health compound

Group 4: Community walk through

This is the group that walks through the community to identify health problems and benefits, and suggests possible solutions to the problems
b) Community Decision-making System (CDS)

In a plenary discussion, the facilitator should go through the following with participants. Participants who have used this tool should be called to demonstrate.

- The community decision-making system is a participatory decision-making tool that involves health workers, community leaders and the entire community.
- It is a system that is used to compile and return health information to the community
- It stimulates analysis and dialogue around health issues
- It is a system that promotes community participation in the CHPS process

Items used in the CDS approach include;

- Data collection consolidated forms
- Community health bulletin boards
- Information/flash cards

Steps in the Use of CDS

Data collection by Community Health Team (CHOs, CHBS, TBAs, Herbalists, CHVs)

Monthly data consolidation

- Presentation of findings of data to chief and elders of the community.
- Community durbar once in a quarter to share information
- Preparation of community action plans
- Implementation of community action plans
- Supervision
- Method to use
- Condom to use
- Men-only family planning methods
- Women-only family planning methods
During the Community Durbar

- The CHO or the selected person puts data compiled on diseases on the bulletin board using pictures
- He or she goes through participatory trend analysis with community members
- Community members prioritise all problems and issues
- They give reasons
- They plan together
- Take action together towards solution

They evaluate at the next meeting

The Community Health Team (Community Health Committee, CHO, Community Health Volunteers, Community-based Disease Surveillance Officers, TMPs, TBAs) facilitates the process.

c) Participatory Rural Appraisal/Participatory Learning and Action

Give a brief background of the PRA/PLA as follows:

Participatory Learning and Action (PLA) was born as a further development on Participatory Rural Appraisal, which is a participatory research tool that involves community members to find problems in the community.

PRA was first developed by Robert Chambers to shorten the prevailing research methods that took time and were too accurate for some purposes and also to get community members to be part of community development processes. This method was made more participatory by some NGOs in the Asian countries.

PRA gave birth to PLA because:
- PRA was used mainly for research purposes rather than for other development interventions
- PRA was only concerned with finding the problem and not taking action to solve it.
- PRA found wider application in urban settings, offices, industry, and not only in ‘rural’ settings so the word ‘rural’ was no longer relevant
- In taking action, there is much reflection and learning but learning does not end just after taking action; it is a continuous process
Techniques used in the PLA approach PRA/PLA

These techniques are sometimes referred to as a ‘Basket of Tools’. These include:

- Semi-structured interviews
- Individual interviews
- Key informant interviews
- Focus group discussions/interviews
- Maps and mapping
- Transect/guided walks
- Observation skills
- Time line/seasonal calendar
- Daily activity chart
- Venn diagrams
- Pie and flow charts
- Ranking and scoring
- Wealth ranking

Explain to participants that in PLA:

- The community is involved in planning, designing, implementing/action and evaluating all community interventions
- The development/health worker chooses a combination of the techniques listed above that best fits the specific intervention

In the CHPS situation, focal group discussions could be used together with transect walk, mapping, ranking and scoring, or seasonal calendar

Guide participants to do the group work below with the use of some of the PLA techniques

d) Using the Men As Partners (MAP) Tool in Promoting Men’s Participation in Health Issues

Find out from participants how men can be encouraged to be actively involved or take action for their own health and the health of their families. Some of the expected answers are as follows:
Household Level

Family Planning - There should be effective communication and mutual agreements between men and their partners concerning:

▷ number of children
▷ child spacing
▷ family planning method to use

Reproductive and Child Care – They should:

▷ encourage or accompany their pregnant partner to antenatal clinic
▷ provide physical, financial, psychological, emotional support for the pregnant/nursing mother
▷ encourage exclusive breastfeeding of babies
▷ changing of nappies or diapers
▷ participate in taking children to the hospital
▷ help with Household Chores

Link the discussions above with the tool, Men As Partners (MAP), by giving a brief background of the tool as follows:

The Men as Partners (MAP) programme was developed by EngenderHealth (formerly Association of Voluntary Surgical Contraception (AVSC) International). The MAP programme started in South Africa in 1998 and was adapted for use in Ghana in May 2006. The two main goals of the MAP programme are:

a. To challenge the attitudes, values, and behaviours of men that harm their own health, safety and well-being and that of women and children

b. To encourage men to be actively involved in preventing gender-based violence, the spread and impact of HIV/AIDS, and unwanted pregnancies

The programme takes a positive approach toward working with men. It is organised around the philosophy that recognizes that men need to be approached in a gentle, respectful, open-minded manner in order to galvanise their support for health and reproductive issues. It recommends that efforts that engage and motivate men should be used to draw in their involvement in an area that has traditionally focused on women.

Let participants understand that MAP is a very comprehensive tool that uses a number of prescribed exercises and takes a number of weeks to complete.
Some prescribed exercises include:

- A man's life in a woman's world
- Sexual health concerns
- Myths and facts about HIV/AIDS
- Thinking about fatherhood
- Healthy and unhealthy relationships
- Losing control or choosing violence

Guide participants to discuss how healthy and unhealthy relationships can affect the health of the family.

### Activity 9: Role-Plays on Men As Partners

**Instructions:**

1. Divide participants into two groups
2. Group A role-plays a healthy relationship
3. Group B role-plays a non-healthy relationship
4. Give each group the necessary instructions and directions to do the role-play

#### Background

**Group A**

Mr. and Mrs. Mintah have been married for nine years. Mrs. Mintah is six months pregnant with their child. Mr. Mintah shows her love, gives her emotional support by encouraging her. He reminds her when it is about two days to antenatal clinic visit and promises to accompany her. He tells his wife on return from the antenatal clinic that he will cook their lunch so that she can rest as she is tired.

He sits down with her and they decide together how many more children they want to have and the method they would use to space this pregnancy and the next one. They both went to the Family Planning Clinic and it was detected that Mr. Mintah had high blood pressure. The nurse referred him to the hospital for further examination and treatment and he is now okay.

Their second child, Kwadwo, is taken ill and he tells the wife to rest whilst he takes him to the hospital.

**Group B**

Mr. and Mrs. Adofo have been married for three years. After their first child was born, Mr. Adofo asked his wife to stop working and stay at home so she can take good care of the baby. This
was not her preference but he insisted, saying he is the man and must be obeyed.

Their second born, Ama, is three weeks old. She was supposed to have been taken back to the clinic for neonatal care last week, but because she has no money for transportation and the husband says he neither has money, she could not take the baby to the clinic.

She pleads with the husband to give her some of the money they got last week from the baby’s out-dooring ceremony, all of which he has taken, saying he has to decide what to use the money for. He picks up a quarrel with her, saying he has important things to use that money for.

Mrs. Adofo reminds her husband that she carried the baby in her womb for nine months and went through labour pains alone. Besides, if he had not asked her to stop working, she would not have asked him for money. The man gets angry and beats her up.

Questions and Answers

1. What can you say about the two types of relationship?

The Mintahs relationship is healthy whilst the Adofos is an unhealthy one

2. Why is the Mintahs relationship regarded as healthy and the Adofos as unhealthy?

The Mintahs relationship is healthy because Mr. Mintah:

a. Shows love to his wife
b. Provides emotional support
c. Reminds her of the date for antenatal care
d. Accompanies his wife to the clinic
e. Asks his wife to rest
f. Plans on the number of children to have
g. Agrees on spacing of the children
h. Agrees on the method of family planning to use
i. Takes children to the hospital

The Adofos relationship is unhealthy because Mr. Adofo:

a. Asked his wife to stop work but does not give her money
b. Commands wife and she can’t ask questions
c. Does not give money to send the baby to the hospital
d. Quarrels with his wife
e. Does not take her point of view
f. Beats his wife when he is angry
g. Wife is not happy

3. Are these two types of relationships real? (Give examples of healthy and unhealthy relationships)

4. What did Mr. Mintah gain by accompanying his wife to the clinic?
   a. He had the opportunity to talk to the nurse about his health concerns
   b. His BP was checked
   c. He got to know his BP status
   d. He had a referral for further examination, diagnosis and treatment

5. In what ways can an unhealthy relationship affect the health of the family?
   a. Since one or both of them are not behaving responsibly, they can deny themselves or their children medical care and this can even cause death
   b. Mother may not eat a balanced diet and baby may also not be well-fed. This may lead to marasmus, mental retardation, retarded growth or death.

6. What was Mr. Adofo expected to do?
   Mr. Adofo should have:
   a. Provided money for the family’s upkeep and health
   b. If possible, he should have accompanied his wife and the baby to the hospital
   c. He should have provided emotional and physical support
      Shown love to his wife
      Made decisions together with his wife

7. What do you think can happen to little Ama? She may not:
   a. Get enough breast milk
   b. Get adequate neonatal care
   c. Receive the required vaccinations
   d. She can develop some infections or even die
8. What are some of the possible decisions that Mrs. Adofo may take? What can be the consequences of her decisions?
   a. She may decide to go and borrow money to take the baby to the hospital
   b. Give up and neglect the baby
   c. She may even decide to divorce the husband
   d. The baby may die if she does not find money to take her to the hospital
   e. The baby may grow up to be a street child, especially if there is divorce
   f. She may take a boyfriend or become a commercial sex worker

9. If you were Mrs. Adofo, what possible steps would you have taken to solve the problem in the long term?
   a. Seek the intervention of a family member, a counsellor, a religious leader or somebody the husband respects to talk to him
   b. Start working again

10. What lessons do you learn from these two types of relationships?
    a. Where the relationship is good, it affects the health and well-being of the whole family
    b. Men’s behaviour in the family is crucial in health promotion – shirking their responsibilities will negatively affect their own health and that of their families
    c. Women should be given the opportunity to work
    d. The decisions we take affect us, our children and the entire society, now and in the future

11. How can we encourage men to treat their partners like Mr. Mintah did to Mrs. Mintah?
    a. Peer education
    b. Counselling
    c. Behavioural Change Communication
    d. Informal gender sensitisation programmes during durbars
    e. Effective communication between husband and wife/partners
    f. Providing men’s reproductive health services
    g. Taking men through the MAP exercises
Men’s Participation at the community level

Through questions and answers ask participants to mention what men can be encouraged to do at the community level to improve the health of the community through the CHPS concept.

Active participation in all health-related issues of the community such as:

- leading the process of finding solutions to various health problems
- regular/occasional visits to the CHC to find out the problems it has
- leading/behaving actively involved in communal labour.
- advocating resources for CHPS
- health planning and decision-making - change/modify adverse cultural practices that affects the health of the individual
- men’s sexual behaviour in the fight against HIV/AIDS
- peer education/counselling-men’s involvement in the home
- serve as Community Health Volunteers to provide care for PLWHAs
- provide other resources and services, e.g. construction of CHCs

Ask participants to mention benefits of men’s participation in the CHPS concept to the community’s health.

a. Improves individual, family and community health
b. Improves the quality of health services
c. Early detection of health problems for prompt treatment
d. Can help reduce teenage pregnancy and the spread of STIs and HIV/AIDS
e. Increases community ownership of CHPS
f. Can enhance sustainability of CHPS

Let participants mention innovative ways of getting men involved in CHPS activities.

a. Informal gender sensitisation programmes during durbars
b. Counselling for couples
c. Encouraging peer education
d. Using effective communication skills (especially between husband and wife)
e. Providing men’s reproductive health services

Conclude the session by discussing the importance of the tools studied in this unit in improving the health of community members as well as community participation and ownership.

Checklist 5.1: Performance Guide for Working with Communities

Instructions:
Rate the performance of each task/activity observed using the following rating scale.

0 - Task/Activity omitted
1 - Task/Activity incorrectly performed
2 - Task/Activity correctly performed (Hesitated)
3 - Task/Activity correctly performed with confidence
N/A - Task/Activity not required in this observation

<table>
<thead>
<tr>
<th>Task/Activity</th>
<th>Rating</th>
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<tbody>
<tr>
<td></td>
<td>0 1 2 3</td>
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<tr>
<td>1. Involves the community members at every stage</td>
<td></td>
</tr>
<tr>
<td>a) Gets to know his/her community</td>
<td></td>
</tr>
<tr>
<td>b) Makes initial contact with community leaders</td>
<td></td>
</tr>
<tr>
<td>c) Discusses concerns and their felt needs using participatory tools:</td>
<td></td>
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<tr>
<td>– Prepares a community map</td>
<td></td>
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<tr>
<td>– Makes a community profile</td>
<td></td>
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<tr>
<td>– Establishes a community register</td>
<td></td>
</tr>
<tr>
<td>2. Conducts needs assessment to identify community’s health problems</td>
<td></td>
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<tr>
<td>3. Gathers background information about the community’s health problems</td>
<td></td>
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<tr>
<td>4. Analyses and interprets the information collected</td>
<td></td>
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<tr>
<td>5. Prioritises identified problems</td>
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<tr>
<td>6. Provides possible or alternative solutions</td>
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</table>
# Checklist 5.1: Guide for Working with Communities

**Instructions:**

Rate the performance of each task/activity observed using the following rating scale.

- **0** - Task/Activity omitted
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- **3** - Task/Activity correctly performed with confidence
- **N/A** - Task/Activity not required in this observation

| Performance Guide for Mapping and Updating Community Profile and Register |
|---------------------------------------------------------------|---|---|---|---|---|
| **Steps/Task**                                               | **Rating** |
| 1. Mapping CHO coverage area                                 | 0 | 1 | 2 | 3 | N/A |
| a. Meet with SDHT/Community Health Committees                |   |   |   |   |   |
| b. Prepare team to understand the purpose                    |   |   |   |   |   |
| c. Understand clearly your coverage area                     |   |   |   |   |   |
| d. Prepare logistics to draw map                             |   |   |   |   |   |
| e. Draw your coverage zone map                               |   |   |   |   |   |
| f. Paste map on the wall                                     |   |   |   |   |   |
| g. Submit copy to sub-district or district                   |   |   |   |   |   |
| h. Use map to schedule activities                            |   |   |   |   |   |
| 2. Updating community Profile and Register                   | 0 | 1 | 2 | 3 | N/A |
| a. Identify village volunteers                               |   |   |   |   |   |
| b. Inform team about the purpose of profile or register      |   |   |   |   |   |
| c. Acquire or procure registers                              |   |   |   |   |   |
| d. Agree on indicators to be included in register            |   |   |   |   |   |
| e. Agree on how registers will be handled                    |   |   |   |   |   |
| f. Train volunteers on handling of register                  |   |   |   |   |   |
| g. Put in place or introduce the registers                   |   |   |   |   |   |
### Performance Guide for Mapping and Updating Community Profile and Register

<table>
<thead>
<tr>
<th>Steps/Task</th>
<th>Rating</th>
</tr>
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<tbody>
<tr>
<td>h. Store registers properly</td>
<td>0</td>
</tr>
<tr>
<td>i. Update register regularly</td>
<td>1</td>
</tr>
<tr>
<td><strong>3. Use community profile to plan activities</strong></td>
<td></td>
</tr>
<tr>
<td>a. Use register to implement activities</td>
<td>2</td>
</tr>
<tr>
<td>b. Organise zonal/sub-district/partners meetings</td>
<td>3</td>
</tr>
<tr>
<td>c. Meet to decide and agree on calendar of meetings</td>
<td>NA</td>
</tr>
<tr>
<td>d. Prepare for meetings (agenda etc)</td>
<td>0</td>
</tr>
<tr>
<td>e. Hold meetings</td>
<td>1</td>
</tr>
<tr>
<td>f. Report on meetings</td>
<td>2</td>
</tr>
<tr>
<td>g. Take action on outcome of meetings</td>
<td>3</td>
</tr>
<tr>
<td>h. File records of meetings</td>
<td>NA</td>
</tr>
</tbody>
</table>
Unit 1

A Community

A place or geographical area where a group of people live and share common interests and aspirations and have social network of relationships e.g. village, town. Or a group of people with well-defined demographic characteristics and power structure e.g. district, traditional council area.

Three or four villages, or a single large community, or part of a larger community, having a total population of 3,000 - 4,500 people and the largest distance across the area is between 5 and 10 kilometres, constitutes a CHPS zone.

Most rural towns and villages in Ghana are good examples of traditional communities. The CHO as a community mobiliser must note that urbanisation and modernisation are eroding traditional community values and norms of rural communities. It is in this respect that the concepts of “solidarity” and “neighbourhood” community have to be understood. Examples of solidarity communities are the Ewe community of Kumasi-Anloga, the Dagomba community in Nima, Accra, the religious or faith-based settlements such as Yordan nu near Vakpo in the Volta region.

The neighbourhood community develops as people live in areas together for a period of time and in the process develop familiarity out of which strong loyalty may grow. Examples are the Nurses Quarters, SSNIT Flats and other workers’ residences.

Community Entry

Community entry involves recognising the community, its leadership and people and adopting the most appropriate processes in meeting, interacting and working with them. Community leaders and contact persons can be used through interviewing and other PLA methods, to collect information. There are critical steps in community entry that must be learnt and applied to ensure that the cultural sensibilities of community members are not hurt since this may affect the successful conduct of health activities.

Community Mapping

A map is a most useful tool for a CHO as it allows him/her to see what is in the zone, identify the important landmarks and to see where home visiting and other activities of the CHO take place. Maps have enormous potential to generate discussion among community members and
health workers since everyone can participate. A hand-drawn map may be based on existing maps from Town and Country Planning Department, use of participatory learning methods and local knowledge. The following information would be required in order to prepare a map of your community:

a. Landmarks, land use, livestock
b. Water sources - rivers / streams
c. Schools, churches, mosques, shops
d. Markets, number and types of houses
e. Health and sanitation facilities
f. Chief’s palace
g. Streets/road network and other infrastructure
h. Meeting grounds
i. Police post
j. Government offices
k. Cemetery

The steps outlined below could be followed in preparing your community map:

a. Estimate coverage area (size)
b. Divide sheet into 4 quarters
c. Plot in major landmarks
d. Draw in roads/paths
e. Add any other important features

Community Profile

Once the zone has been defined and a map drawn, the CHO should find out as much as possible about the health of people in the community. The CHO finds out who they are, the way they live, the food they eat and relevant taboos, the work they do, their major health problems and local resources available to improve their situation. All this information is collected together in a document called a community profile. This profile serves to highlight problems and stimulate action.
Writing a Profile

A community profile is an ongoing activity. In fact, it is never finished, but it is important to start it. There are no ‘right’ or ‘wrong’ approaches to writing a community profile. However, the following ideas may help:

a. Involve local people and other departments in information collection.

b. Most data exist already so obtain information from existing sources rather than making a special survey.

c. Make the profile a learning experience for all by making use of the PLA methods such as transect walks and observation, time lines, schedules and seasonal calendars, sorting and ranking.

The profile should answer at least the following questions about the community:

a. How many people live in the catchment area?

b. What are their jobs and sources of income?

c. Where are the sanitation facilities and water sources?

d. Who is providing traditional health care?

e. What customs and beliefs are useful, harmful or harmless?

f. What is the coverage of the various programmes e.g. ANC, deliveries, immunisation, family planning, health education?

g. What is stopping you from achieving your targets?

h. What is the incidence of different diseases and what can be done to reduce them?

With this information, the CHO must do some analysis and draw conclusions. Decide what problems you can do something about and recommend actions to be taken to improve the situation. This will form the basis for drawing up your calendar of activities.

Community Registers

The community population register represents another important tool in the implementation of community-based health programmes. It provides a record of the characteristics of individual members of the community. It serves as a tool for effective planning because it helps to keep track of births and deaths in the community as well as migration into and out of the community. It also helps to quickly determine the immunisation status of children and women as well as contraceptive status of men and women.
Follow these steps to establish a community register:

a. Collect community register from Ministry of Local Government e.g. District Assembly
b. Compile demographic details for each household
c. Complete community register using available information

A sample of some pages of the community register used by GHS/MOH is presented in the following pages.

1. House & Household Members Particulars

<table>
<thead>
<tr>
<th>HOUSE IDENTIFICATION PARTICULARS</th>
<th>PARTICULARS OF HOUSEHOLD MEMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serial No. of House within the Unit</td>
<td>Local Authority House No.</td>
</tr>
<tr>
<td>Serial No. of House within the Unit</td>
<td>Local Authority House No.</td>
</tr>
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</tr>
<tr>
<td>Serial No. of House within the Unit</td>
<td>Local Authority House No.</td>
</tr>
</tbody>
</table>

2. Birth, Nationality & Immunization Particulars

<table>
<thead>
<tr>
<th>PARTICULARS OF BIRTH NATIONALITY</th>
<th>IMMUNISATION RECORDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age/Birth Date</td>
<td>Place of Birth</td>
</tr>
<tr>
<td>Age/Birth Date</td>
<td>Place of Birth</td>
</tr>
<tr>
<td>Age/Birth Date</td>
<td>Place of Birth</td>
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<tr>
<td>Age/Birth Date</td>
<td>Place of Birth</td>
</tr>
<tr>
<td>Age/Birth Date</td>
<td>Place of Birth</td>
</tr>
</tbody>
</table>
### 3. Disability, Migration & Literacy Particulars

<table>
<thead>
<tr>
<th>ANY DISABILITY?</th>
<th>MIGRATION</th>
<th>LITERACY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes Type Date In From Date Out To Can you read &amp; write? Level of Education attained Non-formal Education</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Occupation & Death Particulars

<table>
<thead>
<tr>
<th>OCCUPATION</th>
<th>PARTICULARS OF DEATH</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type Date of death Place of death Probable cause of death Has death been registered?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Unit 2

#### Needs Assessment

Needs assessment describes the situation or circumstance in which something is lacking, or requires some course of action to provide satisfaction. In community mobilisation, it is necessary to clearly specify the needs and avoid any needs that are vague or ill-defined. Needs can be classified into felt needs and expressed needs.

Needs assessment is a process of finding out and prioritising the local problems of a community, identifying the environmental and socio-cultural factors influencing such problems and
structuring resources available in the community to solve the problems. Review of available literature such as annual reports and collection of primary data using tools such as household census, community map and community profile will help the CHO to collect data during the needs assessment.

CHOs and their supervisors have important roles to play in enabling community members actively participate in assessing these needs and deciding to take action to resolve them. Community participation in assessing health needs encourages the people’s active participation in the implementation of health programmes.

Therefore, CHOs and their supervisors should educate community members, support community activities, and liaise between community leaders, health authorities and other health-related organisations in the district.

The table below shows some of the strengths and limitations of different data collection instruments

<table>
<thead>
<tr>
<th>Instrument/Technique</th>
<th>Strengths</th>
<th>Limitations</th>
</tr>
</thead>
</table>
| Using available information | • Inexpensive, because data is already available  
• Permits examination of past trends  
• Less time and labour intensive | • Data are not always easily accessible  
• Ethical issues concerning confidentiality may arise  
• Information may be imprecise or in complete |
| Observing | • Gives more detail and context-related information  
• Permits collection of information on facts not mentioned in the questionnaire  
• Permits test of reliability of responses to questionnaires | • Ethical issues concerning confidentiality or privacy may arise  
• Observer bias may occur (observer may notice only what interests him or her).  
• The presence of the data collector can influence the situation observed  
• Thorough training of research assistants is required  
• More time and labour intensive |
| Interviewing | • Suitable for use with illiterates  
• Permits clarification of questions  
• Higher response rate than written questionnaires | • The interviewer may inadvertently influence the respondents.  
• Open-ended data are difficult to analyse  
• More time and labour intensive |
Prioritising Health Needs and Developing Alternative Solutions

There are many problems that community members face. These will become obvious when the needs assessment is done. The CHO must identify those problems which she can do something about as a health worker and in line with her roles and responsibilities as prescribed by GHS. She can assist the community members to contact responsible agencies or departments to address other needs.

Priority Setting

Deciding what the most important problems are is often difficult. There is no single universally acceptable formula as there are many factors that need to be considered. The CHO can ask four questions about each problem identified

a. How common is the problem? (prevalence)

b. How severe is the problem in terms of death, illness, long-term suffering and handicap? (seriousness)

c. Does the problem worry the local community? (level of concern)

d. Is there a simple way of dealing with the problem with available resources? (ease of change)

Each problem could be entered on a grid/table as shown below and ranked or rated:

<table>
<thead>
<tr>
<th>Problem</th>
<th>Prevalence</th>
<th>Seriousness</th>
<th>Level of concern</th>
<th>Ease of change</th>
<th>Total Priority</th>
</tr>
</thead>
</table>

Instrument/ Technique

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Limitations</th>
</tr>
</thead>
</table>
| Administering written questionnaires | • Less expensive  
  • less time and labour intensive  
  • Permits anonymity and may result in more honest responses  
  • does not require research assistants  
  • eliminates bias due to phrasing questions differently with different respondents | • Cannot be used with illiterate respondents.  
  • There is often a low rate of response  
  • Questions maybe misunderstood |
Once the CHO together with the community members have identified the needs or problems to be addressed, the true cause of the problem can be determined using the «But Why» or problem-tree method. The CHO after identifying possible solutions to identified problems will follow the steps below:

a. Set targets
b. Prepare a calendar of activities
c. Mobilise resources
d. Conduct activities as planned
e. Monitor and report on activities

Refer to Module 1 -Managing CHO Activities -for details.

Unit 3

Mobilising the Community

Community mobilisation is a process through which a community is motivated to take action to improve its state of development. Community mobilisation for health therefore involves:

a. Developing and promoting on-going discussion of health issues among community members and between community members and health workers
b. Creating and strengthening community organisations such as health committees and volunteers aimed at improving health services delivery
c. Creating an environment in which individuals can empower themselves to take action to address their own and communities' health needs
d. Promoting community members' participation in ways that recognise the differences and similarities among people and sections of the community particularly those who are most affected by the health issue

Community mobilisation also means mobilising available resources to fulfil a need. The provision of most social services including health often involves partnerships with sector organisations all of which have their own types and levels of resources they would wish to contribute. Efficient coordination in mobilising these resources is required to avoid duplication and waste, fighting over ownership of programme and failure to recognise and appreciate the efforts of community members.
Community Participation

The phrase “community participation” is used to describe a wide range of very different actions. Community participation in health may be described as a process by which individuals, families, groups and the entire community assume responsibility for their health and well-being and resolve to get involved in developing the capacity to contribute to solving their own and the community’s health problems.

Community participation cannot be achieved through occasional visits and holding of meetings in the community. The CHO’s activities must be seen as part of a process over time that can go through a series of overlapping stages. The stages are:

a. Entry (getting to know the community)- learning about the community, its structure and pattern; initial contacts with families, leaders and community groups; discussions on concern and felt needs.

b. Initial actions - action on achievable, short-term aims based on felt needs which bring the community together and build confidence.

c. Further activities and organisational building - strengthening of community organisation; formation of committees; educational activities/inputs; selection of community members for training as volunteers; decision-making on priorities; further actions.


The Process of Dialogue in Community Participation

<table>
<thead>
<tr>
<th>The CHO</th>
<th>The Community Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask the community about its problems and needs</td>
<td>Community explains its needs</td>
</tr>
<tr>
<td>Ask questions to find out basis of needs</td>
<td>Community explains basis of its needs</td>
</tr>
<tr>
<td>Respect community needs but also challenge it to consider wider issues and provide educational input</td>
<td>Community acquires awareness of other issues and begins to consider alternative needs</td>
</tr>
</tbody>
</table>
References


