COMMUNITY HEALTH VOLUNTEER’S
Training Manual
Foreword

For a long time the health care delivery system has not been responsive to consumer needs. Among several factors that currently pose a persistent challenge to the efficient delivery of health programmes include insufficient design and implementation of intervention packages to address the specific needs of the poor and vulnerable.

The current five-year Programme of Work (2007-2011) emphasises partnerships and the rapid scaling up of high impact interventions and services targeting the poor, disadvantaged and vulnerable groups. In particular, community based approaches represent the main system for service delivery. Thus the strategy outlined in the POW for improving access to basic healthcare is known as the Community-based Health Planning and Services (CHPS). CHPS prescribes that the GHS moves health services to community locations, develops volunteerism and community health action, and improves interaction between health provider, household and community.

The advantage about CHPS is that it is the first home grown comprehensive health strategy that involves ordinary people in the delivery of health care. It has also been rigorously tested under different environments and proved to be a feasible means for attaining the MDGs. CHPS is the health sector’s response to the Ghana Poverty Reduction Strategy which aims to put Ghana in the middle income bracket by 2015. CHPS thus has health and development benefits.

However, while the GHS has a systematic programme of training for its staff to undertake community work, community members have lacked the requisite knowledge and skills to participate in the planning and delivery of health care. The Volunteers Training Manual is designed to do just that – impart health volunteers with the ability and confidence to actively participate in improving their own health.

I am pleased to note that the development of the Volunteers Training Manual not only provides a rich resource for improving health delivery but also deepens the relationship and growing collaboration between the GHS and its development partners. Since health is a good determinant of the quality of life of a people, it is my hope that this Manual meets its intended purpose and helps promote the general wellbeing of Ghanaians.

Dr. Elias Sory

Director General, GHS
Preface

The Community-based Health Planning and Services (CHPS) initiative is the Government of Ghana’s strategy to bring quality health care to the door step of the people. The government recognises 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 Volunteers (CHVs) and Village Health Committees (VHCs) serve as the link between the community and the health care system. They work alongside the Community Health Officer (CHO) who lives in the community.

Since CHPS started in 2000, various training programmes and activities have been done for volunteers by the Ghana Health Service (GHS) and other partners. Yet by 2006 a survey funded by the CHPS Technical Assistance project (CHPS-TA) revealed that volunteers lacked the basic knowledge and skills to do their work effectively. This was due mainly to the fact that there was no manual to guide the training and the training had not been systematic.

Accordingly, in collaboration with the Ghana Health Service, the CHPS-TA project has developed this training material for Community Health Volunteers (CHVs) and Village Health Committees (VHCs). Though Community Health Volunteers and Village Health Committees perform different roles, they are both called health volunteers and will be referred to as such throughout this Manual.

There are three objectives for writing the volunteer training manual. First, the manual serves as a set of resource materials that health managers can use to train community volunteers. Secondly, it helps make the training of health volunteers more systematic and standardised. Third, it provides skills to volunteers to improve teamwork, develop their personality and improve attitudes for health promotion and community development.

There are four (4) Modules in the Manual, each of them is developed based on the recommendations of a survey on volunteers conducted by CHPS-TA project. Because most volunteers could not read and write, the language used in the Manual is simple and easy to read and understand. Based on the findings of the study the contents of the modules are generally adequate to fill the knowledge and skill gaps of volunteers.

The four Modules are titled

- Module 1: The CHPS Concept and Volunteerism
- Module 2: Community Mobilisation and Tools
- Module 3: The Work of the Village Health Committees (VHCs)
- Module 4: The Work of the Community Health Volunteers (CHVs)

Modules 1 and 2 give an overview of the CHPS concept, its origins, the framework and structures and an explanation of the concept of volunteerism and what volunteers need to be effective community health mobilisers.
Modules 3 and 4 focus on the specific tasks performed by the Village Health Committees and Community Health Volunteers respectively, their roles in community health and in working with the CHOs.

The suggested training schedules are two (2) training sessions per year per CHPS zone with four (4) to eight (8) topics per session. In addition to being organised as standalone trainings, volunteer training can also be tagged unto other integrated training programmes in the District Health Management System such as HIV & AIDS, Guinea worm eradication and TBA training. The other topics in Modules 1 and 2 can be incorporated into other DHMT and CHO volunteer meetings and fora.

For training newly recruited volunteers, a five-day training programme has been found to be adequate, and a suggested training schedule has been attached to the modules.

Please Note!

Because of the educational level of volunteers, training sessions should be very practical and interactive. A variety of participatory methodologies should be employed in the sessions, e.g. use of pictures, drama, film, case studies, role plays, songs, storytelling, jokes, discussions, group work, site walkthroughs, field activities, translation of key words into local languages.

CHO and DHMT/CHPS training coordinators should collect real life stories from communities and training sessions and adapt them for volunteers training. They should also learn the most appropriate ways of communicating and imparting knowledge and skills in various communities and employ them in their training sessions. This will enhance the training programmes and make them realistic to the needs of the volunteers.

The use of the local language and picture teaching was found to enhance comprehension in all pretested districts. We strongly recommend their use in all training activities and districts. Advance translation of key words, terms, phrases and concepts should be done well ahead in preparation for practical sessions. Some key words that might need translation include - advocacy, volunteerism, family planning, counselling and CHPS.

We hope these Modules serve the purpose of educating all volunteers and community health workers to improve the implementation of CHPS. It is hoped that the Manual will also serve as a reference material for CHOs and DHMTs and others who are at the forefront of bringing health to the doorstep of those most in need and hardest to reach.
Acknowledgements

The Ministry of Health/Ghana Health Service acknowledges with thanks all the individuals and organisations who have contributed in diverse ways to the development and production of the community volunteer training modules. Specific mention will, however, be made of individuals and organisations that have contributed significantly.

Institutions and organizations

1. United States Agency for International Development/Ghana
2. CHPS-TA Project partners: Population Council, EngenderHealth, American College of Nurse Midwives and Centre for the Development of People
3. Navrongo Research Centre
4. District Health Administrations: Health staff and volunteers of Abura-Asebu-Kwamankese, Birim North, Komenda-Edina-Eguafo-Abirem, Nkwanta and Sene districts

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## Abbreviations/Acronyms

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<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AA</td>
<td>Artesunate- amodiaquine</td>
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<tr>
<td>AIDS</td>
<td>Acquired immune deficiency syndrome</td>
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<td>ANC</td>
<td>Antenatal care</td>
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<td>ARI</td>
<td>Acute respiratory infection</td>
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<td>CBS</td>
<td>Community based surveillance</td>
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<td>C-COPE</td>
<td>Community client–oriented provider-efficient services</td>
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<td>CHC</td>
<td>Community Health Compound</td>
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<td>CHN</td>
<td>Community health nurse</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 services</td>
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<td>CHPS-TA</td>
<td>Community-based Health Planning Services Technical Assistance Project</td>
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<td>CHV</td>
<td>Community health volunteer</td>
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<td>CSR</td>
<td>Community surveillance register</td>
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<td>CWC</td>
<td>Child welfare clinics</td>
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<td>DA</td>
<td>District assembly</td>
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<td>DCE</td>
<td>District Chief Executive</td>
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<td>DHMT</td>
<td>District health management team</td>
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<td>DOT</td>
<td>Directly observed therapy</td>
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<td>EPI</td>
<td>Expanded programme on immunization</td>
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<td>FP</td>
<td>Family planning</td>
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<td>GHS</td>
<td>Ghana Health Service</td>
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<td>GHS/MOH</td>
<td>Ghana Health Service/Ministry of Health</td>
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<td>HC</td>
<td>Health committee</td>
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<tr>
<td>HIV</td>
<td>Human immune deficiency virus</td>
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<td>ITNs</td>
<td>Insecticide treated nets</td>
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<td>LAM</td>
<td>Lactational amenorrhoea method</td>
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<td>NGO</td>
<td>Non-governmental organization</td>
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<td>NID</td>
<td>National immunization day</td>
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<td>MAP</td>
<td>Men as partners</td>
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<td>MCH</td>
<td>Maternal and child health</td>
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<td>Abbreviation</td>
<td>Full Form</td>
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<td>MDGs</td>
<td>Millennium development goals</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>ORS</td>
<td>Oral rehydration salt</td>
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<td>PNC</td>
<td>Postnatal care</td>
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<td>POW</td>
<td>Programme of work</td>
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<td>RCH</td>
<td>Reproductive and child health</td>
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<tr>
<td>SDHMT</td>
<td>Sub-district health management team</td>
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<td>SP</td>
<td>Sulphadoxine-pyrimethamine</td>
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<td>STD</td>
<td>Sexually transmitted diseases</td>
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<td>STI</td>
<td>Sexually transmitted infections</td>
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<td>TBA</td>
<td>Traditional birth attendant</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<tr>
<td>VHC</td>
<td>Village health committee</td>
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<tr>
<td>WHO</td>
<td>Wealth Health Organization</td>
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<tr>
<td>ZHC</td>
<td>Zonal health committee</td>
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Module 1

The CHPS Concept
Module Overview

Many people help to do one thing or another in their communities. Some willingly give of themselves for the development of their community by undertaking various individual or communal activities. They do this and ask for nothing in return. These people are called volunteers.

So what do the CHPS volunteers do in promoting and providing health in their community? What is CHPS at all? What are the processes for implementing CHPS in a community? What tools does a volunteer and the health worker (Community Health Officer, CHO) need to successfully enter and effectively work in a community? When the volunteers have a problem or disagreement how should this be handled? These are some of the issues we will discuss in the five units of this Module in the CHPS Manual series.

Module Objectives

By the end of this Module participants will be able to:

1. Describe the CHPS concept and explain volunteerism
2. Discuss the six CHPS Milestones
3. Demonstrate effective communication skills
4. Demonstrate skills that promote teamwork
5. Explain how to prevent, manage and resolve conflicts
Introduction

Welcome to Unit One. In this unit you will find a brief background to the Community-based Health Planning and Services (CHPS) Initiative. We will trace the origins of CHPS from the experimental stage at the Navrongo Health Research Centre in the Upper East region through the scale-up by various districts in the country before it became a national policy.

The unit will explain the concept of CHPS and its key components. The background will give participants an understanding of how CHPS fits into the overall primary health care delivery system.

We shall explain the roles and responsibilities of various stakeholders in CHPS. You will also get to know the six steps or milestones in the CHPS process.

In this unit participants will also learn about volunteerism and what CHPS volunteers do. Offering one’s services free of charge comes with its own challenges; therefore, the unit will discuss the kinds of challenges volunteers face in their day-to-day activities. Finally, we will suggest ways of preventing problems and discuss ways of motivating volunteers in order to sustain their interest in the work.

Unit objectives

By the end of this unit participants will be able to:
1. Explain the CHPS concept
2. List and explain the six milestones in CHPS
3. Explain volunteerism and list the qualities of a volunteer
4. Discuss the roles and responsibilities of a volunteer
5. Discuss the challenges volunteers face in their day-to-day activities

Key words and phrases:
volunteerism, sustaining, experimental, stakeholders, components, milestone, delve, replication, collaboration.

Unit Topics

1. The CHPS Concept
2. The Concept of Volunteerism
3. Roles and Responsibilities of Volunteerism in CHPS
4. Challenges of Volunteerism
Topic 1  The CHPS concept

Topic 1 introduces you to the concept of CHPS, its origins and the six milestones of CHPS implementation.

The Origins of CHPS

Bringing basic health care services to all Ghanaians has been the major objective of the government of Ghana. Since independence, the Ghanaian government 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.

It would interest you to know that even today the teaching hospitals, the regional hospitals, and the district hospitals put together cover only 65 percent of the population of Ghana with mainly curative care. This leaves as much as 35 percent of Ghanaians without adequate health care. These large numbers of people live mostly in poor and remote villages that are hard to reach and cut off when the rains come.

Can you imagine how life was for communities that did not have access to basic health services? Children died from preventable diseases such as malaria, diarrhoea, measles, acute respiratory tract infection and cholera. Pregnant women also died from complications either because they did not recognise the danger signs early enough or did not seek care in time. Some were not able to reach a health worker or facility in time due to lack of transport, bad roads, or other difficulties.
To improve access to health service, the Government introduced the outreach services. Selected communities became outreach points. Staff from the health centres travelled there regularly on scheduled days to provide health care. The staff did not return to the outreach points until the next scheduled date.

However, the outreach points did not improve access significantly. Why? Because only those rural people who could go to the outreach point got access to health care.

What were some of the problems associated with this system of delivering services? Here are some of the most noticeable.

Wrong timing of services
Most of the time health staff arrived late in the villages when many community members had left for their farms or the marketing centres. Since most of the health staff needed to return to their homes before nightfall, opportunities to meet with patients and clients were often missed. Health education talks which community members requested in the evenings could not take place because the health staff had to make a return trip.

Unsuitable outreach locations
Most outreach activities were organised at a central point within the community. Many clients could not attend, either because the location was too far away from where they lived or it was deemed unsuitable for other reasons such as confidentiality.

No follow-up treatments
Treatments for patients who needed follow-up at the community level could not be provided because health staff were not available. In their absence, herbalists and other untrained health care providers took over health delivery. In their attempt to save lives, many fatalities resulted.
Low family planning services

Ideally, family planning methods should be available to clients at all times. These services could not be provided at the convenient time because health staff were not available when clients needed them.

No collaboration

Most importantly, there was no collaboration between health authorities and community members in the provision of health services. Health staff saw community members as passive recipients of health care. Their role as active participants in the planning and delivery of health care was not taken into consideration.

What can a government do when the people are not healthy?

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.

“Well, if you want health services delivered at your doorstep, that is what you are going to get,” the Ministry said. The Ministry chose Navrongo in the Kassena-Nankana district of the Upper East region to pilot the various ways in which health services can be delivered close to the people.

The Upper East region is the poorest in Ghana. The Ministry therefore selected 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 committed themselves to support the programme by providing a sleeping place for the nurse. They also agreed to select people from among them, called health volunteers, to work with the nurse in addition to forming health committees to overseer the community health care delivery system and supervise the health volunteers.

It is important to note that community members played a vital role in the Navrongo field test. In spite of that, some questions remained at the back of the minds of both the health workers and community members. Some of these questions are indicated in box 1.1.1 below.

**Box 1.1.1: Questions about health care delivery**

- How can community health nurses become truly community-based health care providers?
- How can communities be organised to assist the community health nurse to provide efficient services?
- Will it be more beneficial for community health nurses and volunteers to work separately or together?
- Will services really improve if community health nurses and community volunteers worked together?
- How much will it cost to implement this new strategy?
- Will the benefits be worth the cost?

The Navrongo Health Research Center 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 safe delivery. Women said they had access to family planning counselling and services which were now close to them.

The Ministry of Health and the Ghana Health Service were happy with these results. Two remote districts, Nkwanta in the Volta region and Juabeso Bia district (now split into two) in the Western region, heard about the good news in Navrongo and sent people to learn the methodology. They tried the new service delivery strategy in their districts. They found that it 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 had been confirmed.
In 1999 the Ministry of Health adopted the Community-based Health Planning and Services (CHPS) as a national strategy based on findings from the Navrongo field test. CHPS is committed to providing health services to the large number of people who lived in remote and poor communities. All districts in Ghana are now implementing CHPS. Under CHPS, health services are community-based. This means a trained health worker is assigned to live in the community and involve the community members in planning and delivery of health services.

Exercise 1.1.1: Group discussions

Objective
1. To discuss concept of CHPS in various Ghanaian languages.
Time: 25 minutes

Question
1. How would you explain CHPS in your local language?

Instructions to the Facilitator
1. Break participants into various language groups
2. Ask them to translate the concept of CHPS in their various languages
3. Discuss and bring out the key elements

When you hear CHPS, it means a new way of delivering health services. CHPS is based on a strategy that has been tested by community members and found to be effective. It is new because this is not the way health services have been provided in the country and even throughout the world. 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, also known as curative services.

The difference here is that, under CHPS, health workers live in the community and visit people in the comfort of their homes to educate them on how to avoid illness and stay healthy.

The emphasis in CHPS therefore is ‘preventive’. CHPS believes in the slogan “prevention is better than cure”.
The CHPS Concept and Volunteerism

Importance of CHPS to Government of Ghana

CHPS is very important to the government because it helps reduce the number of people who get sick. Thus, money that would have been used to buy drugs can be diverted to the provision of other services such as education, clean drinking water, and income generating activities. Those who are healthy can also engage in businesses from which taxes are paid.

Importance of CHPS to Community

CHPS is important to community members for several different reasons. First, communities across Ghana are happy with CHPS because women no longer have to die simply because they are pregnant. Second, pregnant women can have a safe delivery and their babies have a better chance of surviving. Because families now have access to family planning, they can space their births and determine the number of children to have and when to have them.

Figure 1.1.7: A CHO and a health committee discuss ways of improving health in the community

Minor ailments such as malaria, abdominal pains and headaches are treated at home and people get cured in good time and at a low cost.

Community members also feel proud that they are important and can participate in activities to improve their own health and that of their communities.

Today, communities are at the forefront in the implementation of CHPS. They continue to mobilise their fellow community members to support CHPS activities. They see CHPS as their own programme for meeting their health and development needs.

The six CHPS Milestones

In order to be able to implement CHPS activities the right way, the GHS/MOH has developed a guide. There are six steps or “Milestones” to CHPS implementation.
Module 1 - The CHPS Concept

Milestone 1 - Planning

This involves mapping geographical areas called “CHPS zones,” where nurses are assigned to deliver services. The District Health Management Team (DHMT) holds discussions with community members about their health needs. They then conduct a situational analysis of the existing health services within the district. Situational analysis is a planning step which helps examine the current situation of an organisation and its external environment so as to be able to identify and agree on major issues which affect how it plans for the future.

Figure 1.1.8: Map of Birim North district showing CHPS zones and other health facilities

Milestone 2 - Community Entry

These are series of meetings and discussions with chiefs and leaders of a CHPS zone to introduce the CHPS concept to them and to gain their acceptance for the process to begin. This includes a durbar to introduce CHPS to the entire community; discussions about the formation of a Community Health Committee which will be responsible for selecting, supervising community health volunteers to assist the nurse.
Milestone 3 - Community Health Compound (CHC)

This is the place in the community where the Community Health Officer lives and provides services. Achieving this involves selecting a site for the CHC that is assessed and easily accessible to the entire community; money for building or renovating a structure to serve as the CHC; and mobilising communal labour for the construction.

Milestone 4 - Community Health Officer (CHO)

This is the title given to a Community Health Nurse who has received additional training to provide the full complement of CHPS services. This involves the training and deployment of the nurse to the CHPS zone and the holding of a durbar to introduce the CHO to residents of the CHPS zone.

Milestone 5 - Essential equipment

In this phase, equipment essential for conducting CHPS services are procured. These include getting a motorbike for the CHO and purchasing bicycles for health volunteers. Other items such as a cold chain, scales, and a blood pressure apparatus are also essential.
Module 1    The CHPS Concept

Milestone 6- Volunteers

These are people in the community who are selected to assist the CHO in her work. They are of two main types – health committees and health volunteers. Health volunteers work directly with the nurse by conducting health promotion activities and providing basic services. The health committee supervises the volunteers and solves problems that may arise between the CHO, the volunteers and the community.

This phase also consists of selecting and training the community health volunteers; organising a durbar to introduce them; holding a training for the Community Health Committee to oversee the work of volunteers; the procurement and distribution of essential supplies such as a home visiting kit, and spelling out what the DOs and DON’Ts of volunteers are and how to effectively work with the health committee and the CHO.

Figure 1.1.11: A fleet of motor bikes or bicycles for doorstep health care delivery.

Figure 1.1.12: A health volunteer sharing his perspectives on close-to-client health care with a visitor.
Exercise 1.1.2: Brainstorming

**Objective**
1. To discuss the CHPS milestones.
   Time: 15 min

**Question**
1. What milestones do you think can be skipped or done at a later time?

Instructions to the Facilitator
1. Break participants into groups of five
2. Ask them to list the milestones in order of importance
3. Ask what milestones can be varied
4. Discuss and agree on the three most important milestones.

Following these steps dutifully and methodically ensures that the right things are done the right way. Though every milestone is important, it is desirable that the first two milestones are done in the order in which they appear. For example ‘community entry’ should not be done before ‘planning’. Nurses should not be sent to the CHPS zones before ‘planning’, and volunteers should not work in isolation of the CHO.

However, communities in the CHPS zones can get the equipment ready while waiting for a CHO to be posted or even as they make the CHC ready.

In a bid to roll out CHPS as quickly as possible, some communities are tempted to overlook some of the steps, and the results have been disastrous. Some often step back, but in most cases the harm would already have been done and the needed community support required for CHPS to work is lost.

**Topic 2**  **The concept of volunteerism**

This topic defines volunteerism, the essential qualities of CHPS volunteers, and the processes for selecting volunteers. It also gives the reasons why volunteers like their job.

The concept of volunteerism

The World Health Organisation says community participation is an important element of primary health care and for meeting the goal of health for all. This concept came from the realisation that communities can be active participants in the delivery of health care. Communities can mobilise resources at the local level to support health institutions provide care.
One way communities participate in improving their health is through volunteerism. Volunteerism means offering services without asking for payment in return. Since all community members cannot be part of the programme to provide services, a few people are selected and trained. CHPS zones in the community select people to help the nurse to deliver health services. They are called ‘volunteers’ because they are not paid for the work they do. Usually, the health volunteers are hard-working people who live in the community and who want to see improvement in the health of the people (Box 1.1.2).

Box 1.1.2: Misconceptions about volunteerism

- Volunteerism is a waste of time
- Volunteer work demands a lot of time
- Volunteer work is for people who do not need money
- Volunteer work is for people who are bored
- Volunteer work should always come with benefits
The two sets of Volunteers

There are two sets of volunteers in CHPS:

The Village Health Committee (VHC)

The Community Health Volunteer (CHV)

The Village Health Committee is responsible for overseeing the health system at the community level. They also supervise the Community Health Volunteers (CHV). The CHVs work directly with the CHO by mobilising community members to participate in health programmes at the local level.

Exercise 1.1.3: Brainstorming

Objective
1. To discuss why CHPS uses community volunteers
Time: 5 minutes.

Question
1. Why is the government unable to pay health workers to deliver community services? Why use volunteers?

When asked what they could do to help deliver health services under CHPS, community members said they would select people who will give their time and energy. Volunteers are chosen by communities as part of their contribution to community-based health service delivery. Even then, not everyone can be a volunteer. Volunteers are selected based on certain criteria.

Qualities of CHPS volunteers and criteria for selection

Let us use the Case Study 1.1.1 below to discuss the qualities of a volunteer and the criteria for selecting volunteers.
Exercise 1.1.4  Case study

Objective
1. To discuss the qualities of and criteria for selecting volunteers.
Time: 10 minutes

Questions
1. What were some of the causes of the low patronage?
2. How can a situation of this nature be prevented?
3. What qualities should we look out for in a person to be selected as a volunteer?
4. What criteria do you use to select volunteers in your community?

Case study 1.1.1

A CHO realised that the patronage at her clinic is low and many people referred by the volunteer never report for services.

In church one Sunday, a church elder tells her that the volunteer was arrested by the police the previous Christmas for stealing a chicken. This greatly dented his reputation and credibility so he is no longer able to do his normal home visits.

Questions
1. What were some of the causes of the low patronage?
2. How can a situation of this nature be prevented?
3. What qualities should we look out for in a person to be selected as a volunteer?
4. What criteria do you use to select volunteers in your community?

From the Case Study 1.1.1, we see that just as there are specific characteristics or qualities we expect in nurses and doctors, there are qualities expected of volunteers. Some of the qualities discussed are listed below in Box 1.1.3

Box 1.1.3: Qualities of volunteers and criteria for selection

1. Community residence/ Willingness to stay in the community for long
2. Willingness to commit time
3. Community development oriented
4. Ability to communicate effectively
5. Effective social mobiliser
6. Previous experience in voluntary work

Instructions to the Facilitator
1. Read Case study 1.1.1 or choose someone from the audience to read it out loud
2. After the story ask the questions in the case study
3. Summarise the session by drawing participants’ attention to the ‘possible answers’ in Box 3
Box 1.1.3: Qualities of volunteers and criteria for selection

7. Ability to read and write
8. Having the spirit to serve others
9. Ability to ride a bicycle
10. Hard-working
11. Respect/responsible/approachable
12. Honest/trustworthy
13. Tactful

These days most community members can read and write. A volunteer who can read and write is an asset to his/her community.

“I have been able to change my community for the better as a volunteer.”

Ms. Augustina Apuri, health volunteer, Paga Sakaa (Kassena-Nankana District, UE/R).

Reasons for becoming a Volunteer

Exercise 1.1.5 below will help you think about the reasons why some choose to become volunteers.

Exercise 1.1.5: Brainstorm

Objective
1. To know the reasons for becoming a volunteer.
Time: 10 minutes.

Questions
1. Why do people become volunteers?
2. Why did you become a volunteer?

Instructions to the Facilitator
1. Let participants brainstorm why people choose to work as volunteers
2. Summarise the session by comparing the responses with those in Box 1.1.4

Box 1.1.4: Reasons for becoming a Volunteer

People choose to become volunteers because:
1. They like the job
2. They want to serve their communities
3. They want to improve health
4. They gain respect of the people
5. They get new knowledge and skills
6. It helps them and their families to live healthy lives.
Topic 3  Roles and responsibilities of volunteers

The roles and responsibilities of volunteers in health delivery are many. These can however be categorised into two: ‘Home visits’ and ‘Assisting the CHO’.

Home visiting

Home visiting is either a routine one or a special one. During a routine home visit the volunteer moves from house to house asking about the health of families and individuals and offering services where needed. A special home visit is organised for a specific purpose, e.g. either to administer SP, visit a person who needs follow up, an older person, a TB patient or an HIV & AIDS person. Detailed explanation is available in Module Four.

In order to be able to do his or her work very well, a volunteer usually goes round with a bag that contains essential supplies such as Oral Rehydration Salts (ORS), paracetamol or other recommended first aid medicines. The volunteers also carry along family planning devices such as condoms and the birth control pill for those who may request them. Where need be, they restock supplies for people who, according to the records, need family planning services.

A volunteer provides health talks to families when he visits them. The talks are sometimes based on what the volunteer observes as s/he approaches or enters the compound. There may be weedy surroundings or stagnant pools of water. These serve as good breeding grounds for mosquitoes. The volunteer can also give treatment to anyone with minor ailments such as malaria, headache, abdominal pains, and diarrhoea.

Social Mobilisation

The volunteer does not only seek the health of his or her community members, but s/he also mobilises the community. S/he gets people together when the need arises, for instance, to undertake communal labour. The volunteer is very useful especially when it comes to the need to build or renovate a place for the community health officer, construct a ventilated improved pit latrine, keep the surroundings of a community health compound or borehole clean or undertake any other health-related community development project.
Health Link

The health volunteer serves as a link between the community and any health facility within the community. S/he informs health authorities of any strange disease in the community for action to be taken before the disease spreads. S/he therefore acts as the disease surveillance officer at the community level. Many hardworking volunteers have been able to detect diseases in their communities and report to the health authorities for action to be taken. By doing this the volunteer prevents disease and death from dangerous infectious diseases.

Assisting the CHO

Another important part of the volunteer’s job is to assist the CHO or the sub-district outreach team to conduct Child Welfare Clinics. His role is to pass information to mothers about the next clinic days. The information is passed on to all sectional heads of his or her community to announce on the eve of the clinic day. The health volunteer also reminds mothers of impending clinic days as s/he does home visiting.

Outreach Work

On the day of the outreach clinic, the volunteer is responsible for arranging seats for the mothers. S/he weighs the children and for those who can read and write, they record the weight of the child on the Road-To-Health Cards and chart them. The health volunteer also educates mothers who have defaulted on the need to attend outreach clinics. S/he identifies mothers of children who have persistently defaulted and informs the CHO. The CHO, in turn, traces the children and their mothers to their homes for the necessary immunisations.

Box 1.1.5 shows some responses of volunteers on what their roles are and the kind of work they do.

Box 1.1.5: The Roles of a Volunteer/CHO

Who is a volunteer?

- Selected by the community
- Approved by the community
- Works for a fee

Role of a volunteer

1. Does home visiting
2. Helps the CHO/Nurse
   - Weighing/child welfare clinic
   - Family planning services
3. Refers cases to CHO
4. Mobilises community
   - Environmental sanitation
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Box 1.1.5: The Roles of a Volunteer/CHO

- Health education
- Liaise between the CHO and the community
- Compiles and updates the community register

Role of VHCs

1. Provide security for CHO
2. Settle disputes between CHO, volunteers and community
3. Promote welfare of the CHO
4. Supervise volunteers
5. Advocate for health.

For many families, the health volunteer has come to replace the traditional healer or herbalist as the first source of health care. Volunteers identify sick persons in the community and in some cases provide first aid. However, as a volunteer, there are limits to the work you are allowed to do in your community. Some work is beyond your competence; therefore, you should refer them to the CHO or the nearest health facility. It is good to seek advice from the CHO whenever you are not sure of what you are allowed or not allowed to do. We will read Case Study 1.1.2 and use it to discuss the DO’s and DON’Ts of a health volunteer.

Exercise 1.1.6: Case study

Objective

1. To discuss the scope of the work of volunteers
   Time: 10mins

Questions

1. *(see Case Study 1.1.2)*

Instructions to the Facilitator

1. Choose a volunteer to read out loud Case Study 1.1.2
2. Ask the questions that follow and discuss the answers
3. Compare the answers with those suggested in Box 1.1.6 and update the list.

Case study 1.1.2

A woman reports at the CHC with a painful injection abscess. She tells the CHO that she was given an injection by one of the volunteers two weeks earlier when the volunteer visited her house and found her lying and shivering.

Questions

1. What wrong actions did the volunteer take?
2. What are some of the things that a volunteer should not do?
3. As a volunteer, what would you have done?
Box 1.1.6: DO’s & DON’Ts of a Volunteer

1. Maintain confidentiality
2. Don’t give false information e.g. family planning
3. Should not give injections
4. Not prescribe beyond his scope. (Antibiotics, Artesunate Amodiaquin)
5. Never steal from the CHC
6. Should not be lazy
7. Don’t be disrespectful and arrogant
8. Do not detain patients at your home

Monitoring the work of volunteers

The work of volunteers is closely monitored by a health committee. A health committee comprises about four or five respected elders. The group is formed by community members to manage the community’s health system under CHPS. One important duty of the health committee is to supervise the work of the health volunteers. In MODULE 3 we shall discuss their duties in more detail.

Figure 1.1.15: A health committee undergoes training - gaining the tools to supervise the work of volunteers

Topic 4  Benefits and challenges of volunteerism

This topic would discuss the benefits and challenges that volunteers may face in the course of their work and how to sustain the spirit of volunteerism.

As we saw in the previous topic, volunteers play a crucial role in community-based health service delivery. Although volunteers are not paid for the work they do, voluntary work comes with certain benefits. But volunteers also face some challenges in their work, which sometimes make them unable to perform their duties well.
Benefits of volunteerism

There are a variety of benefits volunteers gain when they offer services.

Personal satisfaction
Many volunteers experience personal satisfaction when they make a difference in somebody’s life. Imagine how happy you may feel if you are able to identify a sick child and work with the CHO to save that child’s life.

Learn new skills and more about the cause
As a health volunteer you will participate in many training programs during which you will receive new information and skill. Such information will help you to protect yourself and your family from ill-health.

Gain experience
As you continue to work with different people in your community you learn a lot about how different people behave. This experience will help to improve your relations with people in general.

Find a job
Some jobs require people who have done some social work. If you have worked as a volunteer you stand a better chance of getting this job than someone who does not have this experience.

Meet new people
When you work as a volunteer you meet new people, and sometimes make new friends and contacts. Who knows? One of such contacts might help you someday.

Challenges facing volunteers

Loss of income
As you learned earlier, volunteers are not paid for the work they do. Therefore, if a volunteer spends all his time doing volunteer work he might lose income.

Problems with relationships
Married volunteers may have problems with their spouses, especially if they have not discussed and agreed on what the volunteer is doing or how much time s/he should spend doing voluntary work.
Emotional stress

Some volunteers may work in difficult circumstances. Unless they have prepared themselves adequately, they may suffer emotional stress.

Disappointments

Sometimes a chief or an influential community member may single-handedly choose a volunteer without consultation or consensus. In such cases the health volunteer does not see him or herself as answerable to the health committee or community members. Often such a volunteer becomes disappointed and fails to do the work, if their expectations are not met.

Sometimes people volunteer because they hope to secure a permanent job in future. When this does not happen after volunteering for a period of time they become disappointed and begin to make demands on the CHO and the health system. They give excuses to CHO and other supervisors for not working. This often seriously affects health service delivery in the community. They lose the interest to serve and eventually drop out.

Literacy and numeracy skills

Increasingly, volunteers are required to document the work they do. For example, volunteers may be asked to collect data or write a report. Illiterate volunteers would have difficulty doing such tasks.

Ability to ride a bicycle

Since volunteers mostly go from house to house, the ability to ride a bicycle has become crucial for effective work, especially in communities where the settlements are far from one another as in northern Ghana. Those who cannot ride a bike and are unwilling to learn may have a hard time doing the work.

How to sustain the spirit of volunteerism

There is a limit to volunteerism. How do we keep the spirit of volunteers high so as to encourage others to take up the job that has no pay? Exercise 1.1.7 below will help us find answers to the thorny question.

Exercise 1.1.7: Case study

Objective
1. To discuss ways to motivate volunteers

Time: 10 minutes

Question
1. Using case study 1.1.3 discuss how volunteers can be motivated in the work

Instructions to the Facilitator
1. Ask a volunteer to read out loud the story in Case Study 1.1.3
2. List the suggestions on a flip chart and discuss
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The selection process

Because volunteers work for free, it is important that those selected as volunteers love doing volunteer work and be prepared to sacrifice some time to do it. Therefore, the process for selecting health volunteers should be meticulous. This is to test the volunteer’s commitment and ensure that the volunteer is responsible to the community when s/he starts work.

Induction of new members

After being selected by their community, volunteers should be introduced to their work. During this period they should learn about what they are expected to do, how much time they can commit, the benefits and risks associated with the work. All this is to assist the volunteer to reflect and decide whether this is work they want to do.

Training and support

Volunteers need to be trained so that they can work effectively. To motivate volunteers to love the work they do, they should be supported with logistics and regular supervision. Many volunteers become motivated when their supervisor visits and encourages them.

Channels of communication

Volunteers have to work with and through people. As a result there are bound to be problems with communication and sometimes conflicts might occur. Unless there is a way of improving communication and resolving conflicts volunteers might be given a bad name by their communities.

Case study 1.1.3

The people of Sakapia had been experiencing cholera outbreaks every year. When the community embraced CHPS two years ago, cholera outbreaks ceased. Mensah who was selected by the community as a volunteer had been going from house-to-house educating the people about the importance of hand washing, personal and environmental hygiene. This house-to-house campaign had resulted in the wear and tear of Mensah’s rubber slippers popularly known as ‘Charlie wote’. Stones and thorns pierced Mensah’s feet as he did his daily home visits. However it seemed like the community did not even notice Mensah’s condition.

An NGO visited Sakapia village one day and saw the good work that Mensah was doing. They were so impressed and moved that they decided to send him some used clothing and shoes. They also invited him to big city to spend a few weeks to get some new experiences and training.

Questions

1. What do you think motivated Mensah to continue to do the work of a volunteer?
2. What lessons can we learn from the case study?
3. What could the community have done to show their appreciation or motivate Mensah?
The story in Case Study 1.1.3 is meant to let you as volunteers know that hard work pays in many ways. It is also to let you think about the various ways by which volunteers can be motivated so as to keep their spirits high.

**Box 1.1.7: Questions to ask yourself before deciding to become a volunteer.**

- Why do I want to become a volunteer?
- What can I offer?
- How much time can I commit to it?
- What benefits can I gain?
- What risks will I be exposed to?
- How will I cope with the challenges involved?
- How much should I know to achieve the best?
- How will I be assisted to do my work effectively?

**Unit Summary**

CHPS has come to stay. It’s now the government of Ghana’s main strategy for bringing health services close to the door steps of remote communities across the country. Community members, who used to be passive recipients of health services, are now active participants in health service delivery. We traced the origin of CHPS. We also explained the CHPS concept and discussed how CHPS solves the problems that the old system could not solve. We also explained the components of CHPS and the benefits of CHPS for the government and communities. We then listed and discussed the various steps necessary for implementing CHPS successfully, that is, the six CHPS Milestones.

We discussed health volunteers and the work they do. We also saw how health volunteers find prestige in their work, the challenges they face and how they can be motivated to sustain their interest in the work. How this can be done and details about the work of the volunteer will be discussed in more detail in MODULE 4.
Unit 2

Communication Skills

Introduction

Welcome to the third unit in Module 1. In this unit we will learn about communication and the role it plays in CHPS. We will identify communication channels we use at the community level and the ones health volunteers can use in their work. In this unit you will also be guided to demonstrate skills used in communicating effectively. Finally, we will explain barriers to effective communication and discuss ways of overcoming them.

<table>
<thead>
<tr>
<th>Unit objectives</th>
<th>Unit topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the end of this unit participants will be able to:</td>
<td>1. Understanding communication</td>
</tr>
<tr>
<td>1. Discuss the elements of effective communication</td>
<td>2. Communication channels used at the community level</td>
</tr>
<tr>
<td>2. Identify communication channels used in the community</td>
<td>3. Skills for effective communication</td>
</tr>
<tr>
<td>3. Describe communication channels used by volunteers</td>
<td>4. Barriers to effective communication</td>
</tr>
<tr>
<td>4. Demonstrate skills used in effective communication</td>
<td></td>
</tr>
<tr>
<td>5. Identify and explain barriers to effective communication</td>
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<tr>
<td>6. Explain how to overcome barriers to effective communication</td>
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</tbody>
</table>

Keywords
barriers, channels, demonstrate skills, interactive, participatory, recipient, feedback, intervention, communication, channels

Topic 1  Understanding communication

What is the most important ingredient for success in the activities we do in our various communities? What is needed to get the support and cooperation of people, and build personal relationships? The answer to these two questions is one and the same as the ability to communicate skillfully and confidently with people.

Whenever we talk, dress up, write or make a facial expression we are giving messages to people around us. We describe this as communication. We communicate in various ways by what we do or do not do each day. Even silence is a form of communication thus the saying, “Silence means consent”.

This topic will define communication and discuss its importance in CHPS. Let’s now do an Exercise.
Exercise 1.2.1: Group work

Objectives
1. To discuss what communication is
   Time: 10 minutes

Question
1. What is communication?

Instructions to the Facilitator
1. Facilitate a brainstorming session by asking participants what communication is
2. Use the responses to discuss communication and its various types

What is communication?

Communication is the process of exchanging information between people. Communication is seen as a two-way rather than a one-way process. It is interactive and participatory. Through communication, information is passed on from one person to the other. The recipient also sends back a response to the one who sent it. This provides feedback in every communication effort. If there is no feedback the communication is not complete and may not be effective.

Volunteers should note that communication is a continuous process and not a once-and-for-all matter. For example, women become pregnant and new babies are born. Information about how to prevent women from losing their lives should be given and reinforced all the time. In the same way clients should be constantly informed about how to avoid preventable diseases that kill children.

Communication promotes development. It is an important element in public health interventions. In public health, communication is usually designed to influence social norms. Communication can also change the behaviour of individuals, families, and communities. This ensures that people live healthier, happier and longer lives. As we saw in Unit 1, CHPS is a public health programme that brings health services close to the doorstep of the people.

It also involves them in the planning and delivery of care. As earlier mentioned, it is the first time that community members have been actively involved in the delivery of health services.

Communication is therefore important for CHPS to succeed and be able to sustain itself.
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Exercise 1.2.2: Group work

Objective
1. To develop communication messages.
Time 10 minutes.

Question
1. What simple communication messages can you develop from the community health issues listed in Box 1.2.2 to help people change their behaviour or adopt a best practice?

Instructions to the facilitator
1. Let volunteers work in groups of 5.
2. Let each group pick a topic in box 1.2.1
3. Using the six questions listed in Box 1.2.3, guide participants to develop one simple sentence that will convince a client to adopt a healthy behaviour (communication message)
4. Let each group present at plenary.

Box 1.2.1: Sample communication message to communities to:
1. Renovate or construct a community health compound for the resident nurse
2. Encourage people to sleep under insecticide treated bednets (ITNs)
3. Take the full dosage of [malaria] drug treatments
4. Get pregnant women to visit the antenatal clinic at least four times before giving birth
5. Ask mothers to deliver with the assistance of a health professional
6. Promote the complete immunisation of children.

Box 1.2.2: Community Health issues
1. Malaria
2. Care for the new born
3. Family planning
4. Exclusive breastfeeding
5. Complementary feeding
6. Antenatal care
7. Birth preparedness
8. CHC construction
9. Malnutrition
10. Pregnancy related deaths
11. Diarrhoea.
As volunteers, it is very important to ask yourselves the following questions, before you communicate: Who communicates what, to whom, how, when and why? The answers are in Box 1.2.3.

**Box 1.2.3: Who communicates what, to whom, how, when and why?**

<table>
<thead>
<tr>
<th>Question</th>
<th>Possible answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why communicate?</td>
<td>To provide information, change attitude or behavior</td>
</tr>
<tr>
<td>Who should communicate?</td>
<td>Person who has the knowledge, skill or influence to do so</td>
</tr>
<tr>
<td>To whom should you communicate?</td>
<td>Persons affected by a problem or can take action to solve the problem e.g. VHC, community members and opinion leaders</td>
</tr>
<tr>
<td>What should you communicate?</td>
<td>Health messages or benefits</td>
</tr>
<tr>
<td>How should you communicate?</td>
<td>Communication channels: interpersonal communication, drama, durbar, TV, radio, educational materials, etc</td>
</tr>
<tr>
<td>When should you communicate?</td>
<td>Time and situation that is appropriate for the audience</td>
</tr>
</tbody>
</table>

The answers to the five questions above summarise your work as a volunteer.

Being able to communicate well will promote the health of your community and also help you to interact better with members of the health committee, opinion leaders and the traditional and political authorities. The channels available at the community level that can be used to communicate messages in CHPS will be discussed in the next unit.

**Topic 2  Communication channels used in the community**

The topic will discuss the communication channels used at the community and look more closely at those that volunteers use. We know communities have their own ways of passing on information from one person to the other or from one community to another. Some communities use the talking drums and others use the gong-gong beater. What communication channels are mostly used in your community? The following exercises will help us to find out.
Exercise 1.2.3: Group work

Objective
1. To discuss communication channels used at the community level
Time: 10 minutes.

Questions
1. What is a communication channel?
2. What communication channels are available at the community level?
3. What communication channels do you mostly use to deliver your messages?
4. As volunteers, which channels do you mostly use to communicate?

Instructions to the Facilitator
1. Launch a brainstorming session by asking the questions in the box opposite
2. Guide volunteers to list communication channels that are available at the community level for passing on information and receiving feedback
3. List responses on a flip chart
4. Compare the listed channels mentioned to those in Box 1.2.4. below and update

Box 1.2.4: Communication channels used at the community level

- Talking drums
- Community durbars
- Gong-gong beating
- Role plays
- Home visits
- Interpersonal interaction (One-on-one, face-to-face communication)
- Small group discussions
- Songs/poetry recitals
- Dance drama
- Public speaking

Box 1.2.5: Skills for effective communication

Skills for gathering and analysing information
The volunteers will have to look for information about issues affecting the health of the community. This will give them facts that they can use to influence the leaders and community members about health issues. They must therefore know how to gather and analyse information

Listening skills
A good communicator listens more and talks less. A volunteer must learn to practise this all the time. Encourage people to express their views and be prepared to answer difficult or embarrassing questions and remarks to the best of your ability. Whenever you are dealing with more than one person, give the opportunity to others to answer questions thrown at you. This is another way of making sure that everyone is paying attention. You need to maintain your confidence throughout the communication process. Have an open mind to learn from others. Also appreciate the fact that others may know more than you. Remember that a good listener learns new things all the time
Box 1.2.5: Skills for effective communication

**Presentation skills**
In order to be taken seriously, volunteers must know how to put information across to people. Use catchy phrases if you can. Present only one or two key messages at a time. This has better results than giving too many messages. Learn to use visual aids such as pictures, charts, posters and cartoons to support your messages where available.

**Advocacy skills**
Advocacy means giving active support to something, especially the act of persuading. Volunteers must have the ability to reach out to key people who can convince target groups to take decisions that promote health and bring about development. (Refer to MODULE 3 Unit 2).

Note that not all the channels are used in the same way. The selection of the appropriate channel depends on the person(s) we want to communicate with, the message, the situation, and the culture.

**Topic 3  Skills for effective communication**

Now that we know about the importance of communication, it is time to learn about the various skills that volunteers need to communicate effectively and how these skills can be acquired. You will also demonstrate how you can apply these skills. Do the group work in Exercise 1.2.4 and then read about the skills in this section.

**Exercise 1.2.4 Group work**

**Objective**
1. To discuss effective communication skills and how to acquire them

**Questions**
2. How do you know your communication has been effective?
3. What are some of the skills that you need to be able to pass on health messages very well and get the desired feedback?

**Instructions to the Facilitator**
Ask volunteers to
1. Break participants into groups of five
2. Tell each group to list the skills that volunteers need to communicate effectively
3. Discuss at plenary and compare responses with those in Box 1.2.5

**Skills for effective communication**

We communicate all the time. We also exchange information with other people. But not everyone can relay the same message in the same way and achieve the same understanding. Communicating effectively means being able to influence the audience to establish a
common understanding about an issue.

While some people are born good public speakers or communicators, others are not as skilled at speaking in public. But the knowledge and skills that can help one communicate effectively can be learned. Some of the skills you need to communicate are explained in Box 1.2.5.

As volunteers, your main job is to promote healthy living. But you should know that people do not change overnight. People have behaved in a certain way for so long that they often need time to adapt and adopt new practices. Therefore, you need skills to enable you to guide others to understand and accept your messages.

Figure 1.2.1: A Volunteer interacts with a mother with her child in the comfort of their home.

One of the skills that a health volunteer needs is how to process information and analyse situations. The SHOWED APPROACH (Box 1.2.6) is one of the tools used in processing information such as pictures, a role play, a practical demonstration, or even a discussion. It is also effective in evaluating how people understand or perceive issues or events. The following exercises will demonstrate how to use the approach to process information.

### Box 1.2.6: The ‘SHOWED’ Approach

**THE ‘SHOWED’ APPROACH**

S  What did you SEE?
H  What did you HEAR?
O  Is it happening in OUR community?
W  WHY is it happening?
E  Have you EXPERIENCED this before?
D  What can I/we DO about it?
Exercise 1.2.4: Role play

Objective
To role-play effective communication at the community level

Questions
How you would handle:
1. Auntie Ama?
2. Auntie Ama’s husband?
3. What advice would you give to both of them?

Instructions to the Facilitator
1. Read Auntie Ama’s story in Case Study 1.2.1 to volunteers and guide them to role play the scenarios below
2. Guide volunteers to role play the scenario
3. Guide participants to use the approach to sharpen their communication skills
4. Choose any essential health issue. (Refer to the ‘Community Health Issues’ in Module1 Unit 2 Topic 1 Box 1.2.2 for this exercise)
5. Prepare one group of participants to role-play demonstrating
   • poor communication
   • effective communication
6. Let participants observe and process the role-play using the “SHOWED” Approach.

Case study 1.2.1

Auntie Ama and her husband
Auntie Ama has informed you that recently, there have been a lot of quarrels between her and her husband. The issue is that she has been turning down her husband’s sexual advances for fear of becoming pregnant. They have five children, the fifth one is six months old. She comes to you upset, seeking your advice and support.
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Box 1.2.7: Practical techniques for dealing with clients

- **Welcome**
  - Approach client with a good attitude and show respect
  - Ensure clients are in a good mood to receive you
  - Greet client with a smile
  - Introduce yourself and your mission
  - Politely ask their names

- **Encourage client to talk**
  - Ask open ended questions
  - Allow clients to answer
  - Don’t interrupt
  - Nod in agreement and show interest

- **Look at your client**
  - Maintain a warm and friendly facial expression
  - Maintain eye contact as you listen
  - Look at client when you speak
  - Observe client’s feelings and reactions as you interact

- **Listen to your client**
  - Assist with facts where necessary
  - Show client you are interested in what s/he is saying
  - Calm your client
  - Check understanding by repeating statements.

Topic 4  Barriers to effective communication

No matter what we know and how skillful we are in communicating a message, things can still go wrong. Anything that can make communication ineffective is called a barrier. We will discuss the barriers to effective communication and how to overcome them.

Barriers to communication

Communication is more than what you say or fail to say. Communication is also about the way you say it, the way you behave, dress and treat others. These are the personal characteristics. These can determine whether your message will be received well or not. More importantly, it will determine whether your message will be acted upon the way you intended it. Work through the barrier to communicate in Exercise 1.2.5, Box 1.2.8 and ways of overcoming them with Box 1.2.9.
Exercise 1.2.5: Group work

Objective
1. To discuss barriers to effective communication
   Time: 10 minutes.

Questions
1. What are the barriers to effective communication?
2. How can you overcome these barriers?

Instructions to the Facilitator
1. Put volunteers into small groups of five and guide them to identify things that can affect the way they communicate with people (barriers to communications)
2. Organise a plenary session for groups to make presentations
3. Discuss how each barrier can be overcome
4. Summarise the session by drawing participants’ attention to the 'list of barriers to effective communication' in Box 1.2.8

Box 1.2.8: Barriers to effective communication
- Personal character
- Lack of interest
- Non-involvement
- Timing
- Unclear message
- Poor communication skills
- Incomprehensible language
- Wrong audience/listeners
- Insufficient knowledge.

Box 1.2.9: Overcoming barriers to effective communication
- Develop positive personal character
- Choose a most convenient time for the client
- Choose acceptable channels of communication
- Update your knowledge and upgrade your skills (make use of volunteers training manual)

It is not just your communication that matters but how you communicate. If we do not have the needed skills to communicate even the best messages can fail to achieve the desired results.
Unit Summary

We learnt about the various aspects of communication and how communication helps us in our role as volunteers in community-based health care delivery. We also identified various communication channels used at the community level and the ones that health volunteers use in the course of their work. We did role-plays to demonstrate skills for effective communication. Finally, we discussed some barriers that can affect communication and we suggested ways of overcoming them.
**Unit 3**

**Interpersonal Relationships**

**Introduction**

There are different kinds of people and stakeholders we live and work with in our communities. We also learn to work with such people in our teams. Some people are very quiet but they think deeply. Others are talkative and they make everybody laugh. The third group of people is just happy to be on their own, but have to be told what to do. We say people have different temperaments or personality types. Stop and think back… have you ever worked with such people? I’m sure you have … many times!

Well, the truth is that whoever you find on your team, you must learn to work with them. And you must try all your best to get along with all kinds of people for your own sake and for the sake of the health of your people. This is called interpersonal relationships.

The ideas in this unit will help you be able to get along with all the people you have to work with in the delivery of health services. You will learn some skills on how to relate to everyone no matter their temperament. Finally, you will all discuss how to work with your team members and the CHO (nurse) in your community.

<table>
<thead>
<tr>
<th>Unit objectives</th>
<th>Unit Topics</th>
</tr>
</thead>
</table>
| By the end of the session participants will be able to: | 1. Knowing your stakeholders in health
2. Working with different people
3. Skills and qualities in relating to people |
| 1. Identify stakeholders in health | |
| 2. Discuss how to work with stakeholders in health | |
| 3. Describe the relationship between CHOs and volunteers (CHV, VHC) | |
| 4. List 4 qualities needed to relate well with other people | |
| 5. Discuss how to work with the stakeholders in health delivery | |

**Keywords and phrases:**
- interpersonal
- relationship
- stakeholders
- qualities
- skills
- temperament
- personality
- scenery

**Topic 1**  **Knowing your stakeholders in health**

Can you name some of the people you find in a hospital? Yes! Doctors, nurses, laboratory technicians, records officers and so on. Who else does anything connected with the health of your community? Yes, the people themselves - men, women, and children. There are the CHOs, community health volunteers (CHV), the members of the village health committees (VHC), and the District Chief Executive (DCE). You name them! All these people have a part to play for all of us to remain healthy. They are called ‘Stakeholders’. There are 3 main
groups of people who form the stakeholders. See if you can identify these 3 groups in the picture/diagram below. Who forms the three groups? Name them.

Figure 1.3.1 Stakeholders in Health

Exercise 1.3.1  Objective
Objective
1. To discuss volunteers’ perceptions and relationship with stakeholders
Time: 10 minutes

Questions
1. How do we view and relate to the 3 groups of stakeholders or people whenever we have to work with them? With fear, respect, or with pride?
2. Why do you relate to them in this way?

Instructions to the Facilitator
1. Lead the participants to brainstorm how they relate with various stakeholders and why they do so
2. Write out their responses and compare with the ones in Box 1.3.1
3. Keep the responses for future exercises
### Box 1.3.1: Perceptions and relationships between stakeholders

<table>
<thead>
<tr>
<th>GROUP</th>
<th>RELATION/PERCEPTION</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Health workers</td>
<td>Relate to them with respect Knowledgeable Opinion leaders</td>
<td>Poor work attitude Poor listeners Rude Skeptical about patients/clients</td>
</tr>
<tr>
<td>2. Health volunteers</td>
<td>Partners, Friends, family Help CHO Community leaders</td>
<td>Take each other for granted when we work together for a long time</td>
</tr>
<tr>
<td>3. Political leaders</td>
<td>Big men Bring development All powerful</td>
<td>Too known Feared Don’t fulfill their promises Give free money and gifts Love praises</td>
</tr>
<tr>
<td>4. Donor, NGOs</td>
<td>Supply resources and training Use funds quiet well</td>
<td>Always have a hidden agenda Have their own objectives Hurry to achieve results</td>
</tr>
<tr>
<td>5. Community members, chiefs, opinion leaders, men, women, children, disabled</td>
<td>Friendly Hospitable Strong family bonds</td>
<td>Expect manna from heaven Not concerned with their health Don’t want to help themselves</td>
</tr>
</tbody>
</table>

### Topic 2  Working with different people

It’s good to relate well with people around you because you never know when you will need them. When we know how we relate to all stakeholders and our reason why we relate to them that way, we can look objectively at our reasons and modify them. This will help us to positively work with people. The group work will help establish the relationship between the VHC and CHV.

#### Exercise 1.3.2: Group work

**Objective**
- To draw the relationships that exists between VHCs and CHVs
- Time: 10 minutes

**Question**
- What is the relationship between the VHC and the CHV in your community?

#### Instructions to the Facilitator

1. Ask volunteers about the relationship that exists between the VHC and the CHV in their community
2. Let them draw these relationships and discuss them.
Volunteers have to relate to the committee as a team and as their supervisors and partners. They also relate to VHC as individual community members and family. Volunteers also discuss the health programmes with VHC and implement them.

Both the VHC and the CHV have to talk and discuss health issues with the CHO. They refer patients to the CHO. Along with community members they help keep the CHO compound clean and help with health education among other things.

What comes across very clearly is that VHC members see volunteers as partners in the delivery of health care. The Committee helps elect the volunteers and exercise oversight responsibility over them. The VHC also gives them their job description and supervises their work. Together, VHC members and volunteers see each other as members of the same team working for the health of the people.

The CHO acts as the health provider at the community level. The CHV/VHC report to the CHO on all health matters (Box 1.3.2). The CHO in turn reports to the sub district and district teams. Let’s draw this relationship.

Figure 1.3.2: A CHO and a health committee discuss community health at a routine meeting.

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**Exercise 1.3.3: Group work**

**Objective**

1. To discuss how to relate with people at the community level

Time: 10 minutes.

**Questions**

1. What roles do the CHV and VHC play when working with CHO that shows they are relating well?
2. How do these relationships help with the work of the CHO and the volunteers?

---

**Instructions to the Facilitator**

1. Lead the volunteers in the discussions on how they have been relating to the CHO
2. Assist participants to draw Figure 1.3.3 on a flip chart
3. Use the suggestions below for the discussions
4. Discuss the effects of the CHO and volunteers relating well.
Box 1.3.2: Relationship between Volunteers and CHO’s

1. They report health issues and diseases to the CHO
2. Help collect, collate and submit community data to CHO
3. Plan awareness creation programmes with CHO
4. Help CHO with first aid treatment of sick people
5. Help organise Child welfare clinics

From the diagram, who does the CHO relate to? She/he relates to the sub-district health team, VHC and CHV. The CHO refers cases and reports all technical issues to the sub-district. These include referral cases, receiving and returning data collection charts.

The sub-district health management team (SDHMT) also supervises and trains the CHO. They ensure that the CHO is doing her work well. They are in turn supervised by the Sub-District Health Management Team. Both groups are made up of a number of health workers. These procedures are all called reporting or supervisory relationships.

To relate effectively with all our stakeholders and work with them we need to develop some interpersonal skills to make us good communicators. We will discuss this in the next section.
Module 1   The CHPS Concept

Topic 3  Interpersonal skills and qualities

In order to work with these groups, you the volunteer need some basic skills and qualities. Think about people you really like. What do you like about them? These are discussed in Exercise 1.3.4 and Box 1.3.3.

Exercise 1.3.4 Group work

Objective
1. To discuss skills that makes a volunteer effective
Time: 10 minutes

Questions
1. What interpersonal skills and qualities must a volunteer possess to be effective?
2. Why must you have these skills as a health volunteer?

Instructions to the Facilitator
1. Lead participants to discuss good interpersonal skills
2. Compare the answers with those suggested in Box 1.3.3

Box 1.3.3: Good Interpersonal skills

1. Respect for others
2. Accept everyone as they are
3. Listening and hearing
4. Telling the truth or being transparent
5. Networking or keeping in touch with people
6. Being a team player

Let us now discuss each of these interpersonal skills in some more detail.

Accepting people for what they are

One important skill you need to acquire is to accept everyone as they are. Respect them for their looks and their personality or behaviour. If I know that even though I am very disorganised and talkative, you respect me and listen to what I have to say, I feel secure and accepted. If you do not judge me or force me to change to suit you, I will call you my friend, and listen to and relate to you on an equal basis.

Sometimes we already have an opinion about a person or situation. So we come into the relationship with our own ideas about what should be said or what should be the right answer to every situation.

Relating well with your health stakeholders requires that you view each person – professional or community members – as equals who have a service, talent, idea, or something to offer.
Problems in accepting people

Everybody is knowledgeable

We may not accept and relate to people as equals in health service delivery because we feel we have better knowledge, qualification or experience. Our superior knowledge makes us feel like “bosses” over our subordinates. An example is the relationship between CHO and a patient or client from the village. The CHO’s knowledge is far more than that of the patient or client. She puts up an attitude that tell you: ‘You don’t have to tell me what to do. I decide’. That becomes her attitude.

See people as a project

This is when you the health volunteer want to achieve or solve a health problem in a particular area, for example, removing a huge pile of rubbish at the outskirts of the town.

All you want to do is to get the community people to clear the rubbish. That’s all! No feeding, no relation, nothing! It’s your job to get the rubbish cleared. That’s all you care about.

Some of the questions that show you are relating to the people on are seen in Box 1.3.4.

Box 1.3.4: Clearing rubbish Questions that show that you are relating to people

| a. | Why is the rubbish being dumped here? |
| b. | Where are the approved dumping sites? |
| c. | How far are they from the residential areas? |
| d. | Whose responsibility is it to check that rubbish is not dumped there? |
| e. | Why is the person unable to enforce this? |
| f. | What will make the community comply with dumping at the approved sites? |
| g. | What can the people do to clear the site? |
| h. | What alternative do we have for waste disposal? |
| i. | What can we do to ensure that once the rubbish is cleared, it will not be dumped again? |
| j. | What will be the rewards and sanctions for compliance or non compliance? |

Figure 1.3.4 Seeing people as machinery
Module 1    The CHPS Concept

Seeing people as machinery

The village health committee chairman shouted at the volunteer “Your job is to ensure that this place is free from waste. Just do it!” This man is relating to the volunteer as a tool or machine to clear the waste. All the committee chairman wants is a ‘hand’ to clear the rubbish. So, he looks for a ‘machine’ to clear the rubbish!

What the chairman should do is to look at other issues such as alternative dumping sites, mass education on waste management, sanctions for those who dump every waste indiscriminately. People want to be related to, not ‘USED’ to get a project done.

Seeing people as scenery

This is the way most tourists view people in a community they visit. They do not bother to get to know you. The people form part of the scenery just like trees, the sea, the mountains, etc.

They do not care how you feel or what is happening to you. They come to the country, buy a few things and go home.

Sometimes volunteers also relate to the community members that way. You develop your community health plans and just impose and implement. The committee does not verify with the community members what they need or what they feel their needs are.

Seeing people as people

When can we say you are relating to people well? When you can work with any person regardless of position, educational level, ethnic origin, gender, age, or personality type.

Relating means going beyond just getting the health work done. It means being there for every stakeholder you have to interact with. It means going the extra mile to win someone over to live ‘healthy’.

List some simple things that people cherish i.e. when you make them feel that they matter no matter what! (Exercise 1.3.5, Box 1.3.5).
**Exercise 1.3.5**

**Objective**
1. To list things which show we care about other people

Time: 10 minutes

**Questions**
1. What things are you doing as community volunteers and health committee to show you care about people?
2. Which areas are we not relating to the community members and other people?
3. What will you do from now on (as individuals and as a committee) to relate well with others?

---

**Box 1.3.5: Things which show we care**

1. Visit or check up on people when they do not attend meetings
2. Attend their funerals and make donations.

---

**Listening and hearing**

The skill of listening and hearing people you relate to is very important to you as a volunteer. People will come to you with their health problems. Yours is to listen carefully to their story and act according to what you are allowed to do. Some will not talk but they may expect you to 'hear' what they are saying. Your job will be to hear with your instinct, emotions and your heart and ask questions for clarification and hear.

How do we listen? Box 1.3.6 gives some things that helps you to listen and hear when relating to people.

---

**Box 1.3.6: How to listen and hear**

a. Let the person talk and state his/her case
b. Look straight into his/her eyes and hear with your heart what has not been said but has been implied
c. Observe his/her behaviour and the expression on his/her face, the look in his/her eyes and the way s/he moves his/her hands and rest of the body. These are called forms of non-verbal communication. They tell you a lot about the person talking to you.
d. Ask the person for clarification when you do not understand something.
Box 1.3.6: How to listen and hear

e. When s/he finishes reword what s/he said. Ask whether that is what s/he said or meant to say. This will help you to hear and understand what the person is saying.
f. Together discuss any interventions and resolution that is available for the problem or issue.
g. Finally, ask what the person wants to do and how s/he will achieve it.
h. Write out how the two of you intend to solve the problem.
i. Constantly evaluate what you two decided to do together. Sometimes you may have to change your plan of action. Other times you will continue or make minor adjustments to your plan.
j. End the conversation.

Figure 1.3.5: A volunteer listening attentively to a mother.

Figure 1.3.6: A poor listener
Problem of not listening and hearing

What are some problems with not listening and hearing? Exercise 1.3.6 and Box 1.3.7 will help you answer the question.

Exercise 1.3.6: Group work
Objective
1. To evaluate our listening abilities
Time: 20 minutes

Questions
1. What shows the volunteer was not hearing the woman?
2. How do you know the woman has a problem?
3. How well do you listen?
4. How can volunteers improve upon their listening skills?

Facilitators’ Instructions
1. Give out copies of the illustration 1.3.6 to volunteers and let them discuss it
2. Discuss how well volunteers listened to the woman
3. Discuss the items in Box 1.3.7 about the things that people do that show they are not listening and update.

Box 1.3.7: Things we do that show we are not listening
1. Interrupting people when people are talking
2. Doing other things while someone is talking to us e.g. playing with your phone or occasionally look at the door all the time
3. Fidgeting, shaking your legs, yawning
4. Thinking about other things apart from what the person is saying. Therefore asking the person to repeat what s/he has already said
5. No expression on your face. You look blank or have a far away look as if you are seriously thinking about something or when you are absent-minded
6. Not looking at the person in the eyes or
7. Giving him your full attention.

Based on Box 1.3.7, discuss Exercises 1.3.7 and Figure 1.3.6. How will you describe the volunteer.

Exercise 1.3.7: Group work
Objective
1. To demonstrate listening skills
Time: 10 minutes.

Questions
1. What things show that the volunteer is listening or not listening?
2. How will you teach volunteers to listen and hear?

Instructions to the Facilitators
1. Show participants the list and pictures above
2. Pair them up to talk about a problem e.g. teenage pregnancy in your community
3. Let one talk while the other listens
4. Make notes
5. Let them switch roles.
Telling the truth or being transparent

One good thing in relating to people is telling them the truth about what you are doing. This means you are open or transparent. You do not hide anything from team members. Covering up issues has made teams and committees break up. Do Exercise 1.3.8 in your groups.

**Exercise 1.3.8: Group work**

**Objective**
1. To discuss the benefits of telling the truth

**Questions**
1. What are the benefits of telling the truth or being transparent in a team?
2. When shall we be open and transparent and truthful?
3. What shows others we have been open/transparent and truthful?

**Instructions to the Facilitators**
1. Let volunteers work in groups of 5
2. Discuss the benefits of being truthful in a group and discuss their answers in plenary sessions
3. Use this exercise to teach the implications of truth telling in health work.

**Benefits of being truthful and transparent**

1. Everyone on your team or group wants to know what the team is doing; which person has to do which job, how it will be funded and how much money, time and other resources are available.

2. When we all know the facts, it becomes a motivator or an incentive to join in the health programme.

3. Also, if one person is sick or not available, other team members can pick the plan and work with it. No one leaves a vacuum when she/he is taken ill or dies.

4. When people/team members know the facts, they know how much money or resources are available. So they do not make unnecessary demands for money, projects or development. So you the volunteer must have all the facts on an issue to tell the truth and be open.

5. It encourages team members to be careful with their use of resources.

6. People develop trust in each other.

7. Helps teams accept outcomes and not blame others when things go wrong.
Interpersonal Relationships

Caution!!!

Give as much information as you can. Do not speculate or discuss people’s budget and business with other people. It becomes gossip and hearsay.

When should one be transparent?

Always communicate the facts as far as you know them. If you give the facts people will respect you for it. In fact, they will consult you on many issues including health programmes and not feel guilty.

It means you can easily say for instance, “I do not know the complications of prolonged labour. Let’s ask the CHO or midwife or doctor or let me find out and tell you later”. So you admit it when you do not know something.

Being open means you the volunteer can say to the CHO or anyone you think knows better: ‘I do not know how to do this procedure (e.g. sponging a child) can you teach me?’

Our culture of silence makes us very secretive and passive. Being open means you speak your mind truthfully and nicely. It means listening to others, and discussing their good suggestions with them. Then you adopt those good suggestions in your work.

In summary, people can tell who is genuinely relating in an open and transparent manner. They can see through you when you lie, even by the look on your face. Be open, and tell the truth. Please do the group work below (Exercise 1.3.9 on being open)

Exercise 1.3.9: Group work

When can you say you are open?

1. When you discuss community health programmes with others
2. When you acknowledge all those who helped you to do a health (or other) programme and say thank you, e.g. the chief and elders
3. When you put the names of your sponsors on your banners and reports
4. When you share your community health programme with the CHO, sub district and district health teams etc. DAs, Unit Committee Chairman
5. When we let everyone know how much money is available and how it is to be used
6. When we write thank you letters to individuals and organisations who have helped you or going to say thank you after an event
7. When we send your report to all stakeholders –annual, quarterly project, NIDS, etc
8. Asking the opinion of community leaders/members about a health issue. For example the sitting of a CHC
Keeping in touch/Networking with Stakeholders

This means keeping in touch with people you have met at the CHC, workshops, district health office or district assembly, durbars, visits to the cities, etc. The list includes visitors to your community and people you meet during your work and travels. We get many people visiting our community for various reasons other than health. Such people may include government officials like the DCE, researchers, donors and tourists. Some will give you their telephone numbers or call cards. Some will invite you to visit their organisation. Some may even leave donations and gifts with their contact numbers for the community to follow up. Get a ‘visitors book’ for them to sign.

Exercise 1.3.10: Group work

Objective
1. To list the various visitors to our communities and how to liaise with them
Time: 15 minutes.

Questions
1. Why do people visit your community?
2. What ways can you network with people?
3. How can you liaise with people on health issues?

Facilitators’ Instructions
1. Ask volunteers to work in groups of 5
2. Let them list all the visitors who have visited their community since last January.
3. Discuss why people visit their communities and how volunteers should relate to stakeholders and sustain the relationships
4. Emphasise the need to have a book for visitors to sign and keep their contact numbers

Box 1.3.8: Reasons why people visit your community

Put your responses here
1. To collect data
2. To do research
3. To visit family members
4. Add on ...

Keeping in touch gives you a wide range of friends to fall on when the need arises. It may be for health or other community development issues, funding, resource persons, etc.

Caution!!!

Keep in touch, but do not do it too much. Do not become over familiar and overbearing or people will get fed up with you. Read the body, voice and tone of people so you can tell which friendships to keep and which to let go.
Being a team player

People like to feel involved in a team. They want you to relate to others, talk to them and encourage them to do their best. Relating helps all team members develop expertise and talents on their team. Relating means sharing our jobs such that every committee member has a part to play - and the group shares the glory or failure.

Letting other people do what you can do ten times faster and better means you allow them to be trained and to gain a skill. It means your work will delay but another person has been trained to get the job done in your absence.

It raises your morale and makes everyone feel important. We get the ‘we’ feeling rather than the ‘they’ feeling. Exercise 1.3.11 will show you the importance of being a team player.

Exercise 1.3.11  Group work

**Objective**

1. To learn to be a team player
2. Time: 15 minutes

**Questions**

1. How did you solve the puzzle?
2. How did you function as a team?
3. How did you play your part as a team member?

**Facilitators’ Instructions**

1. Cut various cards with different shapes to fit into a jig-saw puzzle
2. Put the group in teams of 4. Each team member is given a number of cards
3. Allow teams to solve the puzzle
4. Watch how they relate to each other, leaders that emerge, disagreements, etc
5. Note how long it took cooperative members to work and those who disagreed
6. Discuss how the team fared in getting the puzzle solved
7. Use their experience to discuss being a team player.
In summary, people are made up of spirit, soul and body. They have a heart they want you to relate to. Try your very best to see people as they are, accept and respect them. This may mean your project will take a longer time to get done. But it will last a long time when done. Just wait and get to know the people you have to work with.

See people with your heart. This way, you can work with anyone; bold and outgoing, quiet and gentle, cantankerous and disorganised, or outspoken or timid.

Exercise 1.3.12: Case study

Objective
1. To learn how to work with stakeholders in health
Time: 20 minutes

Questions
1. Who are the stakeholders in this scenario?
2. What preparations will you make before meeting them?
3. What relationships exist between the various stakeholders and why?
4. What lessons have you learnt about relating to stakeholders that you can apply to their situation?

Exercise 1.3.12 above will help you discuss how you work with all the people who work for health in your community using case study 1.3.1.
## Case study 1.3.1

In your community at Krobokrom, you have been able to mobilise some materials and land from the chief and community members for the building of a CHC. You have approached the DHMT to discuss your effort and to discuss how to solicit for more resources for the CHC. The DHMT encourages you to go and present your case to the District Assemblies, Plan Ghana, World Vision International and other NGOs.

### Questions

1. Who are the stakeholders in this scenario?
2. What preparations will you make before meeting them?
3. Role-play how you will present the case to the DCE and other stakeholders identified
4. What relationships exist between the various stakeholders and why?
5. What lessons have you learnt about relating to stakeholders that you can apply in their situation?
Introduction

This unit is about working with other people and getting along with them. By all means the work of making our communities healthy must be done. People like you and the village health committees form the teams that get the work done. You need to work together in order to improve the health status of the community. Let’s now discuss teamwork.

Figure 1.4.1: Team work

<table>
<thead>
<tr>
<th>Unit Objectives</th>
<th>Unit Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the end of this unit participants will be able to:</td>
<td>1. Understanding the team concept</td>
</tr>
<tr>
<td>1. Explain the team concept</td>
<td>2. Team Dynamics</td>
</tr>
<tr>
<td>2. Discuss group dynamics in various CHPS teams</td>
<td>3. Advantages and Challenges of teamwork</td>
</tr>
<tr>
<td>3. Discuss individual differences and how to cope with them</td>
<td>4. Qualities of a Team Player</td>
</tr>
<tr>
<td>4. Identify and discuss qualities of a good team player</td>
<td>5. Leadership and Teamwork</td>
</tr>
<tr>
<td>5. Discuss advantages and challenges of teamwork</td>
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</tbody>
</table>

Key words and phrases:
team, group, dynamics team player, stakeholder, personalities

How many of you come from a family? We all do. Each person in the family works with other people in the family to make the family grow. For instance, our mothers bear all the children and look after them, the head of the family gives direction and works with the elders to bring development projects to the family. Our men folk work to bring money, and they give names to our children. When there is a funeral or a new birth, or marriage, the
whole family provides its support. They witness the marriage ceremonies, give money and encourage the couple in their marriage.

That is what a team is like. There are different people with different skills and abilities. Each person has his or her own job to do. He alone can do certain things which no one else can do.

In health, we have many people and teams we work with. Together, we are all called stakeholders. These stakeholders team come from within and outside the communities and include CHVs, VHCs, CHO's, DHMTs, and the District Assembly.

**Topic 1  Understanding the team concept**

**Teams in community health delivery**

We have different stakeholders who have an interest in the health of the community. Each of these groups forms a team. In order to be able to work in these teams, volunteers need to understand what the team concept is. So what are these teams? At the community level the main stakeholders are the CHO’s, CHVs, VHCs, NGOs. Each of these groups can form a team to work towards a common purpose.

**Working with Stakeholders**

In a team you will work with different people. Each one has his or her own way of life and character. It is called their personality. Some people laugh and joke easily. Others are quiet and like to be alone. Another person may be very strict. S/he is there to work, that’s all. Some other people are everybody’s friend, but do not like to work. Whatever personality you find in your group, you must respect them and learn to get along with them.

**Topic 2  Team dynamics**

**Team development**

All teams must be developed as a group as well as the individuals in it. Your village committee is a team that has been formed to help with the health care work in your community. Its members have to be trained and helped to work together and work with other people at all times.

How do you learn to work together? How do we build teams? Listen to what someone said. “Real teams do not just happen. They need to develop both as a group and through their leaders”.

What does this statement mean? It means a team is made up of individual people who have come together to form a group. They must work together to promote the development of their community. Whoever they choose to lead them must also work with all of them to develop the capacity of the team. The leaders must guide them to fulfil what they are set out to do.

For example – your VHC wants every community member to boil their water so they do not get infected with Guinea Worm and therefore get Bilharzia. What does each person in the VHC have to do? What will the leader(s) do to achieve this? As the various committee members learn and pass on the information to the community, they develop the knowledge and skills of the team.

Team Characteristics

Some children look so much like their parents. As soon as you see them you know that this is ‘so, so and so’ child. So also, all teams have certain things that make them look like a team. They are called team characteristics.

The characteristics of most teams are:

1. Team development
2. Team’s work
3. Individual people or personalities
4. Communication and working together
5. Individual roles

Let’s explain each one:

Team development and team building

Team members have to be developed as a group. The individuals in the group work to build the team so that they can work together. Through this process talents are discovered and leaders emerge. Examples are workshops, training programmes, learning to organise events together like durbars.

The Team’s work

Our teams must know their work or objectives for which they were set up. It helps them to set the goals and objectives and work towards it. What work is the VHC and CHV set up to do?

Individual personalities

Each team is made up of independent people with their own personalities. Each of us is quite different. Together individuals give the team a character of its own. What is the personality of your team?
Communication and working together

Team members must talk and listen to each other. They must work with each other to achieve their goal. They also use letters, memos, newsletters, visits, meetings, etc to give information to each other. How well is your team working together and communicating with each other?

Individual roles

I have my part to play in the team, so do you. Each of us is working to achieve the goal assigned to us – i.e. the TEAM GOAL. What is each person’s role in the team? Do they know their roles personally and are they performing them?

Let’s remind ourselves why we set up teams. Can you remember any? Yes?! I will say teams are set up to achieve a goal the team sets itself or that is set for team. Every team that is formed and developed has specific work to do. What work do the VHCs and the CHVs have to do as teams? Refer to Topic 3 for the work of VHC and CHVs.

Let us work through Exercise 1.4.1 and Box 1.4.1 to help us determine the goals the VHC and CHV can set for the team.

Exercise 1.4.1  Group work

Objective
1. To discuss how to set goals for VHCs/CHVs
Time: 10 minutes

Question
1. What goals have you set for yourselves as CHVs and VHCs?

Instructions to the Facilitator
1. Ask participants about the goals they have set themselves for the year and why?
2. Write the answers down on a flip chart and discuss.

Box 1.4.1: Sample Goals of VHCs/CHVs

1. To get 20 mothers with children under 5 to sleep under treated bed nets each quarter of 2008
2. To sell 100 condoms every month in 2008
3. Ensure that 80% of community members boil and filter their water before drinking.
4. To record zero percent maternal deaths in 2009.

Characteristics of effective teams

We are going to look at the characteristics of a team that make it effective. For teams to be effective they must:

1. Set clear objectives (goals)
Module 1  The CHPS Concept

2. Assign roles for team members
3. Assess team’s work

Let’s expand these tasks.

1. Setting clear objectives (goals)
If you look at the responses in the Box 1.4.1 above, we have set out what the team should achieve by December 2008.

The goals are very simple and clear for every team member to remember and explain to community members. Can you easily communicate your goals to the community?

2. Set specific tasks for team members
Each member is given a specific task to perform. For example with the CHVs – some can do home visits, others organise durbars, one will be the secretary to the team, and so on.

3. Individual roles and assignments
It’s important to identify the talents and gifts of people within your team. Then they can be assigned specific roles that go with their talents. A team member who has good writing skills can be the secretary and write minutes and reports. The organiser can coordinate events, while the ‘good talker’ can be the team’s spokes person.

4. Assessment of teamwork
Teams need to assess each team members’ work and give feedback on how well they have done or what they have not done. Members need to assess each person’s work. It helps the team to evaluate, change direction or see whether the team is on track doing the work it was set up to do. (See the evaluation questions in Box 1.4.2).

5. Regular feedback
Regular team feedback to team members helps the team to find out whether they are achieving their objectives or not. Feedback on individuals and team progress ensures that we all know what we are doing, what we have to improve upon and the kind of outside help we might need to achieve our goals.

When we do these processes properly, the team will develop. Below is a small group assignment on the goals we set for ourselves as volunteers (Exercise 1.4.2). Please work through it to assess whether your team is achieving its objectives or not.
Exercise 1.4.2  Group work

Objective
1. To help teams evaluate their team development
Time 20 minutes.

Questions
1. Discuss and evaluate the team development of your CHV group using the questions in Box 1.4.2

Instructions to the Facilitator
1. Ask volunteers to sit in their zonal CHPS teams
2. Let them discuss the questions below and write out their answers
3. Discuss practical ways to achieve those objectives that have not been achieved

Box 1.4.2: VHC/CHV Evaluation Questions
1. What are 2 of your team’s objectives?
2. What tasks have been assigned each CHV team member?
3. What is your role in the team?
4. How will you assess the CHV leader’s work?
5. How will you assess the VHC leader’s work?
6. How will you assess your own work?
7. How many of your group’s objectives/goals have been achieved?
8. Which objectives/goals have not been achieved? Why not?
9. What can the team do differently to achieve those not achieved?

Topic 3  Advantages and disadvantages of teamwork

Advantages and disadvantages

What do you think are the advantages and disadvantages of working in a team? Play the game in exercise 1.4.3 and discuss the questions.
Exercise 1.4.3  Game

Objective
1. To discuss the characteristics of teamwork.  
Time: 30 minutes

Questions
1. What qualities have you observed in yourselves that helped the team?
2. Which qualities retarded the team’s work?
3. What did you learn about this game?
4. What are the difficulties of working as a team?
5. What are the advantages of working as a team?

Instructions to the Facilitator
1. Use the “Card-matching Game”. Cut pieces of hard paper. Divide the number of participants by two to get the number of cards to use.
2. Write names of common diseases or foods for instance on them. Each card will have a word that will be cut into two.
3. Divide participants into groups of five. Shuffle the cards and distribute a piece to every member of the groups. Tell participants about the challenge which is to find the ways of finding the other half of their words and winning the prize at stake.
4. After about 20 minutes stop the game and ask for any cards that remain unmatched. Ask the questions on the left.

Read and discuss the lists in Box 1.4.3 and say whether you agree with them or not. Then add your own suggestions to the list

Box 1.4.3: Advantages and disadvantages of teamwork

| Advantages                                                                 | Disadvantages                                                                                           |
|                                                                           | 1. Slows down the work (too many cooks spoil the broth)                                                 |
| 1. We get different people with many talents to work with us              | 2. Team must always wait for a quorum before it can work or hold meetings otherwise decisions are not binding |
| 2. It encourages us to learn to work with people                         | 3. A few people may be left to do the work                                                             |
| 3. Relationships/friendships and the team are developed                  | 4. Decision-making takes a long time when the team is not dynamic or only a few people do the work     |
| 4. It prevents a one man show                                            | 5. Promotes bureaucracy                                                                               |
| 5. It helps to control the use of money and other resources. Thus it prevents embezzlement of funds | 6. Encourages laziness                                                                                  |
| 6. Saves time                                                            |                                                                                                          |
| 7. Promotes love and unity                                               |                                                                                                          |
| 8. Simplifies difficult tasks                                            |                                                                                                          |
| 9. Teaches compromise and tolerance                                      |                                                                                                          |
| 10. Enables leaders to emerge                                            |                                                                                                          |

Using advantages and disadvantages as benefits

How can we use the advantages and disadvantages of team work to our benefit as CHPS volunteers (Box 1.4.4)? The most important thing about working as a team is to find ways of identifying and making the best use of team members’ unique advantages. Team work
is like what happens in the jungle. Every animal is notorious for something but that can be converted into a big advantage. Take the monkey which is known for its playfulness and malice. When the animals have to be alerted to danger it is the monkey that they send to climb to the top of the highest tree and keep watch. The lion thinks because it is the strongest of them all it should be king.

The lioness takes advantage of this and puts the lion in charge of looking after her cubs as she goes out to hunt. The elephant is big so it looks down upon all the other animals so the others give him the job of pulling down trees for the smaller animals to graze on. Every team member has a certain personality. Rather than complain about such characteristics, the team leader should identify them and put them to good use. How can you use every team member’s character to your advantage? Box 1.4.4 offers some suggestions.

**Box 1.4.4: Ways to use advantages and disadvantages of teamwork to benefit volunteers**

1. Find out about team members’ talents and backgrounds, and give teamwork based on them.
2. Work in small committees for effectiveness. Also, don’t let a few people hijack the work or the work is left for a few people to do.
3. Encourage teams to work at making decisions at the right time each time they meet. That is they must ensure that they have to weigh the alternatives, prioritise and choose the best option.
4. Add on...

**Topic 4 Qualities of a team player**

Football is the favourite sport of Ghanaians. When you watch the team play and they score a goal, you are very happy. Who makes up the football team? We have strikers, defenders, goal keepers, midfielders, etc. Each has a specific role to play and the specific task s/he must perform in order for the team to win a match. That inner ability that helps each player play his or her part is called the qualities of the team members.

**Rules for working in a team**

There are three basic rules that make working in a team interesting. They help members develop qualities that enhance team dynamics and work. They are listed below. Exercise 1.4.4 will help you explain the three qualities.

1. Considering others better than yourself
2. Doing unto others what you want others to do unto you and,
3. Focusing on the goal of the team.

Using Exercise 1.4.4 discuss the qualities of team members.
Qualities of team players

The three rules above imply some qualities that team members must possess to be good team players. These qualities are:

1. You allow other people to feel free to work in the team
2. You accommodate other people’s feelings
3. You are open to suggestions
4. You listen well and are open to other people’s views
5. You help others to do their work and encourage them to be good listeners
6. You and other team members think about the welfare of other team members as well as the work.

A good team member must be a good listener and one who gets along with others. At the same time s/he thinks of the work and how to achieve the team’s goal. It is important to remember the team members may not always agree on the methods to use to achieve team goals. But this should not be the basis for disagreement about the team goal. Take Ghana’s BIG Six (Dr. Kwame Nkrumah, Dr. J. B. Danquah, Dr. Ako Adjei, Mr. Akuffo Addo, Mr. Obetsebi Lamptey and Mr. Ofori Atta.) These people who set the goal of getting independence for Ghana but they did not agree on the approach. While J.B. Danquah and other opted for “Independence within the shortest possible time,” Dr. Nkrumah insisted on “Independence Now.” Nkrumah broke away from the team to form the Convention People’s Party (CPP) which eventually won independence for Ghana on March 6, 2009.
Box 1.4.5: Qualities of a team player

1. Respect for other people
2. Open and approachable
3. Good communicator
4. Punctual etc.

Please note that not all your team members may have these qualities when they join the team. The leaders and the CHO should praise them whenever they show one of these qualities. Gradually you will see some changes in the character of team members. Invariably they will develop qualities of punctuality, respect, openness, good listening and communication skills.

Topic 5  Leadership and teamwork

Team leaders

Leaders make or unmake a team. We have many adages, sayings and proverbs that tell us how important leaders are to a team. For example:

- As a leader is so are his followers
- See a man with vision, see a home in flight
- The character of the people is the character of the king

Below is an exercise (Exercise 1.4.5) with sayings about the importance of leaders to various groups within a community. Work in small groups to find out what character traits of a leader each proverb gives us that will help a team work effectively.

Exercise 1.4.5  Group work

Objective
1. To discuss the importance of leadership in teamwork
Time: 10 minutes

Question
1. What qualities can you infer from the proverbs/sayings in Box 31?

Instructions to the Facilitator
1. Print out these sayings for the group
2. Let them add on some more from their own languages
3. Glean or infer the qualities people want to see in a good effective leader
4. Emphasise the fact that VHC and CHV are leaders of health within the communities and that the leaders of the CHV/VHC need to have these qualities to lead the two teams.
Box 1.4.6: Sayings on leadership

1. It’s only a wise man who leaves an inheritance for his children’s children
2. The mighty leader is slow in pronouncing judgment
3. When bad men rule, honour is lost
4. The thumb said ‘lets go now’; the little finger said “let’s wait till tomorrow, it’s late”
5. A tyrannical ruler lacks judgment
6. Look at a weedy farm, it has no farmer
7. When the wicked rise to power people go into hiding
8. By justice a king gives his country stability and his subjects peace
9. Fathers sharpen their children as iron sharpened iron
10. Hitting people on their heads to follow you is assault, not leadership.

Qualities of Team leaders

Some qualities of leaders which we can gather from the sayings in Box 1.4.6 are:

Leaders/leadership

- Give vision and direction
- Make the group members feel secure
- Help people to come out and be themselves
- Ensure justice for all team members
- ‘Sharpen those led’ or followers – like skill, knowledge, character, etc.
- Encourage people to work

Leadership is very important in team work. Leaders need to lead and followers need to follow but a leader must be flexible and not always exercise absolute control. A leader is no more if he has no team or followers. There must be a balance between the effective leader and an effective team. The leaders work as part of the team i.e. with them and not for them. Figure 1.4.2 below shows a leader with flexible control and a leader with absolute control.
An effective leader with a team ensures that together:

- They understand their goal or mandate and keep it in focus
- They focus on both the work and the team member’s welfare
- Guides the team to fulfill its purposes and goals
- S/he is a step ahead of the team in vision but in step with the team implementing group plans.

Work through Exercise 1.4.6 and make suggestions for the development of the leaders of your team.

**Exercise 1.4.6: Group Work**

**Objective**
1. To discuss the effects of leadership qualities in individual volunteers

**Time:** 10 minutes

**Questions**
1. What qualities have you observed in yourselves as leaders that have helped your teams?
2. Which ones have retarded the team’s work?
3. Suggest ways to use this information in your team leadership.

**Instruction to the Facilitator**
1. Help team members/volunteer answer these questions truthfully
2. Let them choose one thing they will implement as leaders when they go back
3. Tell them they will be accountable to the CHO on this plan
4. Discuss the roles that you as team members should play in working with your leaders.
Module 1  The CHPS Concept

The leadership of the VHC and CHV has to include people who can work with other people and are respected by the community. They need to be good organisers and able to mobilise communities for health action. The team members also need to play their part in health delivery activities. Teams always look up to leaders who perform their duties both in the community and in the health volunteer system. Find out what their needs are together with your team and plan health activities to meet those needs.

Unit Summary

The VHCs, CHVs and the CHOs form the local health teams at the community level. Both the leaders and team members need to know the goals of the team and work towards achieving them. Disagreement about methods should not distract a team from its goal. We also learned how to tap the advantages of every team member. Catering for the welfare of the team members and focusing on the team goals are good qualities that every team and its leaders should strive for. A team is a team only if it has both leaders and followers.
Unit 5

Conflict Prevention, Management and Resolution

Introduction

There are no two people who are alike in this world. Because we all think differently there are bound to be misunderstandings and disagreements. As volunteers who have to work with different groups of people, we need to understand what brings about conflicts and how to resolve them. More importantly how do we prevent and manage conflict situations such that our community health work can go on smoothly? What can we do as volunteers to prevent and manage conflict situations? And when we have a conflict ourselves how do we go about controlling it? These will be the highlights of Module 1 Unit 5.

Figure 1.5.1: A round conference at a community durbar keeps conflicts at bay

<table>
<thead>
<tr>
<th>Unit Objectives</th>
<th>Unit topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the end of this Unit participants will be able to:</td>
<td>1. Definition of conflict</td>
</tr>
<tr>
<td>1. Define the term conflict</td>
<td>2. Sources and causes of conflicts</td>
</tr>
<tr>
<td>2. Identify the sources and causes of conflicts</td>
<td>3. Preventing, resolving and managing conflicts</td>
</tr>
<tr>
<td>4. Discuss ways of preventing, resolving and managing conflicts</td>
<td>4. Volunteers’ role in managing conflicts</td>
</tr>
<tr>
<td>5. Discuss the volunteer’s role in managing conflicts</td>
<td>5. Managing conflicts among community volunteers</td>
</tr>
</tbody>
</table>

Key words and phrases:
conflict, individual differences, anecdotal evidence, status quo, disgruntled, deviant behaviour, integral part, tainted, hurled, provocation
Topic 1 Definition of conflict

What is conflict

Whenever two people or a group of people do not agree about an issue and are unable to resolve it amicably such that the two parties are satisfied with the solution, a conflict situation can result. For example, two volunteers may be in conflict over the use of funds for the construction of a CHPS compound. Two communities may disagree on where to house a health facility.

Therefore any situation where there is disagreement that prevents two groups from communicating all together, or communicating ineffectively which retards individual and group progress is a conflict situation. Anecdotal evidence shows that most conflicts start without people knowing how it started. Rumours – ‘Yési! Yési!, Ake! Ake!, Wobe! Wobe!; Bawi!, Bawi!; They say…They say’ – has caused many conflicts. Watch out for rumours in your teams and quench them the right way!

Exercise 1.5.1 Conflicts

Objective
1. To identify personal and community conflicts and how they affect community health work

Time 15 minutes

Questions
1. What was the conflict and how did it come about?
2. Which groups or persons were involved?
3. How did it affect the groups in conflict?
4. How did it affect the health situation/work in the community?
5. How did they resolve the conflict?

Instructions to the facilitator
1. Help the groups to identify and discus personal and community conflicts that have affected communities
2. List them and use the questions on the left as guide.
3. Guide them to list all the methods they used to resolve the conflicts.

So what is conflict and how do we view it? Below are some definitions of conflicts.

1. Organisational conflict is a disagreement between two or more groups or organisational members who must work with each other, two groups who have differing goals, values, perceptions or status.

2. Conflict means to disagree over something: a fight or an argument between two people, group or countries (paraphrased from Longman’s Pocket English dictionary, 2001)

At the mention of ‘conflict’ everyone thinks of the negative aspects of it. We think of it as synonymous with violence, destruction and irrationality. Many of us think conflicts are caused by trouble makers, people who want to change the current situation, or by disgruntled people in a group.
Again some also think conflicts are bad for a group of people or team because it represents a form of deviant behaviour and therefore must be changed or controlled.

Conflicts like change are an integral part of all organisations. It is important for us to accept that they will occur and that no matter what we do, we cannot completely eliminate it. Rather as members of a team we should use it to improve the performance and achievements of our teams.

Let me state that, the fact that you have conflict as a team of volunteers does not mean you have failed. Neither does it mean that people should judge you negatively because there has been a conflict. Neither should you be denied promotion and praise, because of the previous conflict.

Conflicts rather help to bring about change in an organisation by bringing in new and fresh ideas. Again in our social relations, conflicts occur because each of us is coming into the relationship with our own psychological needs. And because we want these needs met in the relationship in a particular way, which may not be known to the other party, conflicts occur.

Take marriage for example. While women may want to be loved and cared for, men go into marriage wanting a woman who will serve and submit to them. Interestingly, some couples do not know the expectations with which a partner is coming into the relationship. When these needs are not met, conflicts may arise and could lead to the dissolution of the marriage. Thus opposing views, behaviours and individual differences are the major causes of conflicts in most groups and organisations.

**Exercise 1.5.2 Writing**

**Objective**
1. To test the perceptions of male and female on relationships between the two.
   Time: 20 minutes

**Questions**
1. How many people wrote WOMAN, WITHOUT HER, MAN IS USELESS
2. How many people wrote WOMAN, WITHOUT HER MAN IS USELESS
3. How many men wrote statement (1)?
4. How many women wrote statement (2)?
5. What does this tell you about perceptions.

**Instructions to the Facilitator**

NB: This activity is not useful for those who cannot read and write

1. Cut pieces of paper and distribute to participants
2. Boldly display the sentence WOMAN WITHOUT HER MAN IS USELESS
3. Ask participants to punctuate the sentence by writing their answers on the piece of paper
4. Go round and take the paper yourself and write (M or F) at the back indicating Male and Female
5. Collect and analyse the results and discuss
Topic 2  **Sources and causes of conflicts**

**Causes of conflicts**

From your discussions what are some of the common things that can bring conflicts to the community? Many things! Individual differences, language and culture, gender, geographical location, position and situation in life, and general local political atmosphere of a place are some of the sources of conflicts in our communities.

Whatever the cause, the underlying reasons can be divided into four groups

1. Communication problems
2. Transparency and openness
3. Power dominance issues
4. Justice and fair play

We say these four reasons underline many conflict problems because though unspoken, they fuel and motivate the thinking and emotions of people. These four factors cause people to take action when they think they are not being treated fairly or not being heard.

**Exercise 1.5.3  Role play**

**Objective**
1. To role-play situations that are sources and causes of conflicts

**Time**: 20 minutes

**Questions**
1. What are the different situations in which conflicts can occur?
2. What are the different situations in which conflicts can occur?

**Instructions to the facilitator**
1. Help the groups to discuss personal and community conflicts that have identified and affected communities
2. Write out the responses on a flip chart
3. Ask the group to role-play a VHC in conflict bringing out the 4 causes

**Communication**

Do you remember our lesson on listening and hearing? We learnt that we need to listen attentively to what people say to hear them. They too need to listen and understand what we mean and get along with us.

Research has shown that many of us are poor listeners and poor communicators. So what happens? Much of what we say is not heard by the people we are talking to! We are saying one thing and they are thinking something else. Our intended information content is not what our listener perceives. This is a major source of conflict in our daily lives.
For example a chairman of the village health committee asked his deputy why he was late again for the committee meeting. What the deputy heard was ‘you always come late for every meeting.’ You can guess the reaction!

Exercise 1.5.4   Game

Objective
1. To demonstrate how verbal communication can be distorted
Time: 10 minutes

Questions
1. Why was the original message distorted and why?
2. How may this bring about conflict?

Instruction to the facilitator
Try the message distortion game.
Give clear instructions and evaluate the results.
1. Give a typed message to one person to read silently and then whisper it to another volunteer and let him pass it to the next person through a whisper it too.
2. Let person each pass the message on until the last person.
3. The last should tell the group what he heard. Ask a few others to say what they heard too.
4. Then ask the first person to read the original message.
5. Discuss why the original message was distorted and why.

What we hear is tainted by our present state of mind, our past experiences, our listening abilities, our background and personality, our field of study, etc. We read meaning into things that may not be there at all because that is what we think we heard or how we feel.

Also, whenever verbal messages are sent from one person to another there is bound to be some distortion. Even typed written information can be distorted.

Transparency and openness

Sometimes we strongly feel someone or a group of people are hiding some information from us, so we become suspicious and upset. Money issues bring a lot of suspicion in groups and so does ingratitude.

For instance, when one volunteer feels upset because as part of a group, information on money – budgets, income and the sharing of money – is known only to a few people. This volunteer starts asking questions and often to the wrong people. Distortions occur in the information going round. By the time the message gets to those in charge of money, accusations and counter accusations have been hurled at people in the teams. No one – including the angry volunteer - bothers to find out the truth. What next… conflicts!
Power dominance issues

Where one person or a group feel they are oppressed and are not allowed to speak out or express their feelings over a long period of time, tempers can arise causing conflict.

For example parents who prevent their grown-up children from being who they are and taking part in decisions that affect them often have a cold war at home. The grown children feel they are being dominated without good reason and their rights violated.

Imagine what can happen when male volunteers dominate everything from decision making to distribution of food! The few female volunteers want to assert themselves and have a say in what is going on in the committee.

Justice and fair play

Sometimes people feel cheated that even though they have put their energies into a project, they are not acknowledged for their effort, contribution or the part they played in the success of a programme. When a few people take all the glory or genuinely forget to acknowledge some people, it hurts those have been left out and this can result in conflict with the slightest provocation.

Sources of conflict

Individual differences

We have learned that people with different temperaments behave differently. For example the hard working aggressive person may get on the nerves of the slow deep thinker for no apparent reason than his temperament. Some people also have poor listening ability and end up hearing wrong information and giving such information out.

Whenever we want everyone to tow our line or do things our way there are bound to be conflicts. For example if we had a chairman of CHC giving instructions to the CHO all the time without allowing him to do his professional work, there are bound to be conflicts.

Language and culture

Languages and cultures can result in misunderstanding of simple issues because one group feels their culture is superior to others. So they try to dominate others with their way of life, language, etc. This is bound to cause conflict when the dominated group rises up as equals to fight against the domineering group. We see this lot with the colonial domination of Africa by the colonial masters that later led to independence.
Gender roles

Also in our cultures the gender roles of women and men can cause conflicts. They carry this mentality to work and to other groups. When women assert themselves or are encouraged to do so this may raise some issues with men.

Men may refuse to work under women leaders or to allow them in decision making and leadership roles. Women may also refuse to participate in community activities because they feel their contributions are not recognised in the community.

Gender issues are common sources of conflicts in our communities.

Position and situation in life

Unfortunately many people use position and situation in life as a measure of importance and ability. Some people become proud and others sometimes view them as such so their attitude and the way they relate to others becomes a source of conflict for the people they work with.

Box 1.5.1: Personal reflection

1. Take a few minutes to think about some conflicts you have personally had with other people.
2. What happened? Who was involved? How did it affect you personally? How did it affect the other person? How did you resolve it?
3. Do you have peace about it now when you think of it? If not, tell yourself ‘let go of all these issues...!’ Seek professional help if need be.

NB: Refuse to think about the issue. Otherwise this inner conflict affects your work all the time. Talk to a counsellor.

At times the position of a person is seen as the important thing and not his character, his ability to reason and to make good decisions. So whether he is right or wrong his decisions are not questioned even though people may not be happy with it.

For example, the chief and his elders have their final say on most issues concerning a community just because of the position. However, some community members may not be in favour of their decisions. Again, we view learned people like doctors, nurses, lawyers as influential and knowledgeable, who may not be questioned for their practices. Though we might not agree with what they do. Political groupings are also seen as powerful, as are opponents who must fight each other to gain power.

Some decisions and actions may be taken because of a person’s present situation in life, just to serve a present need and not the future generations. Conflict can occur in such situations too.

The age of people has also been a barrier to work in our communities. For instance, enthusiastic young men are not encouraged to seek leadership positions and assert
themselves in our communities but rather to take instructions and be followers. Some youth also use their youthfulness to sabotage community development. Some say it is their right to demand accountability from community leadership. But some make their demands in an unpleasant way which makes it disrespectful in our cultures. The elders may get offended and conflict may occur.

Political atmosphere

Both the national and local political atmosphere of a place can cause conflicts. For example chieftaincy issues, party politics, unresolved conflicts between two ethnic groups and perception of injustice and fair play may taint the thinking of the people in a local area and result in conflict at the least provocation.

Exercise 1.5.5  Group work

Objective
1. To find out the effect of conflict on our lives
Time: 1:30 minutes

Question
1. What are the effects of conflicts on our lives?

Instructions to the facilitator
1. Send volunteers out in groups to talk with community members about personal and community conflicts
2. Use the findings to discuss effects of conflict on community health work.
3. Ask people some of the conflicts that have occurred in the community and to individuals
4. Ask what was the effect on health and the people
5. Discuss and summarise

Effects of conflicts

Negative effect

Conflicts have moved whole nations to civil wars and spilled blood. Nations have risen up against nations causing mass genocide. Families have been torn apart. Organisations have lost valuable personnel. Resources are wasted and development stalled. Conflicts have many effects.

Makes team members passive

Teamwork is left to a few volunteers while the others look on. They lose their motivation to actively participate in health and other activities. They become passive volunteers.
Waste of human effort and time

Volunteers spend more time complaining and being disgruntled than giving of their best. Skills and expertise are exchanged for criticism. And time is wasted. One project can take twenty years to complete because of conflicts!

Waste of other resources

Money, building materials, buildings, machines, documents may lie around idle or even locked up for no other reason than conflict. Who loses? The people who need the health in the community. Women die because the VHC is quarrelling with the CHO over a rumour that says she called them ineffective!

Low productivity

Because of all the problems, little is achieved by the team or organisation. The health of the community does not get better. The whole community is affected.

For example – the community blamed the CHO for not effectively managing several diarrhoea and vomiting cases, when a cholera outbreak was reported, instead of cooperating they criticised her till she also got angry and reacted.

You can also think of many effects of conflicts on yourselves and your work. But conflict also has benefits.

The positive side of conflicts

Every cloud has a silver lining, so they say. Conflicts too have something positive about them.

1. Conflicts force team members to think through a situation and try to find solutions.
2. Conflicts bring about change and development. New people bring in fresh ideas and old members find innovative ways of doing things.
3. Conflict situations encourage healthy competition between team members and serve as fertile grounds for leaders to emerge.
4. Conflicts themselves offer a learning opportunity on how to prevent and manage future conflicts.

In sum, conflicts, if managed properly result in good things in a team or organisation.
Topic 3 Preventing, resolving and managing conflicts

Preventing Conflicts

A conflict resolved is a community woven together. You yourselves know that whenever there is a misunderstanding in our homes, many things go wrong and development is stopped. Some relationships are broken forever and some take years to mend. So we all want to make sure that conflicts do not start at all or to resolve them quickly before they become full scale wars.

![Figure 1.5.2: Enemy animals and birds](image)

Box 1.5.2: Conflict management

**NB!** Please do this exercise outdoors and with caution!

Work in 4 groups. Each group should:

1. Take a pack of newspapers and pour some kerosene on it. Put it on a pack of twigs and fire wood.
2. Light it and watch how it burns. Group 1 – Put it off just when the fire is started (after 1 min)
3. Group 2 - Put off the fire when half the newspapers are burnt (after 5 minutes)
4. Group 3 - Put off the fire when the paper is completely burnt
5. Group 4 - Do not pour kerosene nor light the paper and fire wood. Just stand around yours until the other groups have finished
6. Observation - Each group should observe the status of their bonfire, and note how much of the wood caught fire in each group in addition to the paper?
7. What lesson do we learn about conflicts from this fire that will help us in preventing, resolving and managing conflicts?
8. Discuss the implication for community health work using the causes of conflicts above.
Conflict Prevention, Management and Resolution

Prevention we know is better than cure. This means that we have to do everything possible to stop conflicts from developing. Looking at the causes and sources of conflicts, let us list some ways of preventing conflicts. They are the very opposite of the causes of conflict. What are they? Yes…? They are …. 

Giving information and telling people the truth about any activity or situation empowers them and protects you.

Communicating truthfully and frankly; being transparent and open; accepting people as they are; maintaining justice and fair play. Here are the suggested principles for preventing conflicts.

Exercise 1.5.6  Group work

Objective
To discuss principles of preventing conflicts
Time: 10

Questions
1. Why did you give so much or so little information?
2. How does the information enhance the relationships with the people in your household?
3. What do the newspaper, kerosene, fire wood and fire mean in a conflict situation?
4. What does each contribute to the fire?
5. How can each item be used to prevent the fire, stop or manage the fire?
6. What attitudes do we need to change to promote easy resolution of conflict?

Instructions to the Facilitator
1. Do the Exercise 1.5.6
2. After the exercise, ask one volunteer to lead the rest in a discussion on information each volunteer should give to their household before leaving home.
3. From the group exercise how will you relate these principles to the bonfire?

Communicate truthfully and frankly

How many of you talked with people in your house before you left home this morning? How much information did you give them about where you were going and what you were going to do? When you got home yesterday, what information or Amane did you give to your wife/husband or the person you stay with when you got home?

I am asking you all these questions so you can see how little information we give to people in our homes and work. We often do this unconsciously because our culture and upbringing teach us to keep information to ourselves.

Why should we give information out? Because when everyone has the correct information they know what is expected of them. They know how much money and effort is needed, who they will be working with etc. if someone has the right information he or she is unlikely to make demands that cannot be met.
Being transparent and open

Transparency is linked to communication. We need to talk and let people into what we are doing with them. For instance, when a community raises money to build a CHPS compound they will need to share this information with the District Health Office as well as the District Assembly (DAs). These offices in turn have to say what they will contribute to the compound truthfully for the sake of transparency.

What else can we do to keep our team work transparent and open to prevent conflicts?

Accept people

Accept everyone you work or interact with just as they are and not how you think they should be! Do you want to see good days with the groups you work with then keep your mouth from speaking lies and allow people to be themselves!

Do unto others what you want them to do to you. So accept them and bring out their good qualities and you will see their lovely side. Treat people like human beings!

You also need to accept yourself, your strengths and weaknesses. Remember you also have faults. Ask yourself the questions in Box 1.5.3 and answer them truthfully.

Box 1.5.3: Personal reflection

1. What are my strengths and weaknesses?
2. What skills do I have that will benefit this work, group or relationship?
3. Who do I feel comfortable working with and why?
4. Who do I feel uncomfortable with and why?
5. What can I do personally or with whose help can I work amicably with my team?
6. How can I see and avoid conflicts?
7. If a conflict occurs what should I do? Who will be my mediator(s)?
8. When will I feel content that the problem has been solved never to erupt again?

Maintain justice and fair play

There is nothing more uplifting than when a person feels he or she has received fair hearing and judgment despite the fact the he or she did not win a case.

Try as teams to keep everyone on the level we can all relate well to. Since we all have different life situations, be in your position or line of authority and relate appropriately to all levels of people you have to work with.

Treat everyone fairly not according to the relation they have with you or the position. For instance, if you give donations to all team members and stakeholders when bereaved, then do so for all regardless of their status in life or role in the group.
Solve problems quickly

Solve problems quickly; do not sweep problems under the carpet. As soon as you notice a problem, talk about it; find solutions to it and settle everyone’s mind on the issue. These prevent rumours through the informal communication channels and further conflicts are avoided. The team also learns to manage the conflicts when they try to solve conflicts. We will learn more about solving problems in the next section.

Resolving conflicts

 Managers and other people have used many methods and strategies to solve conflicts. In most homes the norm is not to talk about the issue and allow it to die a natural death. Others go through litigation where one person wins. Box 1.5.4 lists the different methods. Find out from your field trips how volunteers, communities and families solve their conflicts and problems as they work.

The first eight methods of resolving conflicts have been used by many groups. In Ghana, some communities prefer the ‘Fa ma Nyame’ ‘Kwei mpa we’ (leave it to God’) method of conflict resolution. In this case, groups in conflict situations are encouraged to do nothing at resolving the conflicts but let God do what He pleases! Is this an effective way of resolving conflicts? Which methods of conflict resolution are common in your community?

Box 1.5.4: Methods of conflict resolution

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. <strong>Dominance and suppression</strong></td>
<td>“I won’t allow any discussion on this matter”</td>
</tr>
<tr>
<td>2. <strong>Force/Coercion</strong></td>
<td>“I’m the boss, do as I say!”</td>
</tr>
<tr>
<td>3. <strong>Avoidance</strong></td>
<td>“I’ll do nothing; the problem will solve itself!”</td>
</tr>
<tr>
<td>4. <strong>Compromise</strong></td>
<td>“Let each of us give in on some of the ideals”</td>
</tr>
<tr>
<td>5. <strong>Arbitration</strong></td>
<td>“Let’s get a third person to judge the case”</td>
</tr>
<tr>
<td>6. <strong>Litigation</strong></td>
<td>“Let’s fight it out in court”</td>
</tr>
<tr>
<td>7. <strong>Bribery</strong></td>
<td>“I’m giving this gift, in exchange you must give up the issue”</td>
</tr>
<tr>
<td>8. <strong>Interactive resolution</strong></td>
<td>“Let’s take this problem as the team’s problem and find a solution to it.”</td>
</tr>
</tbody>
</table>

Managing conflicts

From all that we have learnt in this unit, we can see that conflicts have to be managed all the time because they will come any way. It all starts with the team setting, certain rules for its existence and for conflicts, and each team member deciding to abide by those rules. Below is a sample set of rules a team made for managing conflicts.
ALWAYS accept people as they are.

Box 1.5.5: Rules for managing conflicts in Mansokrom community

1. Remember we are here to work for health not ‘heart for hurts’
2. Perform work you have volunteered to do with excellence, following laid-down procedures
3. Thoroughly discuss all procedures, budgets, plans, etc with team members
4. Attend all meetings or send a written or verbal excuse days prior to meeting day
5. Be part of decision making. Make your agreement or disagreement verbally or in writing
6. Vote on issues before a decision is made. If not, agree on appropriate methods to use in making decisions
7. Discuss any disagreement and finish with it at the meeting
8. Work with 2 or 3 other people if need be.
9. Do not take any issues home and do not bring home issues into team work
10. Be civil and respectful to all team members in times of conflict
11. Bring in a third person where necessary
12. Generate love not conflict.

Topic 4  The volunteer’s role in managing conflicts

Deal with conflicts within yourself

Because conflict affects people’s emotions and souls, I will bring in some religious issues in conflict resolution. From the experience of many counsellors many conflicts remain unresolved but rather shelved. Conflicts, we have learnt, are not necessarily a bad thing for people within a group. Conflicts must be prevented, managed or resolved because they retard progress and spoil gains made by a team. Even though conflict brings about change, we lose out on good relationships and waste time.

In your work as volunteers you will encounter conflicts. You may be involved in some yourself and may even be asked to arbitrate. What can you do to avoid conflicts as members and part of a team? How should you be involved? When should you arbitrate and when should you not? How can you use conflicts to enhance your work? What should be your role?

Most of the information and skills you need to play your roles are found in this unit. You will need to practise some skills you have learnt in previous units too namely:

1. Communication skills, especially listening and hearing, and the art of giving information
2. Interpersonal skills, especially getting along with others and team spirit
3. Mobilising and organising people

The volunteers’ role in conflict management

Please note that you are a volunteer for health even though you are a community member. You have a specific role of maintaining the peace and being the peace maker so that the aim of having healthy communities is achieved. The WHO definition for health states that:

“Health is a state of complete physical, social, mental and spiritual well being not merely the absence of disease or infirmity.”

I will also add even ‘economic and political’ well being to this definition. So you need to help people maintain the balance in all these factors to remain healthy. Happy and healthy people do not have time for conflicts; because they are at peace. How do you help people stay happy and healthy?

Help people to be holistically healthy

This means that you are not only there to see to the eradication of diseases, but to make sure that your communities are peaceful. This means that part of your volunteer work is helping people to be healthy by getting along with each other communities.

When they are gainfully engaged or employed with personal and community focus, they are less likely to get into each other’s way and poke their nose into what is not their business. With money and work in people’s hands often come beautiful ideas.

Let your reputation go before you

Volunteerism requires discipline, integrity, good judgment and neutrality. This means that if you are involved in a conflict or called upon to arbitrate in one, your reputation should go ahead of you even before you start to apply an intervention.

### Box 1.5.6: Personal benefits in resolving conflicts

1. I am at peace with myself
2. I am healed socially and mentally
3. I am at peace within the team
4. I get on with other people in the team
5. I willingly give off my best skill and ability
6. Letting go makes me stronger
7. I bring change in health
8. I gain respect with others.
Do thorough research

Like the lawyers, find all the information you can about the conflict. Talk with people on both sides. If there are documents that can help you, find them and read. Even find out about the history and cultures – tribal and organisational cultures from which the people come from. Find out anything that may help in the management of the issue. Ask questions from neutral people about the issues too.

Look out for the neutral and respected people who can help with the resolution. Some of these people include religious leaders, teachers, lawyers, doctors and other professionals, chiefs, elders, wise old people, community and national stars of integrity, NGO and donor leadership, any other respected persons of the community and even some knowledgeable young persons.

Be observant, quick to listen, slow to speak and quick to hear wherever you go.

Listen and analyse

Listen

Listen to both sides of the issue. Do not make judgment separately. Next, analyse the information as members of a team. Analyse the information based on your research. Decide on various alternatives for solving the problem using the notes given and other practical things that have worked for you. Encourage your team members to accept some of the personal benefits of resolving conflicts to individual members and the team, as you go through the whole process of resolving a conflict.

Meet

Make appointments to meet with both groups to talk about how they both feel and about their being part of the solution to their own problems. Ask them about the part they want you the team or member to play in the resolution.

Meet with both groups

Meet with both groups and decide how they want the matter resolved to the benefit of all. Also decide on a symbolic peace pact they will like to sign to show that they have accepted the resolution.

Ask them – How is this matter affecting you? What will both groups gain or lose when the matter is resolved? Are there any persons you will like to be part of this process? What will it take to make you stay to the end of the process? What part do you want me/us to play in this process? How much authority are you giving us to do this work? What timelines are we looking at to reach a solution? What do we hope to have achieved by then- goals and targets?
Go through the resolution process

Go through all the processes required for the methods the parties chose for resolution. This stage may take some time depending on the issue and the people involved. So be patient and persevere till the end.

Document decisions and things each group must do.

Document everything! - the whole process, decisions and things each group must do, people who were part of the process. Do take picture and audio recordings, notes, etc. as they will become useful for future team management and as evidence if the issue comes up again.

Go over the resolution process

Finally, go over the whole resolution process to ensure that everyone has accepted their own resolution. Give the parties some time to relate and talk about it again to help the parties through the grieving and letting go process.

Initiate symbolic gesture of peace

When things seem to have settled, meet with the groups again to sign or undertake the agreed peace pact as a symbolic gesture of peace.

Finally end the process!!

Unit Summary

Conflicts must be prevented, resolved and managed as quickly as possible to bring about positive change and sharpen the skills of team members. Conflicts help to change organisational structures and stir up new ideas. If left unresolved, conflicts spoil relations and stall development. Manage them now and change the future of health in your community.
Module Summary

CHPS has brought health to the doorsteps of many rural folks in Ghana. The community volunteer system also ensures that community members participate in, plan for and manage health activities to their own benefit. Skills such as communication, being a team player, interpersonal relation and conflict management are necessary for CHOs, volunteers and community members to get along. For CHPS to work, volunteers must try and put all these skills into practice while they perform their roles.
### Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountability</td>
<td>act of being responsible for your decisions and actions and expected to explain them when necessary.</td>
</tr>
<tr>
<td>Advocate (Verb)</td>
<td>to support something publicly.</td>
</tr>
<tr>
<td>Advocate (noun)</td>
<td>person who supports somebody or speaks in favour of somebody or of a public plan or action.</td>
</tr>
<tr>
<td>Anecdotal evidence</td>
<td>based on hearsay rather than experience or scientific investigation.</td>
</tr>
<tr>
<td>Attribute</td>
<td>quality or feature of something or somebody.</td>
</tr>
<tr>
<td>Barriers</td>
<td>obstacles, real or imaginary, physical or psychological, that prevent something from being done.</td>
</tr>
<tr>
<td>Brainstorm</td>
<td>make a group of people all think about something at the same time, often in order to solve a problem or to create good ideas.</td>
</tr>
<tr>
<td>Campaign</td>
<td>a series of planned activities that are intended to achieve a particular social, commercial, or political aim.</td>
</tr>
<tr>
<td>Channels</td>
<td>passages through which something goes.</td>
</tr>
<tr>
<td>Collaboration</td>
<td>work together on an issue.</td>
</tr>
<tr>
<td>Communication</td>
<td>process of expressing ideas and feelings or giving people information.</td>
</tr>
<tr>
<td>Community</td>
<td>all people who live in a particular area, country, continent, etc. It also refers to people who share the same religion, job, race, etc.</td>
</tr>
<tr>
<td>Components</td>
<td>consisting of part which together make a whole</td>
</tr>
<tr>
<td>Conflict</td>
<td>a disagreement about how to handle an issue resulting in parties failing to find an amicable solution.</td>
</tr>
<tr>
<td>Delve</td>
<td>enquire about, investigate or go into an issue.</td>
</tr>
<tr>
<td>Demonstrate</td>
<td>show, explain or prove how something works.</td>
</tr>
<tr>
<td>Deviant behaviour</td>
<td>way of conducting oneself that does not conform to the acceptable ways of doing things.</td>
</tr>
<tr>
<td>Disease</td>
<td>an illness affecting humans, animals or plants, often caused by infection.</td>
</tr>
<tr>
<td>Disgruntled</td>
<td>discontented or displeased.</td>
</tr>
<tr>
<td>Dynamics</td>
<td>the relationships of power between the people in a group.</td>
</tr>
<tr>
<td>Evaluation</td>
<td>the act of forming an opinion of the amount, value or quality of something after thinking about it carefully or thorough investigation.</td>
</tr>
<tr>
<td><strong>Experimental</strong></td>
<td>something done on a trial basis.</td>
</tr>
<tr>
<td><strong>Factors</strong></td>
<td>one of several things that cause or influence something.</td>
</tr>
<tr>
<td><strong>Feedback</strong></td>
<td>comment or reaction.</td>
</tr>
<tr>
<td><strong>Group</strong></td>
<td>a number of people sharing something in common such as an interest or a belief</td>
</tr>
<tr>
<td><strong>Hurl</strong></td>
<td>a forceful throw, or the act of throwing something with great force.</td>
</tr>
<tr>
<td><strong>Immunisation</strong></td>
<td>protection against disease especially by giving an injection of a vaccine.</td>
</tr>
<tr>
<td><strong>Implementation</strong></td>
<td>the act of carrying out what has been officially decided on by a team or group.</td>
</tr>
<tr>
<td><strong>Infection</strong></td>
<td>illness caused by bacteria or virus and affects one or several parts of the body.</td>
</tr>
<tr>
<td><strong>Innovative</strong></td>
<td>introducing or using new ideas or ways of doing something.</td>
</tr>
<tr>
<td><strong>Integral part</strong></td>
<td>an important or essential part.</td>
</tr>
<tr>
<td><strong>Interactive</strong></td>
<td>communication or collaboration among people and or things.</td>
</tr>
<tr>
<td><strong>Interpersonal</strong></td>
<td>involving or concerning relationships between people.</td>
</tr>
<tr>
<td><strong>Intervention</strong></td>
<td>act of becoming involved in a situation in order to improve or help to make it work.</td>
</tr>
<tr>
<td><strong>Managing</strong></td>
<td>controlling and being in charge of a business, team, organisation etc.</td>
</tr>
<tr>
<td><strong>Milestone</strong></td>
<td>an important point, achievement or sign.</td>
</tr>
<tr>
<td><strong>Mobilisation</strong></td>
<td>the process of organising a group of people in order to achieve a particular aim.</td>
</tr>
<tr>
<td><strong>Norm</strong></td>
<td>a situation or pattern of behavior that is usual or expected.</td>
</tr>
<tr>
<td><strong>Organising</strong></td>
<td>arranging for something to happen or to be provided.</td>
</tr>
<tr>
<td><strong>Participation</strong></td>
<td>act of taking part in an activity or event.</td>
</tr>
<tr>
<td><strong>Participate</strong></td>
<td>to take part in an event or activity.</td>
</tr>
<tr>
<td><strong>Personality</strong></td>
<td>the character of an individual (see also quality). The aspects of an individual that make him/her different or unique.</td>
</tr>
<tr>
<td><strong>Programme</strong></td>
<td>a plan of things that will be done or be included in the development of something.</td>
</tr>
<tr>
<td><strong>Provocation</strong></td>
<td>act of offending or making somebody angry</td>
</tr>
<tr>
<td><strong>Quality</strong></td>
<td>(see personality). Deals with measuring up to the required standard.</td>
</tr>
<tr>
<td>Glossary Word</td>
<td>Definition</td>
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<tr>
<td>---------------</td>
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<tr>
<td>Recipient</td>
<td>one who benefits from or receives something.</td>
</tr>
<tr>
<td>References</td>
<td>notes directing a reader’s attention to a source of information.</td>
</tr>
<tr>
<td>Reinforce</td>
<td>to make a feeling, an idea etc. stronger.</td>
</tr>
<tr>
<td>Relationship</td>
<td>association or link between people or things.</td>
</tr>
<tr>
<td>Replication</td>
<td>reproduce or copy.</td>
</tr>
<tr>
<td>Reputation</td>
<td>the opinion that people have about what somebody or something is like based on what has happened in the past.</td>
</tr>
<tr>
<td>Resource</td>
<td>a supply of something that a country, organisation or a person has and can use especially to increase their wealth.</td>
</tr>
<tr>
<td>Sanction</td>
<td>a course of action that can be used, if necessary to make people obey a law or behave in a particular way.</td>
</tr>
<tr>
<td>Scenery</td>
<td>countryside view or landscape.</td>
</tr>
<tr>
<td>Skill</td>
<td>the ability to do something well.</td>
</tr>
<tr>
<td>Stakeholder</td>
<td>someone involved in or concerned with something or have an interest in it.</td>
</tr>
<tr>
<td></td>
<td>a person or company that is involved in a particular organisation, system or project etc. especially because they have invested money in it.</td>
</tr>
<tr>
<td>Status quo</td>
<td>the condition or state of affairs that currently exists.</td>
</tr>
<tr>
<td>Sustain</td>
<td>to make something continue for some time without being less.</td>
</tr>
<tr>
<td>Team</td>
<td>a number of people organised to function cooperatively as a group.</td>
</tr>
<tr>
<td>Team player</td>
<td>a member of a group who cooperates with other people and who puts away personal interests in order to achieve a common goal.</td>
</tr>
<tr>
<td>Temperament</td>
<td>a dominant quality of mind that characterises somebody.</td>
</tr>
<tr>
<td>Tainted</td>
<td>polluted or contaminated by something undesirable or dangerous.</td>
</tr>
<tr>
<td>Vaccine</td>
<td>substance that is put into the blood to protect it from disease.</td>
</tr>
<tr>
<td>Vision</td>
<td>the ability to foresee the future and plan towards it with great imagination and intelligence.</td>
</tr>
<tr>
<td>Volunteer</td>
<td>a person who does a job out of good will without being paid for it or expecting to be paid.</td>
</tr>
<tr>
<td>Volunteerism</td>
<td>the practise of using volunteer workers, especially in community service.</td>
</tr>
</tbody>
</table>
Module 2

Community Mobilisation and Tools
Module Overview

This is the second Module in the CHPS manual for health volunteers. The Module discusses the approaches used to bring people in the community together to take part in assessing their health and development needs. Community health work requires relevant data and the full participation of community members. One of the main activities of the health volunteer is to collect community data, compile it and use the information in health service delivery. Thus, there are many participatory tools used to generate community information. One such tool is the Community Client Oriented Provider Efficient Services (C-COPE). Exercise from another tool known as Men as Partners (MAP) will be discussed. The information gathered from this and other tools is used to develop community profiles and to undertake other health activities. You will find materials on all these topics in this Module.

Module objectives

By the end of this Module the volunteers will be able to:

- Develop their community profile using information gathered in the community through the use of various tools
- Discuss the use of community based surveillance data for health services planning, monitoring and evaluation
- Mobilise community members to participate in community health programmes
- Guide community members to identify and assess their health needs, and plan solutions using the C-COPE participatory tool
- Organise men as key partners in health-related activities in their community using the MAP participatory tool
Developing a Community Profile

Introduction

To be able to mobilise the community effectively, there are certain important things you need to know about the community. They include the disease profile of the community, the location of community landmarks and the health status of the community. This information will help you to know what resources you have in the community and how to plan for them. The baseline survey will also help you assess the initial health status of the community at your point of entry and the changes over time. Unit 3 will also help you identify community resources, where they are located and how they should be utilised.

<table>
<thead>
<tr>
<th>Unit Objectives</th>
<th>Unit Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the end of this unit the volunteers will be able to:</td>
<td>1. Concept in data management</td>
</tr>
<tr>
<td>1. Explain basic data management concepts</td>
<td>2. Definition of Community Profile</td>
</tr>
<tr>
<td>2. Define community profile</td>
<td>3. Community Mapping</td>
</tr>
<tr>
<td>3. Assist communities to draw a community map</td>
<td>4. Compiling a Community Demographic Register</td>
</tr>
<tr>
<td>4. Compile a community demographic register</td>
<td>5. Conducting a Baseline Survey</td>
</tr>
<tr>
<td>5. Conduct a Baseline Survey</td>
<td></td>
</tr>
</tbody>
</table>

Keywords and phrases:
profile, mapping, baseline, register, survey, data, information

Topic 1  Concepts in data management

Do you know the number of school children in your community? What about the number of women who delivered in your community last year? Do you know how many pregnant women died in your community last year? How many refuse sites are in your community? We will discuss how to get information. We shall also learn how to count, look, observe and write down this information. But first we need to understand some words that are used in data management.

Data and information

The word “data” is plural, and is derived from the Latin word “datum”. Data means raw fact. Data may be expressed as numbers, text, image or sound. For example, “city”, “300,000 people” and “Takoradi” are all data. By itself data might not mean much. In order to understand data, it has to be arranged or processed into information. To illustrate the difference, if the data above are organised in a certain way we may have: “Takoradi is a city with 300,000 people”. This is information. You may realise that when organised this way you
are able to make better meaning about the original data. Now you know we are talking about a city called Takoradi which has a population of 300,000.

Health data can help communities set their priorities for services. It also helps them to monitor implementation of health services and the effect of CHPS on the health of the community.

Data collection tools

There are various ways of collecting data. What does your tailor or seamstress do when you ask them to sew a shirt or a dress for you? He/she takes your body measurements with a tape measure. The tape measure enables him/her to collect data on your size so that he/she cuts your cloth to fit you exactly as you want it. The tape measure is called a tool. A tool is an instrument or devise used to collect data. In your work as a volunteer some of the tools you will use to collect data are the community register, the child welfare card, the antenatal card, and the community map. Some methods used in collecting data include interviews, observation, questionnaire and focus group discussions.

Reporting

When we collect health data the information we gain from it should help us improve the health of our community. Thus, in most cases the information should be used in the community. Using its own resources, the community may use the information to develop a community drug revolving fund and organise transportation for pregnant women to a referral clinic or hospital. However, in many cases the community itself might not have the means to solve its health problems. As a result, it might need assistance from other people or institutions. For instance, if there is cholera outbreak the community would need assistance from the Ghana Health Service to control it. Therefore, it is important to send the data you have collected to people who can act on the problems. This is called reporting. Are you also aware that some of the data may be used by government or international organisations for making decisions?

Role of volunteer in data collection

As we had earlier discussed in Module 1, the central principle of CHPS is community participation, which includes communities being involved in the planning, delivery and monitoring of CHPS services. In the past, communities have not been involved in data collection and use of health information. Usually, they were respondents to surveys and they provided information for health records purposes.

An important role of the community health volunteer is to assist the CHO and the community to collect and analyse data. The information is then used to perform activities that will benefit the community either in the immediate, short term or long term. We
all know that our community needs are many. In fact they are unlimited. However, the resources we have are limited. Therefore, we have to start solving those problems that are most important or urgent. This is called selecting priorities.

Volunteers also detect unusual events or emergencies early, identify health problems for action, monitor service delivery and other related health activities. The volunteers also advise individuals and households on health as well as collecting data for taking action in the community. In the next topic we shall be discussing one of the most important sources of community information.

Topic 2  Definition of community profile

A community profile is a document that gives a description of the main features of the community such as the population, language, social activities disease profile, natural and human resources and many others. As VHCs and CHVs, remember to include information related to health in your community profile, for example, the community health compound, water sources, public toilets and drug stores. (Exercise 2.1.1, Box 2.1.1).

Exercise 2.1.1:  Game

Objective
1. To list some important data needed in a community profile
Time: 20 minutes.

Questions
1. If the District Assembly sent officers to your community to collect data to plan for the development of the district, what are some of the information you will give?
2. How did the card game help you?

Instructions to the Facilitator
1. Teach volunteers to play the information matching game below
2. Then let them play the game themselves
3. In plenary, show volunteers to share what they gained/learnt from the game
4. Review all the main things that a community profile should contain.
5. Allow volunteers to share experiences from their communities
6. Let them compare their responses with the list in Box 2.1.1

Box 2.1.1: The Information pairing game

1. Put participants into groups of five
2. Make ready various community profile data written on cards
3. Put the information for each data on two separate cards.
4. Shuffle cards and distribute them to participants. Ask them to match the cards to get the complete, information on the data
5. Each complete card should be displayed on the board
6. The prize should be announced before the game starts
7. The group that has the highest number of complete cards wins.
Module 2  Community Mobilisation and Tools

Box 2.1.2: A typical community profile should contain the following:

- Name of community
- Name of sub-district in which community/zone is located
- Name of district
- Name of CHPS zone under which it is
- Name of communities/villages or settlements making up the community
- Brief description of landscape and vegetation
- Population of community or member villages
- Main customs and beliefs of the people
- Ethnic groupings
- Economic activities – sources of income
- Economic facilities – markets, shops, etc
- Predominant religious groupings
- Housing; nature and pattern of housing
- Health facilities – clinics, health posts, chemical shops, etc.
- Disease patterns, sickness and health behaviour
- Schools and other educational facilities
- Forms of transportation and communication
- Water and sanitation facilities.

Topic 2  Community mapping

In our classrooms, we may find the map of Ghana or Africa, and sometimes our district maps. A map is a drawing of an area or a structure showing the important features. We use it to know what is situated where and what to build where. For example, we may have a map of a house, a community, a country or other places. Often a map is drawn on a sheet of paper. Just looking at the sheet you can identify most of the things in the area or the structure.

As volunteers you will find maps useful in many ways. For example, you will be able to locate the refuse dump, school, health facility, ponds and water ways. What other ways are maps useful? How are they drawn? You will draw maps and these will help you in your work. Let’s do an exercise and use it to answer our questions. Exercise 2.1.2

Mapping may also be a process for showing interrelationships such as shown in Figure 2.1.1

Figure 2.1.1: A group sketch showing the various factors that influence health workers. A sketch produced by a group
Exercise 2.1.2: Group work

Objective
1. To learn how to draw and use community maps
Time: 20 minutes.

Questions
1. What is mapping?
2. How can we use maps in our work?

Instructions to the Facilitator
1. Divide volunteers into two groups.
2. Ask each group to sketch a map of the community or CHPS zone on a large cardboard provided.
3. Prompt volunteers to show all the important things in the community: community health compound, churches, water ways, etc.
4. Display the 2 maps in the classroom.
5. Let volunteers discuss each of the community maps and make changes where necessary.
6. What are the similarities and differences in the two maps? What things are not captured? Where should they be placed on the map?
7. Discuss the questions with volunteers.

Box 2.1.3: Benefits of Mapping

1. Mapping is creating a drawing of an area to show the important features in it.
2. Uses of a community map
   a. Estimate the number of people or households in the community.
   b. Give people directions to a location in the community.
   c. Learn about the presence and location of resources.
   d. Identify which resources are important to different community groups e.g. men might be focusing on farming and women on trading and commercial activities.
   e. Establish dialogue among different community groups.
   f. Learn about general community problems including health and hygiene.
   g. Learn about specific characteristics of community members.

Topic 3 Compiling a Community Demographic Register

Are there seasons when many people travel out of your community? During Christmas? At Easter? When do they travel back? From your responses, we see that the number of people in a community changes from time to time so we need such information in the community register. We are going to observe a role play on how to collect information from community members and use it to compile a community demographic register. Exercise 2.1.3.
Exercise 2.1.3: Role play

Objective
To identify the information needed for a community register

Time: 10 minutes.

Questions
1. What was the role play about?
2. What is a community register?
3. Identify some of the information needed to compile a community register.
4. What can a community register be used for?

Instruction to the Facilitator
1. Ask volunteers to role play a family at home comprising a father, mother, child, landlord or household head.
2. Have two volunteers act as data collectors compiling a community register.
3. Ask volunteers to observe and make notes on the information the volunteers collect from the family.
4. Use the questions as a guide for discussions on the role play.

It is important that every community has a community demographic register, because the information in them helps us to plan and implement community programmes effectively. The register must be updated regularly, at least once a year. If you do not know how many mouths to feed, you cannot plan effectively for the food they need. As a result your children could go hungry. So, get to know it and plan sufficiently for all community members.

If you know how many children got malaria in the first half of the year from the register, you could assist the CHO plan how much malaria drugs should be stocked for the next half-year. Table 2.1.1 shows how the malaria data helped a CHO to order the quantity of a malaria drug from the sub-district level.

Table 2.1.1: A page in a community register showing the number of malaria cases from 2002 to 2007.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>MONTH</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jan-June</td>
<td>24</td>
<td>40</td>
<td>48</td>
<td>25</td>
<td>25</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>July-Dec.</td>
<td>38</td>
<td>30</td>
<td>20</td>
<td>56</td>
<td>60</td>
<td>62</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>62</td>
<td>70</td>
<td>68</td>
<td>81</td>
<td>95</td>
<td>97</td>
</tr>
<tr>
<td></td>
<td>Malaria drugs 1st request</td>
<td>60</td>
<td>68</td>
<td>78</td>
<td>75</td>
<td>83</td>
<td>91</td>
</tr>
<tr>
<td></td>
<td>Malaria drugs 2nd request</td>
<td>2</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Remainder</td>
<td>0</td>
<td>0</td>
<td>(7)</td>
<td>2</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Observation</td>
<td>The number of malaria cases has risen steadily over the past 5 years. What might be the reason? What can we do to reduce the trend?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Topic 4  **Conducting a baseline survey**

A baseline survey is done to establish the initial conditions existing at the start of a project. It provides general information about the community which can be used to design projects. Also, it is used to assess the effectiveness of the project by comparing the situation at the end of the project with the situation at the beginning.

As far as your work as volunteers is concerned, a baseline survey is the first assessment of the current health status and other health related issues at the start of a project. It includes collecting data on the population of the community (men, women, and children), the community sources of health care, health facilities, and health staff.

**Procedures for conducting a baseline survey**

To ensure that you have useful information from the baseline survey, you have to follow established procedure. In conducting a survey, some of the steps to follow are:

**Set the goals:** The goals of the survey must be clear so that the results can be used to solve the specific problem. State specifically what you want to achieve.

**Sampling:** Decide on the target population and the sample size. These are the people you will ask the questions. Sampling is the process of selecting a part of the population/ community which has similar characteristics to the entire population/ community.

**Development of instruments:** Determines the questions you will ask and the suitable survey methods to be used in gathering the data.

**Pre-testing:** Test the questions on a similar population to the sample/ target population. This enables the researcher determine clarity of the questions. The questions are revised where necessary and the instruments finalised.

**Data collection:** Using some of the methods above, you collect various forms of information from different people in the community who form your target groups.

**Analyse the data collected:** Analysis of the data is done and a survey report written.

**Dissemination of findings:** The stakeholders either receive copies of the survey reports or they are called to a meeting and the findings of the survey are presented to them. The report is then finalised and copies distributed to all stakeholders and other individuals or institutions concerned.

**Methods of conducting a baseline survey**

There are many methods for conducting a baseline survey, but the method selected depends on the goal of the survey. Some of the methods you can use as volunteers are interviews, use of questionnaires, and focus group discussions. However, to improve the overall
effectiveness of the survey, you should use a combination of methods. What are these methods for conducting baseline survey?

**Interview:** This involves face to face interaction between the person asking the question (interviewer) and the person answering the questions (interviewee).

**Questionnaires:** This consists of writing down a number of questions for the respondent to complete him/herself. Alternatively, the interviewer could ask the respondent the questions and fill the questionnaires.

**Focused group discussions:** Having discussion with a specific group of people (8-12) on specific topics. The researcher records the responses from the group members.

**Large group discussions:** This is where all community members take part in the discussion concerning the entire community.

**Participant observation:** This is where the one collecting the information about the community resides in the community and takes part in all community activities but makes independent observations.

### Role of the Community Health Volunteer when conducting a baseline survey

During community entry and awareness creation CHVs act as liaison between the researchers and the community.

CHVs help to identify the boundaries of the target population or community.

CHVs also assist in compiling the profile of the study area.

CHVs assist in listing the household members and numbering the houses. If complete enumeration is to be done CHVs and VHCs help ensure that everybody is counted.

During dissemination of findings, VHCs help in organising the venues, communicating messages to stakeholders and participating in the dissemination activities.

VHCs and CHVs make follow-ups on some action points from the presentations and recommendations.

### Unit Summary

In this unit, we discussed some key concepts in data management as well as important documents that every community should have in order to be able to plan and execute community projects effectively. These include the community profile and community demographic register which captures the important features in the community. The community demographic register is described as the document that contains detailed information about the various individuals, households and population groups. The community map illustrates the various resources and health related institutions and personnel within the community and their locations. We have also looked at what a baseline is how it is conducted and the role of the volunteer in that exercise.
Introduction

Diseases, especially epidemic diseases, can occur suddenly. When they occur they may cause deaths within a very short time. Diseases like meningitis and cholera are such diseases. They can spread very fast and kill many people unless they are detected early. Others may kill only a few people but rather disable many people. Poliomyelitis and Leprosy can cause severe disability unless they are detected early. As a volunteer you have to be informed about the life-threatening and common diseases that can affect your community, as well as how to collect data on them and mobilise your community to initiate action.

<table>
<thead>
<tr>
<th>Unit Objectives</th>
<th>Unit Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the end of this Unit, the volunteer will be able to:</td>
<td>1. Data collection tools</td>
</tr>
<tr>
<td>1. Describe the concept of community surveillance</td>
<td>2. Data compilation and analysis</td>
</tr>
<tr>
<td>2. List the tools for collecting data at the community level</td>
<td>3. Data Reporting and utilisation</td>
</tr>
<tr>
<td>3. Demonstrate simple calculations using data</td>
<td></td>
</tr>
<tr>
<td>4. Identify systems for reporting data</td>
<td></td>
</tr>
<tr>
<td>5. Discuss the importance of record keeping and documentation</td>
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</tr>
</tbody>
</table>

Keywords and Phrases:
Surveillance, community, Report, Monitoring, Evaluation, priorities, analysed, factual, relevance

Topic 1  Community-based surveillance

Meaning of CBS

Have you ever heard the abbreviation “CBS”? What does it word stand for? Who can explain what Community Based Surveillance is? Explain this in relation to what happens or how this is done in your community or what you see happening in your community. Below is an exercise to help you understand CBS–Exercise 2.2.1.
Module 2  Community Mobilisation and Tools

Exercise 2.2.1: Group discussion

Objective
1. To discuss how to keep surveillance on key diseases
Time: 20 minutes

Questions
1. What is disease surveillance?
2. What common diseases occur in your community?
3. Which of these needs to be reported immediately to the CHO?

Instructions to the Facilitator
1. Lead a brainstorming session on common diseases in the communities
2. Encourage each participant to talk about his/her community
3. Compare and see which ones are common to all communities.
4. Discuss the need for constant surveillance.

Community based surveillance is the process where community people and volunteers keep watch over what is going on in the community and its surroundings and report such events to the relevant authorities for necessary action.

Community health volunteers are like watchmen or health inspectors of the community. CHVs collect data on the health of the community and CHPS service needs. The data are often collected regularly i.e. daily, weekly or monthly from households or the entire community. (See Table below.) These are then recorded in community registers or individual household records. A disease like cholera should be reported as soon as it occurs because it can spread rapidly and kill many people within a very short period. What do you think will happen if you report the cholera cases after a week?

Data collected for community surveillance

To carry out effective community surveillance you need baseline data of the community, as discussed in Unit 1. This would inform you about the basic characteristics of the community. The population and its structure, the physical infrastructure and lifestyles are essential baseline information that affect health and its outcomes. If you know what is on the ground initially you can determine whether something is going on well or not. The tables below provide some of the information you need to collect as your baseline data. These should be recorded in your community demographic register. As you carry out community surveillance you will be comparing your observations and data collected with what the situation was like initially.

<table>
<thead>
<tr>
<th>Table 2.2.1: Community Surveillance Register</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of community:</td>
</tr>
<tr>
<td>Sub-district:</td>
</tr>
<tr>
<td>District:</td>
</tr>
<tr>
<td>Total Population:</td>
</tr>
<tr>
<td>Number of compounds:</td>
</tr>
<tr>
<td>Major ethnic groups:</td>
</tr>
</tbody>
</table>

Data collected for community surveillance
You need to have information on the influential persons in the community. There are several people you can include in this list, for example, the village chief, queen mother, pastor, teachers, TBAs, and traditional healers. These are people who can help mobilise the community to reach target groups with essential health messages. You need to find them and keep a record of them so that they can be called upon as and when necessary.

### Table 2.2.1: Community Surveillance Register

<table>
<thead>
<tr>
<th>Major religious groups:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Major occupations:</td>
<td></td>
</tr>
<tr>
<td>Cultural practices:</td>
<td></td>
</tr>
<tr>
<td>Major festivals:</td>
<td></td>
</tr>
<tr>
<td>Entertainment and pastimes:</td>
<td></td>
</tr>
<tr>
<td><strong>WATER SOURCES</strong></td>
<td></td>
</tr>
<tr>
<td>Pipe Borne Water: Yes/No</td>
<td>Number of Hand dug well:</td>
</tr>
<tr>
<td>Number of functional hand pumps:</td>
<td>Number of hand pumps not functional:</td>
</tr>
<tr>
<td>Number of Dams:</td>
<td>Number of Ponds:</td>
</tr>
<tr>
<td>Streams/Rivers Yes/No</td>
<td>Other sources:</td>
</tr>
<tr>
<td><strong>INFRASTRUCTURE</strong></td>
<td></td>
</tr>
<tr>
<td>No of Pre-Schools:</td>
<td>No of Primary Schools</td>
</tr>
<tr>
<td>No of JHS:</td>
<td>No of SHS:</td>
</tr>
<tr>
<td>Nearest Health facility:</td>
<td></td>
</tr>
<tr>
<td>Type of Road:</td>
<td></td>
</tr>
<tr>
<td>Telephone (Landline) Yes/No</td>
<td>Mobile Phone Yes/No</td>
</tr>
<tr>
<td>Electricity Yes/No</td>
<td></td>
</tr>
<tr>
<td>Type of refuse disposal</td>
<td></td>
</tr>
<tr>
<td>No of KVIPs</td>
<td>No of Pit latrines</td>
</tr>
<tr>
<td>Police Station Yes/No</td>
<td>Post Office Yes/No</td>
</tr>
<tr>
<td>Number of Churches:</td>
<td>No of Mosques:</td>
</tr>
</tbody>
</table>

### Table 2.2.2. Form for listing influential individuals in community…..

<table>
<thead>
<tr>
<th>Name of Village</th>
<th>Name of Individual</th>
<th>Position of Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
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<td>5</td>
<td></td>
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<td></td>
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<td>8</td>
<td></td>
<td></td>
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<tr>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Topic 2  Data collection tools

Data collection tools

The primary data collection tool in community surveillance is the Community Surveillance Register (Table 2.2). The Community Surveillance Register is used to record vital and unusual events such as births, deaths, and strange diseases in the community. It is also used to record immunisations of all children in the community.

Data collection methods

- Review of existing documents (reports, district profiles, pictures, visitors books, registers, Antenatal and Postnatal Cards (ANC) cards, Child health record book)
- Observation
- Interviews
- Mapping/maps
- Pictures

To fill in the community surveillance register, a community health volunteer uses various data collection methods.

Review of existing documents

Some standardised records have been developed and are already in use in communities. These include child health record card, mothers’ antenatal cards and community registers. Review all of them and collect the different types of data from them.

Observation

Volunteers can collect information about health in the community through a guided walk within the community or catchment area. On a guided walk, the volunteer makes observations on environmental sanitation and hygiene, community practices that put people at risk, sick children and adults etc. Practise your observational skills with Exercise 2.2.2 below.
Exercise 2.2.2
Objective
1. To practise the method of observation.

Questions
1. List and comment on all the things you use in the room in which you are holding the training.
2. Observe the picture and map of a community and comment on it.

Facilitators Instructions
Lead participants to do an observation of
1. a. The immediate environment and comment
   b. A picture of community that has things of health interest depicted on a picture and comment
   c. A picture of a community map and comment
2. Use their responses to summarise observation as a data collection tool.

Interviews
Volunteers can ask individuals and families questions to collect information about their health and the environment and offer advise on how to improve health and environmental sanitation.

Box 2.2.1: Questions may include:
- How do you feel today?
- What is wrong with you? Can you tell me how you really feel?
- When was the last time you attended antenatal clinic?
- Did you tell the nurse about your sickness?
- What kind of latrine do you use?

Below are two sample pages from the CBS registers that are used for data collection and recording. (Figure 2.2.1 and Figure 2.2.2)
### CBS TALLY SHEET FOR VITAL HEALTH EVENTS & DISEASES

Community: ..........................  Sub-district: ..........................  Month: February  Year: 20 .......

<table>
<thead>
<tr>
<th>Disease</th>
<th>Disease</th>
<th>Tally</th>
<th>Total</th>
<th>Superior’s Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>MENINGITIS</td>
<td></td>
<td>00000 00000</td>
<td>00000 00000</td>
<td>No_________</td>
</tr>
<tr>
<td>AFP</td>
<td></td>
<td>00000 00000</td>
<td>00000 00000</td>
<td>No_________</td>
</tr>
<tr>
<td>GUINEA WORM</td>
<td></td>
<td>00000 00000</td>
<td>00000 00000</td>
<td>No_________</td>
</tr>
<tr>
<td>MEASLES</td>
<td></td>
<td>00000 00000</td>
<td>00000 00000</td>
<td>No_________</td>
</tr>
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<td>NEONATAL TETANUS</td>
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<td>00000 00000</td>
<td>No_________</td>
</tr>
<tr>
<td>CHOLERA</td>
<td></td>
<td>00000 00000</td>
<td>00000 00000</td>
<td>No_________</td>
</tr>
</tbody>
</table>

Figure 2.2.1: Record of priority diseases in the community
## CBS TALLY SHEET FOR VITAL HEALTH EVENTS & DISEASES

<table>
<thead>
<tr>
<th>Community: ......................</th>
<th>Sub-district: .......................</th>
<th>Month: February</th>
<th>Year: 20 .......</th>
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### BIRTHS:

<table>
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<tr>
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<tbody>
<tr>
<td>Male</td>
<td><img src="image" alt="Male Baby" /></td>
</tr>
<tr>
<td>Female</td>
<td><img src="image" alt="Female Baby" /></td>
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</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>00000 00000</td>
</tr>
<tr>
<td>Female</td>
<td>00000 00000</td>
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### DEATHS:

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Infant (0–12 Months)</td>
<td><img src="image" alt="Infant" /></td>
</tr>
<tr>
<td>Other Deaths</td>
<td><img src="image" alt="Older Person" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant (0–12 Months)</td>
<td>00000 00000</td>
</tr>
<tr>
<td>Other Deaths</td>
<td>00000 00000</td>
</tr>
</tbody>
</table>

### PREGNANCY RELATED:

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</table>

<table>
<thead>
<tr>
<th>Condition</th>
<th>No</th>
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</table>

### OTHER DEATHS:

<table>
<thead>
<tr>
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<th>No</th>
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</table>

<table>
<thead>
<tr>
<th>Condition</th>
<th>No</th>
</tr>
</thead>
</table>

---

Figure 2.2.2: Record of births and deaths in the community
Recording data collected

You can make your recordings in the Community Surveillance Register.

Each month, the Community Health Volunteer records diseases and events such as births and deaths in the Community Register. For example, cases of cerebro-spinal meningitis (CSM) present with stiff neck and are, therefore, recorded next to the picture of a man holding his neck as above. Each case of CSM is recorded by cancelling out one zero (0) next to the picture.

As another example, a live birth is recorded next to the picture of the living baby. There is one picture for each sex. Record the birth of a girl by cancelling out one zero (0) next to the picture of the baby girl. Record the birth of a boy by cancelling out one zero (0) next to the picture of the baby boy. Also detailed information about the newborn should be recorded in the community register. Using the sample table below the name of parents of the newborn, the date of birth and place of birth, and the age of the mother are recorded. The age of the mother is essential to determine whether there is increase in teenage pregnancies and to determine what can be done to reduce it.

Immunisations for example are recorded in a form at the back of the Community Register. Whenever a child is given an immunisation, the volunteer should record the immunisation given on the form next to the child’s name (see Figure 2.2.2).

Common diseases/events that volunteers should monitor

In the Community Surveillance Register, there is a list of common diseases and events that the community volunteer has to monitor and report on. They are arranged in three categories:

1. Child birth
2. Illness (morbidity)
3. Preventive public health events such as number of children immunised, antenatal care services attended, growth monitoring/nutrition, prenatal care services etc.

The volunteer monitors these diseases/events by recording them in the Community Surveillance Register. Sample of the birth and death registers on Boxes 2.2.3 and 2.2.4.
### Box 2.2.3: RECORD OF BIRTHS IN THE COMMUNITY

<table>
<thead>
<tr>
<th>No</th>
<th>Fathers Name</th>
<th>Mothers Name</th>
<th>Age of mother</th>
<th>House Number</th>
<th>Child’s Name</th>
<th>Sex of Child</th>
<th>Date of Birth</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<tr>
<td>No</td>
<td>Name of Deceased</td>
<td>Age</td>
<td>Sex</td>
<td>Date of Death</td>
<td>Place of Death</td>
<td>Cause of Death (If died in health facility)</td>
<td>Verbal Autopsy (If died at home)</td>
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</tbody>
</table>
Topic 3  Data compilation and analysis

Data compilation

As a volunteer, you should be able to do simple analysis of the data you collect. As we said earlier this analysis must be shared with the health committee and community members. Let’s now do some simple exercises on data analysis in Exercises 2.2.3 to 2.2.4.

Exercise 2.2.3
1. Take sample page of a community surveillance register (CSR) observe and interpret the data on it.

Instructions to Facilitator
1. Give each participant a sample page from the register.
2. Let them observe the data trends and interpret it.

One of your roles as a volunteer is to collect and then analyse the information in the community register. You simply do this by adding up or counting the number of zeros (0), cancelled each day/week/month next to each picture in the register. This helps you to know how big the problem is and whether over time it is improving or worsening. When you analyse this and report the information to the community, it helps the community to identify their common health problems.

Exercise 2.2.4
1. Carefully observe the sample page of CBS, vital events register with zeros cancelled.
2. Count and record one event e.g. mortality and give comments.

1. Give sample of vital events register
2. Teach them how to count and record each event and comment on it.

Another role of the volunteer is to inform the CHO or health authorities immediately a death or other event of public health importance occurs.

Data Analysis

You will also review the records of children under five. This will mainly be on the immunisations they have had. What you do is to compare current data with the previous month’s data. You then record and report any changes to the CHO.
Module 2  Community Mobilisation and Tools

Exercise 2.2.5
1. Analyse two months’ sample pages of CBS or immunisation card to participants
2. Compare the two pages and give feedback to your group.
3. Discuss how this can affect the child and the whole community.

Exercise 2.2.6
Objective
To discuss how to utilise data at the community level
Time: 10mins

Questions
1. What do the figures suggest?
2. What health issues are coming up?
3. What is the implication to the community or affected group?
4. What are the suggested interventions for this problem?
5. How does it affect the overall health outcome of the community?

Instruction to the Facilitator
1. This group exercise (discussion) on how data is utilised through various levels.
2. Put a sample of analysed data on the community register on the board and get participants to do detailed interpretation of the data.

What comments can you make about the data below compiled from the community register in Table 2.2.3?

Table 2.2.3: Sample data from a community register

<table>
<thead>
<tr>
<th>Month</th>
<th>No of births</th>
<th>No of Deaths U1yr</th>
<th>No of Deaths U5yrs</th>
<th>Total No of Deaths</th>
<th>No of Measles Cases</th>
<th>No of Diarrhoea Cases</th>
<th>No of Snake Bites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>10</td>
<td>3</td>
<td>0</td>
<td>5</td>
<td>6</td>
<td>30</td>
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<td>0</td>
<td>2</td>
<td>15</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>

Box 2.2.5 below lists some of the important information you can obtain by analysing the data in the community surveillance register. They are also known as “indicators”. An indicator is a measurement that allows one to determine whether progress is being made in achieving an aim. For example, if you obtain information on the indicator, “Number of infant deaths”, you will know whether more or fewer infants are dying in the community.
Box 2.2.5 Indicators for assessing the community’s health

1. Deaths/Births/ (Mortality/Fertility)
   - Number of infant deaths (age under 1 year)
   - Number of child deaths (age 1 - 5 years)
   - Number of maternal deaths
   - Any other deaths in the community
   - Number of live births

2. Illness (Morbidity)
   - Number of cases of immunisable diseases (polio, pertussis, tuberculosis, whooping cough, yellow fever, measles, hepatitis B, influenza)
   - Number of cases of cerebro-spinal meningitis (stiff neck)
   - Number of cases of 2nd and 3rd degree malnutrition among children under 5 years
   - Number of complicated pregnancies and deliveries
   - Number of low birth weight babies
   - Number of pregnancies with intervals of less than 2 years
   - Number of people with guinea worm

3. Preventive public health Measures
   a. Immunisations
      - Number of children under 1 year who have completed BCG, polio, Penta, measles and yellow fever immunisation
      - Number of children aged 6 months to 5 years who have completed Vitamin A Supplementation
      - Number of pregnant women immunised against tetanus
      - Number of pregnant women dosed with SP 1st, 2nd and 3rd
      - Number of women dosed with Vitamin A Supplementation within two weeks after delivery
   b. Growth monitoring/Nutrition
      - Number of mothers with children under 5 years who have up-to-date growth charts
      - Number of mothers with children less than six months practicing exclusive breastfeeding
      - Number of mothers breast-feeding infants for one year or more
      - Number of mothers giving infants complementary foods by age six months
   c. Prenatal /RCH care
      - Number of pregnant women receiving antenatal care
      - Number of pregnant delivered by trained TBA/midwife or other health provider
      - Number of mothers who receive postnatal care.
Data reporting and utilisation

The primary users of the data that you collect are community leaders, village health committees, the CHO and households in the community. Secondary users are the sub-district health team and district-level health management teams, who will use the information to supplement data collected through their own system.

Based on the information above, a volunteer should report to two levels directly: the health committee and the CHO. The health committee in turn reports to community leaders and community members. The data can be presented to the community in many ways. For example, the data can be represented to the community in a bar chart as in Figure 2.2.3 or as a line graph in Figure 2.2.4.

Figure 2.2.4, the line graph indicates a fluctuation of malaria cases from January to June with a rise in the number of cases from June to a peak in August. The number of cases then reduces sharply from September to a December.

**Cases of conditions reported at the Minsa health facility in January 2007**

![Bar chart](image-url)

Figure 2.2.3: Presentation of data – bar chart
Questions

- What could be the cause of the increase in the number of cases from April to August?
- What can be the reason for the reduction from September to December?
- What are the common health problems in the community?
- How vulnerable are children to these conditions compared to adults?
- What could be some of the possible causes of these problems?
- What can be done to reduce them?

The community members, led by the health committee, the CHO and members of the sub-district health teams will all use this data to identify and address health problems in the community.

Unit Summary

In this unit we discussed community surveillance and its importance. We identified the types of diseases, especially epidemic diseases that a community needs to keep constantly under surveillance. We talked about how you, as a volunteer, have to be informed about common diseases that can affect your community. We discussed how to collect data and the tools used in data collection. We also had practical sessions on how to analyse data. We did this by trying our hands on simple calculations based on the data that we collected. We also identified various ways for making the information generated from the data known to the people concerned. The importance of record keeping and how to mobilise your community to initiate action were also discussed at length.
Unit 3
Community Mobilisation and Participation

Introduction

Have you as volunteers ever organised a community activity such as a durbar? How did you get all the people involved? The process of informing people about the activity and getting them to take part in it is called community mobilisation and participation. We need the participation of the community members and other people for a programme to succeed. These people are known as stakeholders. They contribute to the development of the community in various ways. The roles that each stakeholder plays will also be discussed.

This unit focuses on community mobilisation and participation. As a volunteer you need to understand what community, community mobilisation, and participation mean. In addition, it will help you understand the stages involved in community mobilisation. This unit will help you identify the various methods used in community mobilisation and participation. The importance of knowing more about your community is discussed. Finally, you will learn skills that will help you become an effective community mobiliser.

<table>
<thead>
<tr>
<th>Unit Objectives</th>
<th>Unit Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the end of this unit the volunteers will be able to:</td>
<td>1. Definition and purpose of community mobilisation</td>
</tr>
<tr>
<td>1. Identify the different methods used in mobilising communities</td>
<td>2. Stages in community mobilisation</td>
</tr>
<tr>
<td>2. Discuss the benefits of community mobilisation and participation</td>
<td>3. Methods used in mobilising communities</td>
</tr>
<tr>
<td>3. Identify various stakeholders and their roles in CHPS implementation</td>
<td>4. Stakeholders in community mobilisation</td>
</tr>
<tr>
<td>4. Demonstrate skills needed for effective community mobilisation and participation</td>
<td>5. Skills for Effective Community Mobilisation</td>
</tr>
<tr>
<td>6. Benefits and challenges of mobilising communities</td>
<td>7. Role of volunteers in community mobilisation</td>
</tr>
</tbody>
</table>

Keywords and Phrases:
Community, community mobilisation, stakeholders, implementation, disease prevention, participation, norms, sanctions, attribute, innovative, strategy, vision, accountability

Topic 1  Definition and purpose of community mobilisation

Definition of community mobilisation

Have you ever heard of a project that did not succeed because the community members failed to participate? Can you list some of them in your community? Whether we like it or not, we need people within the community to take an interest in a programme to make
it successful. We can therefore define community mobilisation as ‘the joining together of strengths of community members and other people into an action plan which is implemented to address and solve community problems’.

**Box 2.3.1: Other definitions of community mobilisation**

1. Community mobilisation is the process of preparing and organising to take action towards the community’s development.
2. Community participation is a process whereby individuals, groups as well as the entire community take responsibility for their health and well being. They then decide to be involved and contribute to finding solutions to their own community problems.

If we believe in the saying that “Community is strength”, then it is important that communities participate fully in managing their health problems. This is called community participation. As a volunteer, your understanding of community mobilisation and participation empowers you to effectively mobilise the people in your community for health and development issues. Exercise 2.3.1 will help you understand the process involved in community mobilisation.

### Exercise 2.3.1

**Objective**

1. To understand the process of community mobilisation and participation
2. To learn about how it is done

**Time:** 30 Minutes

**Questions**

1. Who did you mobilise?
2. Why did you mobilise the entire community?
3. How did you get all the people to participate?
4. What resources did you use?
5. What lessons did you learn from the experience?

**Instruction to the Facilitator**

1. Put participants in three groups. Let each group write an outline of how to mobilise their community for different projects and get people to participate. The project can be – Community toilet, Borehole, CHC or Road works.
2. In plenary presentations, ask participants to share their experiences on how the communities were mobilised for specific projects.

Use the questions in Exercise 2.3.1 as a guide.

### Purpose of Community Mobilisation

On what occasions do you mobilise your communities? Funerals, out-doorings, marriages, confirmations, or engagements? We mobilise communities for both happy and sad occasions. You as VHCs and CHVs mobilise communities for various activities especially in health development. Therefore, you need to be familiar with the purpose, benefits and the challenges of community mobilisation to help you mobilise your people to work with you.

Why did you become a village health volunteer? For recognition? To learn about diseases? For everything we do, there is a reason or a purpose that guides why we do it. It is the same
for community mobilisation. So we mobilise for different reasons. We mobilise communities to achieve a goal such as preventing pregnant women from dying during child birth or the spread of malaria in our community.

Do you have a clinic or CHPS Compound in your community? How did you get it? Let us use your experience to explain community mobilisation and participation.

Probably it took the efforts of many individuals and organisations to get the CHPS compound going. Perhaps, the District Assembly and the Ghana government provided the money, the community provided labour, the contractor built the physical structures, and the health staff agreed to work there. Together, all these processes bring the community together to achieve a common purpose. This is called “mobilising the community”.

**Topic 2   Stages of community mobilisation**

Let us describe the stages of planting in our villages. What do you do first, second, etc. until the planting season is over? Just as we have stages in planting so do we have stages in mobilising a community for health action. Figure 2.3.1 and Box 2.3.2 illustrate the stages in mobilising a community.

**Exercise 2.3.2**

**Objective**

1. To identify various stages of community mobilisation.

**Time:** 30 Minutes

**Questions**

1. Discuss the stages of community mobilisation
2. How will you this knowledge in your volunteer work.

**Instruction to the Facilitator**

1. Guide participants through a discussion to understand the various stages of community mobilisation.
2. Ask them to recap the process followed till the CHC was built and used. Help them see what each stage involves.

![Figure 2.3.1: The Community Mobilisation Cycle](image)
Box 2.3.2

Community Entry
This is the stage where a few people recognise that there is a need or problem that they would like to do something about. So they contact a number of important people and groups in the community to share their thoughts with. Out of these people a team is formed which critically looks at the community’s needs or problem from all sides. They find out the causes of the problems and opportunities available to solve or meet the need. Then, they look at possible places to get resources. In addition they describe the various population groups and their characteristics in the community. These findings are all documented for use in solving the problem.

Readiness
The community becomes convinced about the benefits of a programme or project and is prepared to commit resources to develop and implement it.

Assessment
Assessment of community’s problems and underlying causes is done, resources and opportunities available are identified. Environmental, social and economic assessment is also conducted. Demographic characteristics are also described in the project document.

Planning
At this stage, the team prepares a plan to solve the problem or meet the need. This plan should have all the details of how the work will be done; who plays the lead roles and how it will get most people in the community to take part in the activity.

The plan should also have specific goals, objectives and activities. The team sets targets for each of the activities planned to be used when evaluating their work.

Implementation
The team carries out all the activities they have planned to address the issue. They monitor the activities to find out whether things are being done according to plan and targets being met.

Evaluation
At the end of each activity, the team that planned and implemented the programme looks back at its work and asks a few questions. Have we achieved our targets? If yes, what next? If no, why not?

When targets have not been achieved, the team identifies all the possible reasons and finds solutions to it. Where the targets have been achieved, the team helps the community to look for other needs and problems that must be addressed.
Topic 3  Methods used in mobilising communities

Methods mobilisation

Methods are ways of doing things. There are various methods used for mobilising communities. We can use one or more depending on the situation.

Exercise 2.3.3

Objective:
To identify various methods used in mobilising communities
Time: 30 Minutes

Question
1. What methods have you used to mobilise community members for an activity?

Instruction to the Facilitator
Ask participants to mention the various methods they have used to mobilise communities on different occasions for different activities.

List them on the flip chart and discuss each of the methods with participants. Compare with Box 2.3.3.

Community mobilisation methods are ways of getting people in the community involved in finding out their problems and planning for solving them. Knowledge of the community is essential for effective community mobilisation. Some of the methods are listed in Box 2.3.3 below

Box 2.3.3: Methods for Community Mobilisation

A. Awareness creation events
   • Community durbars, community meetings, National immunisation day, campaigns (general as well as door-to-door)
B. Targeted events in specific areas of the community
   • Meeting on the site for community health compound, a public toilet, school, etc
   • Information sharing on up coming events
   • Co-sponsoring or coordinating an event
C. Media campaigns
   • Radio announcements on national and local FM stations
   • Interviews covered by newspapers
   • Specific television (TV) programs
   • Regular columns in a newspaper

Topic 4  Factors for effective community mobilisation

Let us start this topic with an exercise on the things that promote community mobilisation. Exercise 2.2.4
Exercise 2.3.4: Group Work

Objective:
To identify and explain the factors that promote community mobilisation.
Time: 30 Minutes

Question
1. Identify and explain the factors that promote community mobilisation.

Instruction to the Facilitator
1. Put volunteers into groups of five.
2. Ask each group to identify and explain some of the factors that promote community mobilisation.
3. Let each group make a presentation at a plenary.
   Discuss group presentations.

From the Exercise, what do factors affect community mobilisation? Compare with the factors below.

Leadership

Whenever community members come together to take action to improve their situation, leaders will emerge and the type of leadership determines the success or failure of a programme. A very important attribute that emerging leadership must have to move the people is one that inspires and provides guidance. This kind of leadership encourages and develops the people they work with. The leaders must also come up with innovative strategies for doing things.

However, our focus should always be on accomplishing the project not on the leadership. As CHVs and VHCs you have to provide leadership, vision, strategies and commitment in all that you do. The people will follow a leader who knows where he is going.

Community vision

The community members need to have a shared idea or mental picture of what they want the community to be like or achieve. Your role is to guide them to be realistic about what can be achieved and how long it would take.

An example of community vision is: Campaign for the use of bed nets by pregnant women and children under five years to reduce malaria related deaths by 10% by the end of two years.

Specific goals and plans

These are very necessary in order to avoid the risk of starting a project that never gets completed and members become frustrated. Community members must have a goal and a plan they can use to guide their activities. Your role here is to guide the community to set their goals and come up with a written plan that they can use to implement the projects.
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Resources

You need both human and material resources to carry out your activities. These resources must be adequate to be able to complete a project successfully. Your role as volunteers is to help find resources, advocate for support, manage them and then account for them properly.

Lack of accountability has led to the collapse of many organisations in communities. So, be careful to accurately and regularly account for the use of resources to the community and sponsors of your programme.

Topic 5  Skills for effective community mobilisation

You described how to mobilise your communities for a project. How did you do it? What skills did you use? Use your experience in mobilisation to do the exercise below. Think also of those skills you will like to acquire that will help you to mobilise communities effectively as you do the next exercise.

Class Exercise 2.3.5

Objective:
To identify skills the volunteers need to be able to mobilise communities effectively.
To find out how these skills can be acquired.
Time: 15 minutes

Questions
1. What are the type of skills volunteers need to be able to mobilise communities effectively?
2. How can these skills be acquired?

We shall now discuss the skills you need in community mobilisation. See how many you have on your list.

Planning

Planning is putting down on paper what you want to do, how and when you want to do it. It also includes who will do various activities, the resources needed and how you will know that you have achieved your goal.

Planning is one of the skills you must have at your finger tips to get your work done as volunteers. With practice, it will become easy to plan community activities and execute them.
CHVs/VHCs need to determine what their community members’ attitudes are towards the problem or issue and what the public expects. If there is high interest they are likely to support the activities to solve the problem. Find out this during the planning stage so that you can put in strategies to sustain community interest. Box 2.3.4 lists some key steps in planning.

**Box 2.3.4 Some of the things you do in planning**

**Analyse**

The ability to analyse issues and information is necessary for effective mobilisation. After the analysis you have to choose a course of action. Since each course of action has advantages and disadvantages, you have to carefully weigh all the alternative actions before you make the decision. Also you need to find out peoples’ perceptions about the issues and their willingness to participate in any activity you plan to do. For example: helping a community to decide on which project to work on malaria prevention or family planning programme.

**Set Objectives and targets**

Set objectives and targets that are clear, simple, and can be measured. For example, if the community selects the Malaria prevention programme then they can set objectives and targets like:

“To distribute ITNs to 70% of pregnant women and 80% of children under five years in Tobo district, by December 2008”.

**Planning**

The ability to draw effective and workable plans is a skill that can be learnt by doing. Provide communities with adequate information on the effects of the problem/issue you are trying to address. The plan you put together should answer the ‘5Ws’ and ‘H’ that is:

- **What do you want to do?** E.g. Prevent malaria among pregnant women and children under 5 years through the distribution of ITNs.
- **Why do you want to do it?** E.g. To reduce the deaths from malaria in children under five and pregnant women.
- **Who will carry out the different activities?** E.g. Volunteers will distribute ITNs to pregnant women and children under five in the community.
- **When should the activity be done?** E.g. Distribution of the ITNs will start in January 2007 and end in December 2008.
- **Which resources will be needed and who will provide them?** E.g. Volunteers will need bicycles, home-visiting bags, ITNs and record keeping forms. Donors will supply ITN and bicycles; DHMTs will supply home visiting bags; and Ghana Health Service will provide record keeping forms.
- **How will the activities be carried out?** E.g. The ITNs will be distributed at the CHC, at homes, at durbar grounds, and other community distribution outlets.

**Managing/Organising**

All community volunteers must have organisational and management skills because community groups have to be organised, executive committees formed and strengthened. This skill comes by practice just like all the technical skills we have discussed in this session. For example, if your community plans to hold a durbar to create awareness on the use of ITNs, you have to work with the CHO to organise the community members and invited
guests. Also, you have to plan for the activities to be done, the venue, and also look for funding. Finally you have to plan to manage the income and expenditure. As a volunteer you need skills to be able to do all these things properly.

Communication

As a volunteer you need skills to be able to communicate effectively in public. People will listen to you and make their own decisions based on what information and how you tell them. To get your message across, you must understand your subject and what you seek to achieve. When you stand in front of a crowd you must look relaxed even though you might be afraid. In Module 1, we talked extensively on how to communicate effectively.

Observing

We make decisions based on our five senses, but most especially what we hear and see. As you do your work, open your eyes, observe keenly, and be quick to listen. Try to understand people when they talk with you and ask for clarification to ensure that the information you receive is accurate.

Personal qualities

Your reputation as a community mobiliser is your greatest asset for mobilising people. If you have done a job well earlier it will go ahead of you. People will hear and trust you to deliver. In addition, you need to be hardworking, honest, fair, tolerant, patient and enthusiastic. Your motivation will motivate others into action. Be exceptional in your personal character and quality of work, and you will stand before kings!

Recording

One of your biggest challenges is the ability to write down things, keep records or documents properly and be able to retrieve them for use.

Your work requires that you collect information from the community and write them down for planning and other interventions. Learn some writing skills or get someone on your team who can help you write up our own reports as well as guide community groups to do same.

For those who are unable to write, they have to develop keen listening skills, as well as retaining, processing and remembering what ever information they hear. Also develop the skill for thinking deeply about issues to make useful contributions to those who can write when you write up your reports.
Topic 6  Benefits and challenges of Community Mobilisation

Benefits of Community Mobilisation

What benefits do you get when you work together as a community on a health problem? To improve the health status or prevent disease or earn more money? We say two heads are better than one. We help each other when we work together and the community at large also becomes healthy. For more reasons let’s do this exercise. Some benefits are listed in Box 2.3.5 below. Work through the exercise first and compare your work with the answers in the box.

**Exercise 2.3.6**

**Objective**
To compile and discuss the benefits of community mobilisation

**Time:** 10mins

**Questions**
1. What are the similarities and differences in the 2 maps?
2. What things are not included in the maps?
3. Where should they be placed?
4. What can CHVs use a map for?

**Instructions to the Facilitator**
1. Ask participants to work in pairs.
2. Ask each pair to list at least four benefits of community mobilisation
3. Let them exchange the list with another group to read out.

**Box 2.3.5: Benefits of Community Mobilisation**

- It encourages community participation
- Human and material resources from all the sectors of the community are brought together. This contributes a lot to success in community programs
- It enhances cost effective programs and avoids duplication
- It promotes community ownership
- Community members share useful information
- Working together generates people’s commitment
- Confidence and goodwill is enhanced
- It helps identify human and material resources
- Improves community health services
- Promotes disease prevention and early treatment
- Establishes formal and informal community structures
- Provides social support systems and networks for the disadvantaged and marginalised in the community
- Generates empowerment to take risks which individuals might hesitate to do
- Leadership/community leaders emerge.
Challenges to Community Mobilisation

Working with people can have its good and bad sides. It’s the same with working alone. These problems and difficulties are the challenges you face when you organise and work with people.

Volunteerism versus paid work

There is a limit to how long somebody will do voluntary work. After working as volunteers for sometime without any incentives the interest declines. So, during the initial stages of mobilisation, communities should agree on some practical, achievable ways of rewarding volunteers to sustain their interest. However, we should take care not to make this a paid work because it cannot be sustained.

Exercise 2.3.7

Objective
1. To share experiences on challenges to volunteerism
Time: 10min

Questions
1. What challenge have you faced mobilising communities?
2. How did you overcome them?

Instruction to the Facilitator
1. Ask participants to share their experiences.
2. Write responses on a flip chart and discuss.

Agree on practical ways on sustaining interest

Time and energy consuming

Community mobilisation for health action can take a lot of energy and time. We need to put in a lot of resources – time, energy, money, and people - to meet a health need.

Community burn out

When communities are overwhelmed with repeated programmes, they become bored and lose interest.

Sustaining mobilisation efforts

Communal interest decreases gradually over time unless mechanisms are put in place to maintain it. Formation of health committees may help. Communities also need to celebrate their achievements. In addition we have to appreciate and acknowledge all who contributed. Recognition such as awards, for exceptional performance encourages people to continue to give of their best. This makes others strive to do better.
Role overload

Sometimes, volunteers are over burdened working on many programmes just because they have volunteered themselves. In a community, the few people who volunteer on behalf of the community end up by doing so many things in different programmes. Eventually, they get tired and are unable to cope with the work. They then become unwilling to do any voluntary work.

Conflicts

Inter-personal, Inter-group and all kinds of conflicts can lead to lack of participation in community mobilisation activities. When there is no peace, little or nothing can be achieved.

Unit Summary

Community mobilisation is important in your work as a volunteer. You must be able to rally people around when there is an activity to undertake. Throughout this unit, we learnt how to mobilise people. We talked about the various methods and the personal skills that a volunteer must acquire to be an effective mobiliser. Finally, we concluded by saying that your reputation goes before you. So, do a good job and people will always rally around you when you call them!
Module 2  Community Mobilisation and Tools

Unit 4

Community participatory tools

Introduction

As discussed earlier in Unit 1, various tools are used to collect data in the community. We also use tools to interpret the data, as well as give us information that helps us understand what is happening in the community.

In this unit we are going to look at some specific tools or approaches that community members can use to identify their own health problems/needs and find solutions. There are many participatory tools, but in this Unit we shall be looking at the Client Oriented Provider Efficient (COPE®) tool. This tool can be used in many situations, including a market place, office, and the home. However when it is used in the community, it is called Community COPE (C-COPE).

As volunteers you will be involved in using C-COPE. Most of the time it is the Community Health Officer (CHO) who initiates these exercises, but volunteers should assist the CHOs to conduct these community based exercises. The health staff only facilitates the process of using the tool, and after some time leaves the community members to carry on with the exercises and this is where you play a role. The Village Health Committee (VHC) members also have an active role in these exercises.

**Unit Objectives**

By the end of this Module the volunteers will be able to:

1. Explain the term ‘Community COPE (C-COPE)’
2. State, explain and demonstrate how C-COPE is used for community health planning
3. Explain the benefits of C-COPE
4. Explain the limitations of the C-COPE tool
5. State the roles of the volunteers in using C-COPE

**Unit Topics**

1. Concept of C-COPE as a participatory tool
2. The C-COPE process
3. Benefits and limitations of C-COPE
4. The role of VHC and CHV in the use of C-COPE

**Key Words:**

Client, oriented, provider, efficient-services, feasibility, detrimental, demonstration, limitation

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**Topic 1  Concept of C-COPE as a participatory tool**

Have you ever been involved in collecting information in your community? The process of being part of that exercise is called participation. C-COPE is one way to allow community members to participate in identifying their health problems and coming up with solutions that address the problems using local resources where possible.

C-COPE is an acronym which stands for Community Client-Oriented, Provider-Efficient services. C-COPE is a set of tools used to improve the quality of services provided. It also
helps community members to work together as a team to assess their health needs, identify problems and together find solutions to them.

C-COPE encourages community members to be creative and innovative when solving local problems. The tool also enables the health care staff to build partnerships with community members in order to improve local health services. Again, it makes community members more responsive to needs in their communities and fosters community ownership of health, thus encouraging behaviour change.

C-COPE is built around the framework of clients’ rights which are indicated in Box 2.4.1 ‘Clients’ Rights’ below.

**Box 2.4.1: Clients’ Rights**

- Informed choice
- Safe services
- Privacy and confidentiality
- Dignity, comfort and expression of opinion
- Access to services
- Continuity of care
- Information.

The statement in the Box 2.4.2 ‘Community COPE Makes a Difference’ is a testimony from a community member who participated in a Community COPE exercise.

**Box 2.4.2: Community COPE Makes a Difference**

“Before, we were careless and ignorant. We kept our problems to ourselves and never spoke about the problems of the community. Now it is different, we all take part in identifying our problems, come together to find practical solutions within our means, draw action plans and implement the recommendations.” Anonymous.

**Benefits C-COPE activities**

Now let us look at how we can use this tool to benefit us in our communities by doing these exercises. Exercise 2.4.1 below will help you discuss your expectations.

**Exercise 2.4.1**

**Objective:** To discuss the expectations of the community when they attend health facilities.

**Time:** 15 minutes

**Questions:**

1. If you or your relation visits a health care facility, how would you want him/her to be treated?

**Instruction to the Facilitator**

1. Lead participants to discuss their expectations when they visit a health facility.
2. List responses on a flip chart
3. Compare with suggested responses in Box. 2.4.3
C-COPE helps communities through the activities they do to reform and develop their communities. They discuss:

1. Their own expectations whenever they visit a health facility.
2. Develop ways and means of mobilising themselves for health activities.
3. Communities involvement in health activities.
4. CHV and their roles in community health work.
5. Identify community health problems, define their own solutions and implementations strategies.

All these come out clearly in the C-COPE activities.

**Box 2.4.3: Community expectations at a health facility**

1. To be respected
2. To be treated promptly
3. To be seen by a qualified personnel
4. The right diagnoses should be made
5. The appropriate drugs must be given
6. To be told the procedures
7. There must be a follow up.

If the above things (Box 2.4.3) are what you expect from the health facility what should be done for the health staff to enable them provide this kind of service? Do Exercise 2.4.2 and compare with Box 2.4.4 below.

**Exercise 2.4.2**

**Objective**

1. To discuss views of the communities on what should be done for health staffs to motivate them provide optimum service

Time: 10 minutes

**Questions**

1. What do you think should be done for the health staff to enable them provide services listed in Box 2.4.4?

**Facilitator's Instructions**

1. Ask participants how they and their communities will motivate their health workers.
2. List responses on a flip chart,
3. Compare with suggested responses in the Box.2.4.4.

**Box 2.4.4: List of the needs of the health staff**

a. Staff should be given regular in-service training
b. Provided with needed equipment and supplies
c. Be visited by supervisors
d. Be paid well
e. Community members must respect them.
The above exercises demonstrate that Community COPE takes into consideration the rights of the community members and the needs of the health staff. This will be clearer later on when action plans are prepared to address community health problems.

**Exercise 2.4.3**

**Objective**

1. To discuss community based health activities that volunteers have been involved in

**Time:** 5 minutes

**Question**

1. What are some of the community based health activities that you have been involved in?

**Facilitator’s Instructions**

1. Lead discussions on community based health activities.
2. List responses on a flip chart.
3. Compare responses to Box 2.4.5.

**Box 2.4.5: Community Based Health Activities**

Responses might include:

a. Focused group discussion
b. Journey of Hope
c. Community COPE
d. Organising of child welfare clinic
e. Organisation of NIDS
f. Weeding and clean-up of CHC compound
g. Clean up campaigns
h. Outreach clinics
i. Durbars.
j. Community Decision System

Exercise 2.4.4 below is an activity that helps you identity the health issues in your communities and later find solutions to them.

**Exercise 2.4.4**

**Objective**

1. To discuss major health problems in the communities

**Time:** 5 minutes

**Questions**

1. What are some of the major health problems that you have in your communities?
2. List responses on a flip chart.
3. Compare with examples in Box 2.2.6.

**Instruction to the Facilitator**

Let us share some experiences in the above list.

1. Let participants discuss their experiences in conducting the activities mentioned and link them to C-COPE.
2. Guide them to understand that the C-COPE tool can be used to address some of these health problems.
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Box 2.4.6: Major Health Problems in Communities

- Malaria
- Teenage pregnancy
- Malnutrition in children
- Diarrhoea.

Do you think it is only health staff in the hospital or health center who can deal with the problems? No! A lot can be done by volunteers and community members before even reporting to the CHO. The C-COPE tool is meant to assist community members to address these health problems that a community identifies.

The C-COPE tool can also help demonstrate that some of these problems can be avoided. Let us take malaria as an example and see how it can be prevented.

Exercise 2.4.5

Objective
1. To discuss how communities can prevent malaria in children
Time: 5 minutes

Question
1. What do you think could be done to prevent malaria? List responses on a flip chart. Compare with responses in Box 2.2.6

Instruction to the Facilitator
1. Ask participants what they have done/will do to prevent malaria in their communities.

Box 2.4.7: Prevention of Malaria

- Ensure that everyone – especially pregnant women and children under 5 years of age - sleep under ITNs every night
- Ensure that pregnant women take three (3) doses of IPT
- Encourage everyone – especially pregnant women and children under 5 years of age - to complete malaria treatment
- Retreat bednets with insecticide as needed
- Avoid stagnant water behind bath houses
- Cover stored water in the home.

Topic 2  The Community COPE process

C-COPE process

Community COPE process consists of four steps. These are:

- Information gathering and analysis
C-COPE is a two way process that depends on participation from both health care workers and community members. It uses participatory methods to help communities identify and define their problems. It further enables them to decide on the quality of care they want and expect to receive. These four steps have been further explained below.

Information gathering

Information gathering is a form of data collection. Before one takes any action one has to have solid grounds for taking that action. You can only do that if you have the correct information.

Exercise 2.4.6

Objective
1. To demonstrate how to conduct a C-COPE exercise
Time: 10 minutes

Questions
1. Who are the leaders in this community?
2. Why must you meet with them?
3. List responses on a flip chart.

Instruction to the Facilitator
1. Materials required: Flip chart paper, felt pens, exercise books, pens
Advance Preparation
1. Organise initial dialogue with opinion leaders
2. Explain that -COPE is a participatory tool and it is used with the consent of community members.
3. The health team (including the health committee and volunteers) must first meet with local community leaders and representatives of community groups. This is to gain their support and get buy in. This is necessary to enable health workers get assistance from community members in planning and scheduling activities.
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Box 2.4.8: Potential sources of information

1. Local Community Leaders
   a. Chiefs, elders and opinion leaders
   b. Local government officials, assembly members, unit committee members
   c. Religious leaders
   d. Health officials – CHO, sub district health teams, district health administration
   e. Members of local organisations – women’s groups, youth groups, NGOs
   f. Other health care providers – herbalists, TBAs, chemicals sellers

2. Why deal with local community leaders
   a. Get background information about the community - history, population, culture, health practices
   b. Know the proper way to enter the community
   c. To sustain the process after health workers have set it in motion
   d. To know the main stakeholders of health in the community
   e. To identify locally available resources for solving problems.

In conducting C-COPE the above members of the community must be included. Every community member has something valuable to bring on board. Sidelining any group of members in the community causes misunderstandings and they will disassociate themselves from community activities.

A cross section of the community of about 40-50 members are involved. This includes chiefs, elders, men, women, community members, youth, and group representatives. These people are put into four groups, Box 2.4.9.

Box 2.4.9 Grouping for C-COPE activities

<table>
<thead>
<tr>
<th>Group and composition</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Meet and discuss issues</td>
</tr>
<tr>
<td>Female</td>
<td>Meet and discuss issues</td>
</tr>
<tr>
<td>Mixed (male and female)</td>
<td>Site walk (community)</td>
</tr>
<tr>
<td>Mixed (male and female)</td>
<td>Site walk (facility - CHC)</td>
</tr>
</tbody>
</table>

Figure 2.4.2: Problem Tree to analyze “Kwashiorkor”
1. The Male group and the Female group stay at one place and identify health problems in the community.

2. The site walk through the town groups visits a health facility (Community Health Compound - CHC). This is to enable them learn about services provided at the site, problems facing the site, and if possible interview a client. It provides staff members with feedback on conditions and cleanliness of the CHPS-zone.

3. The community walk through group expresses their ideas and shares information in visual way. In other words, they capture what they see on a map and share the information using the map.

4. After the activity the groups assemble at one place to discuss their findings and list the problems identified. They decide on which problems to work on first, i.e. they select the priorities or the most important. Each group prepares an action plan on three of the problems. These are problems which can be solved immediately by community members using their own resources.

Box 2.4.10 “Problem Tree” Approaches

The “Problem Tree” and the “But Why” approaches are designed to assist community members identify a problem, its consequences and its root cause or causes. For instance, whilst community members may not see stagnant water as an environmental problem, a simple illustration using the “Problem Tree” can bring this out clearly. In the illustration, “The Problem” is represented by the trunk of the tree, “The Causes” are represented by the roots, and “The Effects” or consequences are represented by the branches (Figure 2.4.2.).

Exercise 2.4.7

Objective
1. To demonstrate the use of the ‘Problem Tree’ and ‘But Why’ approach to diagnose a problem.

Time: 20 minutes

Question
1. How are the tools used to gather information?

Instruction to the Facilitator

Materials required
Flip chart and felt pens

1. Let participants come up with 4 health problems in their communities.
2. Then divide participants into 2 groups
3. Let one groups use the Problem Tree to find the causes and consequences of one of the identified problem
4. Let the other group use the “But why” approach to find out the causes of the other problem identified
5. Let the groups meet at a plenary to discuss their findings
Box 2.4.11: “But why” Approach

Example Using the “But why” Approach
Problem: Malaria on the rise in children under 5. Many of them are reporting to the CHC with Malaria.
But why? Because they do not sleep under insecticide treated bed nets
But why? Because parents do not know how to hang the net properly
But why? Because they have small bedrooms shared by many people.

Figure 2.4.3: Cross section of community members during C-COPE

Action plan

Once you have the needed information, you can plan to take action. This should be discussed by the whole group, agreed upon and written down to guide implementation and evaluation. When the groups have finished identifying their problems and prioritised them they are taught how to draw an action plan. A sample of an action plan is shown below in Table 2.4.1.

Table 2.4.1: Sample Action Plan for Community COPE

<table>
<thead>
<tr>
<th>Problem</th>
<th>Causes</th>
<th>Recommendation</th>
<th>By Whom</th>
<th>By When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teenage pregnancy</td>
<td>• Lack of parental guidance&lt;br&gt;• Peer pressure&lt;br&gt;• Poverty&lt;br&gt;• Broken homes</td>
<td>• Plan durbar for parents to encourage girls to finish school.&lt;br&gt;• Health staff to give talks on FP or RCH</td>
<td>Mercy</td>
<td>June 19, 2007</td>
</tr>
</tbody>
</table>
Table 2.4.1: Sample Action Plan for Community COPE

<table>
<thead>
<tr>
<th>Indiscriminate refuse disposal</th>
<th>Lack of designated refuse dump</th>
<th>Ask from chief and elders to give land for use as refuse dump</th>
<th>Agya Kuo</th>
<th>June 10, 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lack of communal spirit</td>
<td>Use communal labor to dig it</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Encourage all to use the refuse dump</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Apply sanctions for defaulters</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Weedy surroundings</th>
<th>Lack of communal spirit</th>
<th>Chiefs and elders to call a meeting with community members to discuss</th>
<th>Auntie Ceci</th>
<th>May 31, 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ignorant about health hazards</td>
<td>All members taxed to weed surroundings</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Institute communal labour fort nightly to weed around.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Involve school children and teachers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Involve societies and churches</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Appoint some community members to ensure that this exercise is sustained</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Institute sanctions for those who do not comply.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All action plans from the 4 groups are then presented at a plenary. Community members are given 4-6 weeks to implement the recommendations in the action plans. A specific date is set for a follow up meeting. Six weeks is ample time for all groups to implement the suggested recommendations in the action plans.

Six weeks after the first C-COPE exercise, the same group meets again to assess the status of the recommendations.

They are taught how to record what they have done so far as follows:

Table 2.4.2: Sample of Community COPE Action Plan Follow Up

<table>
<thead>
<tr>
<th>Problem</th>
<th>Causes</th>
<th>Recommendation</th>
<th>Status</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teenage Pregnancy</td>
<td>Lack of parental guidance</td>
<td>Plan durbar for parents to encourage teenagers to finish school.</td>
<td>Done</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Peer pressure</td>
<td>Health staff to give talks on F&amp;P and STI's</td>
<td>Done</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Poverty</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 2.4.2: Sample of Community COPE Action Plan Follow Up

<table>
<thead>
<tr>
<th>Issue Description</th>
<th>Recommendations</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiscriminate refuse disposal</td>
<td>• Lack of designated refuse dump&lt;br&gt;• Lack of communal spirit</td>
<td>Done</td>
</tr>
<tr>
<td></td>
<td>• Ask chief and elders to give land for use as refuse dump&lt;br&gt;• Use communal labour to dig&lt;br&gt;• encourage all to use the refuse dump&lt;br&gt;• apply sanctions for defaulters</td>
<td>Not Done Pit will be dug when the rains stop</td>
</tr>
<tr>
<td>Weedy surroundings</td>
<td>• Lack of communal spirit&lt;br&gt;• Ignorant about health hazards</td>
<td>Done</td>
</tr>
<tr>
<td></td>
<td>• chiefs and elders to call a meeting with community members to discuss&lt;br&gt;• all members taxed to weed surroundings&lt;br&gt;• institute communal labour forth nightly to weed around.&lt;br&gt;• involve school children and teachers&lt;br&gt;• involve societies and churches&lt;br&gt;• appoint some community members for sustainability&lt;br&gt;• institute sanctions for those who do not comply.</td>
<td>Done Done Done Nana is yet to meet with community members</td>
</tr>
</tbody>
</table>

Figure 2.4.4: A cross section of community members at a Community C-COPE follow up

Implementation

This is carrying out activities in the action plan, based on recommendations made, and agreed upon as a group.
Follow up and Evaluation

Actions being taken must be monitored and an ongoing evaluation done to identify gaps and make the necessary corrections.

Figure 2.4.5: A cross section of community members at a Community C-COPE follow up

Benefits and Challenges of C-COPE

What do you think are the benefits of C-COPE activities to your community? What about the challenges? Work through Exercise 2.4.8 and discuss the two questions. Also think about the personal benefits to you.

Exercise 2.4.8: Group work

Objective: Test understanding of how communities can use C-COPE to solve their problems
Time: 15 minutes

Question:
1. What are the benefits of using C-COPE to solve community problems?
2. What are the challenges of using C-COPE?

Instruction to the Facilitator
1. Ask participants to list the benefits and challenges of using C-COPE to solve problems
2. Write the responses on a flip chart and discuss them and compare Box 2.4.12.
Box 2.4.12: Sample responses

Benefits:
1. Develops communal spirit among community members
2. Empowers all members at all levels to work as a team
3. Local problems are identified and solved
4. Helps to communicate some government policies e.g. NHIS
5. Provides concrete and immediate opportunities for action
6. Everybody’s views are respected

Challenges:
1. After a period interest of community members reduces
2. Some community members may not take part
3. Some community members may think it is a waste of time

The Role of Volunteers and CHO in C-COPE

Role of volunteers
- Mobilise communities to take part in C-COPE meetings on schedule
- Ensure community members carry out their assigned tasks
- Assist community members with assignments when they encounter difficulties
- Ensure community action plans are reviewed periodically and modified when need be
- Submit regular progress reports on community action plans and its implementation to the CHO

The Role of health workers in C-COPE
- Give technical assistance to volunteers and community members
- Identify local leaders and focal persons to help with the C-COPE process
- Work with volunteers to mobilise community members for meetings
- Facilitate initial and subsequent C-COPE processes

Topic 3  Clarification of values

Tools in C-COPE

You and your values

Values clarification helps you as volunteers to test how you relate to others. This portion of the unit will help you understand how your values and attitude may differ from those of
other community members. It would also demonstrate how your values may affect your interactions with community members. Values clarification is particularly important when it comes to relations between men and women and the roles society expects of them. Since a man and a woman form the basis of the family, it is important to ensure that the two coexist based on shared values. As volunteers you should encourage men to become actively involved in promoting health and general wellbeing in your communities. We will use a series of exercises to draw attention to the attitudes, values, and behaviours of men that harm their own health, safety and wellbeing and that of women and children. Getting men involved in promoting health is an area of great interest. Men as Partners (MAP) is a tool that discusses this in detail but we will limit ourselves to only a few exercises.

No two individuals hold identical values. Each person’s values and attitudes are shaped by his or her own culture, upbringing, and life experiences. People behave differently because of differences in values and attitudes. The following exercise is intended to make you aware of the values underlying your opinions so that as volunteers you do not impose them on other community members. Exercise 2.4.9.

Exercise 2.4.9

Objective
1. To explain the words- Values and Attitude
Time: 10 minutes

Question
1. What do the terms ‘Values’ and ‘Attitude’ mean?

Instruction to the Facilitator
Guide participants to brainstorm what they understand by ‘Values’ and ‘Attitude’. After that read out your standard definition in Box 2.4.13

Box 2.4.13:

Value:
This is a strongly held belief that is important to an individual. Values are not easily changed or discarded because they are influenced by religion, education, gender, cultural factors or by personal experiences.

Attitude:
This is a view or opinion that is formed by values and beliefs.

How values affect interactions

As volunteers you need to recognise and respect the values of the community members that you serve. If you fail to do so the community members may not cooperate with you.

The next exercise (Exercise 2.4.10) is to help you understand how your values and attitude can affect your interactions with others. There is no right or wrong answer. Everyone’s’ views should be respected.
Exercise 2.4.10

Objective
1. To help participants understand how their values can affect their interactions with others
Time: 10 minutes

Questions
1. What are some common value systems we have in Ghana?
2. Why do we have differences in opinion among a homogeneous group for each of these values?

Instruction to the Facilitator
1. Post AGREE, DISAGREE and UNDECIDED posters on the wall. Depending on the literacy level of the participants, 3 different colours can be used to represent these.
2. Read the statements in box 2.4.14 one at a time and let them decide where they belong. Let them take a decision on which of the three responses confirms their decision.
3. Let each participant stand in front of the poster that corresponds to the decision he has taken for each statement.
4. Ask a few people in each group the reasons for their choice.
5. Lead the group in the discussion using the questions in the exercise sheet.
   a. Were you surprised by the responses of your peers?
   b. How did you feel when you disagreed with other participants?
   c. How did you feel when others disagreed with you?
   d. What can happen if you disagree with the community’s values or try to impose your values on community members?
6. Let participant explain why there are differences in such opinion in such a homogeneous group with common characteristics (job functions, education, etc.) using the issue of values systems.

Box 2.4.14: The role of a woman is to bear children

- The husband must always sign a consent form before a woman has sterilisation
- The man has to decide what FP method the wife should use
- A man who helps the wife with the household chores is not a real man
- Men should discipline their wives by beating them
- Family planning methods should be given to married women only
- Community members who refuse immunisations should be left alone
- A pregnant woman who develops swollen feet will give birth to a baby boy
- Men have to take all decisions in the house
- There are two types of malaria i.e. male and female malaria
- Most women using Family Planning are promiscuous.
Did you know that crying is good for your health whether you are a man or woman? Did you know that being strong, self-controlled and not showing emotions can kill you? Did you know that the people most at risk are men?

**Exercise 2.4.11**

**Objective**

1. To translate the terms “Act like a man”, “Act like a woman”? into the local languages

**Time:** 15mins

**Question**

1. How would you say “Act like a man”, “Act like a woman”? in your language?

**Instruction to the Facilitator**

1. Group participants into the various language groups. Ask each group to translate the terms “Act like a man” or “Act like a woman”?
2. Let them write their responses on a flip chart and display.
3. Discuss using Box 2.4.15 as guide.

**Box 2.4.15: Some Ghanaian language renditions of “Act like a man”, “Act like a woman”**

<table>
<thead>
<tr>
<th>Language</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Akan</td>
<td>“Ye woadi tisee ôbërima” anaa “ye woadi tisee ôbaa”</td>
</tr>
<tr>
<td>Ga</td>
<td>“Feemo oni tamo nuu” aloo “Feemo oni tamo yoo”</td>
</tr>
<tr>
<td>Kasem</td>
<td>“Ke m titi ne baaro te” na “Ke m iti ne kaane te”.</td>
</tr>
<tr>
<td>Ewe</td>
<td>“Wo wofe nu abe nutsu ene” aloo “Wo wofe nu abe nyonu ene”</td>
</tr>
</tbody>
</table>

Did you know that more men than women get heart attacks, suffer strokes and die? Why are there more widows than widowers? It is because culture defines our values and society imposes certain obligations on men that affect their health! Culture expects the woman to behave like a woman and the man to behave like a man. It is as if culture has placed a man in one box and the woman in another. What exactly does it mean to behave like a man or to behave like a woman? You do not have to behave like a man or a woman – just behave like a person. The following exercises (Exercise 2.4.12 and Box 2.4.16) will show how this can be done.
Module 2  Community Mobilisation and Tools

Exercise 2.4.12

Objective
1. To discuss how gender rules affect the lives of men and women
Time: 20mins

Questions
1. Have you ever been told to “act like a man” or “act like a woman”? Why do you think they said this? How did it make you feel? How can these gender rules be changed in order to improve the lives of women and men?

Instruction to the Facilitator
1. Print “Act like a Man” and “Act like a Woman” separate sheets of newsprint and post them
2. Ask participants what men and women are told in their community about acting like a man or acting like a woman
3. Write these messages up on the appropriate sheet
4. Compare to key points in Box 2.4.16 to see the kinds of messages that are often listed
5. Feed these into the discussion if they have not been mentioned
6. When the group has no more to add to the list, begin a discussion about gender rules by asking the questions in Box 2.4.17 and compare responses.
7. Discuss with participants the consequences of living outside the box.

Box 2.4.16: Society’s expectations of Men and Women

The messages that men get about “acting like a Man” include:
- Be tough
- A man does not cry
- Be the breadwinner
- Stay in control and do not back down
- Have sex when you want it
- Get sexual pleasure from women
- Have sex when you want it
- Get sexual pleasure from women
- Men must discipline their wives
- A man place is not the kitchen

The messages that men get about “acting like a Man” include:
- Be passive and quiet
- Be the caretaker and homemaker
- Act sexy, but not too sexy
- Be smart, but not too smart
- Follow men’s lead
- Keep your man – provide him with sexual pleasure
- Don’t complain

Difference between Sex and Gender

People use the words “sex” and “gender” to talk about the differences between women and men. But these two words mean different things.

Sex - is the biological (body) differences between males and females, in terms of their bodies (such as the male penis and the female vagina) and the different roles that males and females play in reproduction (giving birth to babies). We are born with our sex.
Gender - is society’s ideas about what it means to be a man or a woman and its definitions of the differences between men and women. These differences can change over time and vary from society to society. We are taught our gender.

It is important to be clear when we are talking about sex difference and when we are talking about gender difference.

Sex difference – these are differences between women and men that are based on the difference between male and female biology (the body).

- Women can give birth to babies, men cannot.
- Women can breast-feed babies, men can bottle-feed babies.
- Men’s voices break at puberty, women’s do not.

<table>
<thead>
<tr>
<th>Box 2.4.17: Gender Difference and Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Girls should be gentle, boys should be rough.</td>
</tr>
<tr>
<td>• Women get paid less than men for doing the same work.</td>
</tr>
<tr>
<td>• Men should be the head of the household.</td>
</tr>
<tr>
<td>• It is OK for women to cry, but not OK for men.</td>
</tr>
<tr>
<td>• It is OK for men to have sex outside of marriage, but not OK for women.</td>
</tr>
</tbody>
</table>

Gender differences – these are differences between women and men that are based on society’s ideas about the difference between what it means to be a man and what it means to be a woman. Box 2.4.17 points out some of the differences. Some of these gender issues can be changed as the exercises have shown. Whether we will change these roles defined by society depends on our values and attitude towards each other.

How to speak up and be listened to

We all agree that there is happiness in homes where the man is supportive, assists in caring for the children and where every one’s views are respected. A burden shared becomes lighter and easier to carry. But these burdens that women and men carry are not known because we don’t speak freely about them. For cultural reasons, some men and women don’t talk out about the things that are on their mind. This activity is meant to encourage men and women to speak up and be listened to on their experience of gender issues.
Exercise 2.4.13

Objective
1. To discuss how men and women can be encouraged to speak out and be listened to
Time: 30mins

Questions
For Men
1. What do you think is the most difficult thing about being a woman in Ghana
2. How can men support and empower women?
3. What do you remember about growing up as a boy in Ghana? What was difficult about being a teenage boy?
4. Who are some of the positive male influences in your life? Why are they positive?
5. Who are some of the positive female influences in your life? Why are they positive?

For Women
1. What do you think is the most difficult thing about being a man in Ghana?
2. How can men support and empower women?
3. What do you remember about growing up as a boy in Ghana? What did you like about being a girl? What did you not like?
4. Who are some of the positive male influences in your life? Why are they positive?
5. Who are some of the positive female influences in your life? Why are they positive?
6. What surprised you about this activity?
7. How did you feel talking about these things with others listening?
8. What did you learn?

Instruction to the Facilitator
1. Divide the participants into a male group and a female group.
2. Ask the women to sit in a circle in the middle of the room and the men to sit around the outside of the circle facing in.
3. Begin a discussion with the women by asking the questions listed in the box on the left. The men’s job is to observe and listen to what is being said. They are not allowed to speak out.
4. Once the women have talked for about 15 minutes, close the discussion. Then ask the men to switch places with the women and lead a discussion with the men while the women listen. The questions for the men are also listed below.
5. Discuss the activity after both groups have completed the discussion. Use the questions labelled A,B,C as guide.

Unit Summary

We have been looking at how community members can use C-COPE to identify and solve their own problems with locally available resources. Through practical exercises we also saw the benefits in using C-COPE and the challenges it poses and how volunteers and health workers can use C-COPE. We saw how culture affects our behaviour and discussed the importance of values and attitudes and how these affect our interactions with others. Through a series of exercises we learned about the various ways by which we can improve relations between men and women and especially help men avoid behaviours that hurt them and their loved ones and relations.
Module summary

In this Module, we discussed how certain things about a community are important for effectively mobilising that community. We talked about the disease profile of the community, the location of community landmarks and the health status of the community. We also discussed the various approaches used to bring people in the community together to take part in assessing their health and developmental needs. We saw how this information helps you to know what resources are available in the community and how to mobilise them. We demonstrated that one of the main activities of the health volunteer is to collect community data and analyse it for information that can be used in health service delivery. One of the tools for doing this is the Community Client Oriented Provider Efficient Services C-COPE. We also saw how society imposes on us values and attitudes that affect our interactions with others and how these can harm us. Being asked to behave like a man or woman can have its disadvantages which were clearly brought out in the exercise that we did.
# Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountability</td>
<td>Act of being responsible for your decisions and action and expected to explain them when you are asked.</td>
</tr>
<tr>
<td>Advocate (Verb)</td>
<td>To support something publicly. (Noun) – Person who supports somebody or speaks in favour of somebody or of a public plan or action.</td>
</tr>
<tr>
<td>Attribute</td>
<td>Quality or feature of something or somebody.</td>
</tr>
<tr>
<td>Brainstorm</td>
<td>Make a group of people all think about something at the same time, often in order to solve a problem or to create good ideas.</td>
</tr>
<tr>
<td>Campaign</td>
<td>A series of planned activities that are intended to achieve a particular social, commercial, or political aim.</td>
</tr>
<tr>
<td>Communication</td>
<td>The activity or process of expressing ideas and feelings or giving people information.</td>
</tr>
<tr>
<td>Community</td>
<td>All people who live in a particular area, country, continent, etc. It also refers to people who share the same religion, job, race, etc.</td>
</tr>
<tr>
<td>Disease</td>
<td>An illness affective humans, animals or plants, often caused by infection.</td>
</tr>
<tr>
<td>Evaluation</td>
<td>The act of forming an opinion of the amount, value or quality of something after thinking about it carefully or thorough investigation.</td>
</tr>
<tr>
<td>Factors</td>
<td>One of several things that cause or influence something.</td>
</tr>
<tr>
<td>Immunisation</td>
<td>Protection against disease especially by giving an injection of a vaccine.</td>
</tr>
<tr>
<td>Implementation</td>
<td>The act of carrying out what has been officially decided on by a team or group.</td>
</tr>
<tr>
<td>Infection</td>
<td>Illness caused by bacteria or virus and affects one or several parts of the body.</td>
</tr>
<tr>
<td>Innovative</td>
<td>Introducing or using new ideas or ways of doing something.</td>
</tr>
<tr>
<td>Intervention</td>
<td>Act of becoming involved in a situation in order to improve or help to make it work.</td>
</tr>
<tr>
<td>Managing</td>
<td>Controlling and being in charge of a business, team, organisation etc.</td>
</tr>
<tr>
<td>Mobilisation</td>
<td>The process of organising a group of people in order to achieve a particular aim.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Norm</td>
<td>A situation or pattern of behavior that is usual or expected.</td>
</tr>
<tr>
<td>Organising</td>
<td>Arranging for something to happen or to be provided.</td>
</tr>
<tr>
<td>Participation</td>
<td>Act of taking part in an activity or event.</td>
</tr>
<tr>
<td>Programme</td>
<td>A plan of things that will be done or be included in the development of something.</td>
</tr>
<tr>
<td>Reinforce</td>
<td>To make a feeling, an idea etc. stronger.</td>
</tr>
<tr>
<td>Reputation</td>
<td>The opinion that people have about what somebody or something is like based on what has happened in the past.</td>
</tr>
<tr>
<td>Resource</td>
<td>A supply of something that a country, organisation or a person has and can use especially to increase their wealth.</td>
</tr>
<tr>
<td>Sanction</td>
<td>A course of action that can be used, if necessary to make people obey a law or behave in a particular way.</td>
</tr>
<tr>
<td>Skill</td>
<td>The ability to do something well.</td>
</tr>
<tr>
<td>Sustaining</td>
<td>To make something continue for some time without being less.</td>
</tr>
<tr>
<td>Stakeholder</td>
<td>A person or company that is involved in a particular organisation, system or project etc. especially because they have invested money in it.</td>
</tr>
<tr>
<td>Vaccine</td>
<td>Substance that is put into the blood to protect it from disease.</td>
</tr>
<tr>
<td>Vision</td>
<td>The ability to think about or plan the future with great imagination and intelligence.</td>
</tr>
<tr>
<td>Volunteer</td>
<td>A person who does a job out of good will without being paid for it or expecting to be paid.</td>
</tr>
</tbody>
</table>
Module 3

The Work of the Health Committee
Module Overview

This module looks at the work of Health Committees (HC) and their role in working with the CHO and volunteers. The committees are of two kinds – the Zonal Health Committee and the Village Health Committee. The main duties of these committees include: selecting and appointing Community Health Volunteers, supervising health volunteers, liaising between the community and the health system, ensuring the welfare of volunteers and CHOAs, advocating for health, resolving conflicts among community members and the health system, mobilising to obtain and maintain CHCs, and providing security for the CHO.

Module Objectives

By the end of this module participants will be able to:

1. Select and appoint volunteers
2. Advocate for health delivery
3. Solicit and manage community resources
4. Supervise volunteers and resolve conflicts
5. Promote the welfare of CHOAs and volunteers
Selection and Training of Volunteers

Introduction

Unit One will help learners understand how Health Committees (HC) under CHPS are formed and what they do. The DO’s and DON’Ts of volunteers will be explained as well as how the committee assists the health system at the community or zonal level. Through this unit, participants will get to know the various processes for selecting members of the health committees and volunteers and the training that they have to go through.

<table>
<thead>
<tr>
<th>Unit objectives</th>
<th>Unit Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the end of this unit participants will be able to:</td>
<td>1. Formation of Health Committees</td>
</tr>
<tr>
<td>1. Identify criteria for selecting a VHC/ZHC</td>
<td>2. Work of the Village Health Committee (VHC)</td>
</tr>
<tr>
<td>2. Describe the work of the VHC/ZHC</td>
<td>3. Work of the Zonal Health Committee (ZHC)</td>
</tr>
<tr>
<td>3. Identify the training needs of volunteers</td>
<td>4. Selection and appointment of health volunteers</td>
</tr>
<tr>
<td>5. Training of health volunteers (VHC, ZHC, CHV)</td>
<td>5. Training of health volunteers (VHC, ZHC, CHV)</td>
</tr>
</tbody>
</table>

Keywords and phrases: selecting, criteria, identify, health committee, appointment, approval

Topic 1  Formation of health committees

Health Committee

The Village Health Committee

Every CHPS zone is made up of a number of communities or villages. The number of communities depends on the size of the zone and the settlement pattern. Each community or village has a health volunteer and a health committee. A village health committee consists between four to ten respectable persons in a community. They are selected and approved by the traditional leadership to serve as the link between the community and the community health officer. Their main responsibility is to supervise village health volunteers whom they assist in selecting. They also advocate for community health and ensure the welfare of the community health officer and the volunteers.

The Zonal Health Committee

A zonal health committee is made up of representatives, preferably the chairpersons, of the various village health committees. The Zonal Committee acts as the coordinating body for CHPS and provides general direction for health programmes. It also deals with issues that concern the CHPS zone as a whole. The zonal committee takes action and solicits support for a particular health committee when the need arises.
Criteria for selecting Village Health Committees

Village Health Committees and Community Health Volunteers work to promote health at the community level. A village health committee consists of four or five respected elders. The group is selected by community members to manage the community’s health system under CHPS. The duties of VHC are discussed in topic two. The criteria for selecting members of the health committee are the same as those used in selecting village health volunteers.

Once someone meets the criteria endorsed by the community, s/he goes through a process of approval. The following is a flow chart of a simplified version of the process a person must go through to get approval.

Exercise 3.1.1: Brainstorming

Objective
1. To discuss the criteria for selecting health committee members
Time: 15 minutes

Question
1. What characteristics should you look out for when selecting members of the health committee?

Instructions to the Facilitator
1. Lead participants in a brainstorming session on the criteria for selecting health committee members
2. List criteria on a flip chart
3. Discuss criteria and rank them

Figure 3.1.1: A flow chart showing the processes for selecting and approving village health committee members

A more detailed explanation is provided in Box 3.1.1. Participants are encouraged to discuss among themselves the processes as pertains to their communities and share ideas.
Box 3.1.1: Process for appointing Village Health Committees

1. The Chief announces to clan heads that nominations are open to form health committees
2. Clan heads pass on information by word of mouth to various households
3. Those who are interested in the work inform the clan heads
4. The Clan heads vet and shortlist qualified candidates
5. The Chief and clan heads consult and agree on the most suitable candidate(s)
6. Candidates are presented to the community at a grand durbar for consideration
7. If they are accepted, their roles are spelt out to them
8. The health authorities receive the list of candidates and arrange to train them.

Topic 2  Work of the Village Health Committee

In the previous topic we talked about the formation of the Village Health Committee. In this topic, we will discuss the committee in detail with a particular focus on the work the committee does.

Work of the Village Health Committee

Let’s start this session by brainstorming on what the VHCs are and what they are set up to do. As you read the story (case study) try to find out the importance of a health committee and how it can be empowered to do its work without fear or favour.

Case study 3.1.1: The Stolen Items

The CHO has her personal effects and service delivery equipment stolen. The chief is reluctant to take action. It is later learned that the suspect is the chief’s younger brother who has run away to hide in the big city. The district health administration withdraws the CHO and service delivery is suspended. The womenfolk report to the health committee but the committee is not able to take action.
Module 3 The Work of the Health Committee

Exercise 3.1.2: Case study

Objective
1. To discuss the duties of a health committee
Time: 15 minutes

Questions
1. What is a Village Health Committee?
2. Why do you think the health committee was not able to take action?
3. What could the health committee have done to solve the problem?
4. How will you judge the action taken by the health administration in withdrawing the CHO?
5. What steps can be taken to prevent theft at the CHC?

Instructions to the Facilitator
1. Choose a participant to read out loud the Case Study (The Stolen Items)
2. Let them answer the questions that follow
3. List responses on a flip chart

Topic 3 Selection and approval of volunteers

Selection and approval of CHVs

Selection and approval of Community Health Volunteers is one of the major activities of Village Health Committees. When someone chooses to become a health volunteer and he or she meets the minimum criteria, he or she must go through a process. The process is virtually the same as that for appointing a health committee except that the health committee this time plays a leading role in the process.

The arrows in Figure 3.1.2 indicate the process. First the chief informs the health committee about the need to get health volunteers. The health committee opens nominations, receives and vets prospective applicants. Nominees are presented to the chief and later presented to the whole community at a durbar for approval. Afterwards the list of candidates is given to the health authorities for training. After the training the volunteers are ready to be presented to the community at a grand durbar where their duties, especially the DO’S and DON’TS of their new role, is spelled out to them. The broken arrow pointing from Step 6 back to Step 1 indicates that if for whatever reason a candidate is rejected at the last durbar, the process will start all over again but will not necessarily start from the chief’s end. The clan heads or health committee may assume responsibility to solicit for new candidates.

It is worth noting that the systematic process tests the volunteer’s commitment and ensures that the right people are selected for the work.

The durbar is also the occasion where equipment and supplies for service delivery are
presented. Items may include, bicycle, knap sack and some medicines and supplies such as Paracetamol, Oral Rehydration Salts (ORS), treated bednets and Condoms.

The presentation of the items to the volunteers is done using laid down procedures and according to the chain of command. First, the items are handed over to the chief who passes them on to the health committee. The health committee then presents them to the volunteer. The volunteer reports to the health committee which also reports to the chief.

Since volunteers are accountable to the entire community they must gain the approval of a variety of people as shown in Figure.3.1.2. Participants are encouraged to discuss among themselves the processes for selecting and approving volunteers as pertains to their communities and share ideas.

Figure 3.1.2 Flow chart for selecting and approving community health volunteer

Box 3.1.2: Process for appointing a Community Health Volunteer

1. The Chief informs health committee about the need to appoint health volunteers
2. The Health committee informs clan heads and other opinion leaders to pass on information by word of mouth to various households
3. Those who are interested in the work give their names to the Health committee
4. Health committee vets and shortlists qualified candidates
5. The Chief and Health committee consult and agree on the most suitable candidate(s)
6. The Candidates are presented to the community at a grand durbar for consideration
7. If they are accepted their roles are spelt out to them
8. The health authorities receive the list of candidates and arrange to train them
9. After the training the volunteers are presented to the community at a grand durbar. The tools of their trade are presented to them according strict protocol. The items are given to the chief who in turn hands them over to the health committee who then present them to the volunteer. Items may include: bicycle, knap sack and some medicines and supplies including Paracetamol, ORS, Condoms.
Module 3  The Work of the Health Committee

Topic 4  Training of health volunteers (VHC, CHV)

Training of Volunteers

When we mention health volunteers we normally refer to both the health committee and the health volunteers. Though they perform slightly different tasks, their training needs are virtually the same. This is so because a community health volunteer can become a health committee member and vice versa. In some communities the distinction is very clear and a volunteer may be the secretary to the health committee and take part in their deliberations. Training is a very important means of giving volunteers new knowledge and skills to do their work. The district health authorities train the VHCs and CHVs on preventive and limited curative health care. Exercise 3.1.3 will help identify the training needs of volunteers.

Health Volunteers are trained in various aspects of primary health care so that they can help improve access to low-cost essential drugs and services. Their training includes: IPT for pregnant women, birth preparedness, care of the new born, breast feeding and complementary feeding, anti-malarial drug dosage and usage, proper use of ITNs, and home based care for malaria. In order to know the kind of training volunteers need, it is important to review what the volunteer does and what they are not supposed to do.

Dos and Don’ts of Volunteers

Volunteers are selected and trained for specific health work. Anything beyond them they must refer. Box 3.1.3 is the list of things CHV can and cannot do.
After going through the training, a durbar is again organised and the health volunteer is presented to the community as being ready to start work. This is where he is told all the DO’s and DON’Ts of the work of a volunteer. This is done in the presence of community members so they will be able to know whether or not he is doing the right thing.

Unit Summary

In this unit we learnt a lot about the work of the Village Health Committee and the criteria that are used in selecting the members. We also did exercises in which the main roles and responsibilities of the volunteers came out clearly. We discussed in detail the process to follow in selecting volunteers and committee members, their training needs and what they can or cannot do.
Unit 2

Advocacy for Health

Introduction

The purpose of this unit is to help you understand the importance of healthy living. It also aims to help you develop skills for advocating for health in your community. You will learn how to identify sources from which money or materials can be obtained for improving community health care delivery and how to mobilise these resources at the community level.

<table>
<thead>
<tr>
<th>Unit objectives</th>
<th>Unit Topics</th>
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<tbody>
<tr>
<td>By the end of this unit participants will be able to:</td>
<td>1. What is Advocacy?</td>
</tr>
<tr>
<td>1. Explain the meaning of advocacy</td>
<td>2. Advocacy for community health</td>
</tr>
<tr>
<td>2. Explain the importance of healthy living and community development</td>
<td>3. Advocacy for family planning</td>
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<tr>
<td>3. Develop skills for advocating for health and family planning in the community</td>
<td>4. Advocacy for resource mobilisation</td>
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<tr>
<td>4. Identify sources of resources for CHPS</td>
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<tr>
<td>5. Discuss how to mobilise resources at the community level</td>
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Keywords and phrases: Advocacy, development, healthy living

Topic 1  What is advocacy?

Definition of Advocacy

Advocacy is an umbrella term for organised activism related to a particular set of issues. Advocacy is persuasive communication and targeted actions in support of a cause or issue that seeks to change policies, positions and programmes. When we persuade or argue in favour of something, such as a cause, an idea, a policy or a service delivery strategy, we are advocating on that issue.

For those of us involved in community health delivery, advocacy is the act of speaking or of disseminating information intended to influence individual health seeking behaviour or opinion about health services. The skills of advocacy include mediating, coordinating, clarifying, resolving conflict, and assisting the patient and client to acquire, interpret, and utilise health care information.

But advocacy is better described than defined. The most forceful form of advocacy is what a lawyer does in court. A lawyer in a court room advances a particular point of view by presenting arguments purely to sway the judge or jury in favour of his client. An advocate who does his job properly will, without actually lying, try to use any legal technicalities to keep inconvenient evidence away from the jury.
However, advocacy in CHPS is based on facts and what has worked well for other people. As committee members, one of your main responsibilities is to argue forcefully, using facts, to persuade community members to adopt healthy lifestyles based on evidence of strategies that promote health such as CHPS. The following exercise will assist us in practising advocacy, Exercise 3.2.1.

Exercise 3.2.1: Demonstration

**Objective**
1. To demonstrate how to advocate on an issue
2. Time: 15 minutes

**Questions**
1. What did you see?
2. What did you hear?
3. Is it happening in our community?
4. Why is it happening?
5. Have you experienced it?
6. What can we do about it?
7. What skills do you need to be able to advocate effectively?

Instructions to the Facilitator
1. Guide participants to role-play how they would advocate a community health issue such as the use of ITNs.
2. Use the SHOWED approach to process the role-play.
3. Discuss and help participants identify advocacy techniques.

Skills and Techniques Needed for Advocacy

Every member of the VHC ought to have the skills to advocate effectively. To become a good advocate you have to be very informed about the issue you plan to advocate for. You should be able to identify advocacy issues. In addition, you should have the skills to meet and persuade the person who has the power to act on the issue. To meet leaders who have the power to act on an issue, the VHC can use a variety of settings to reach these leaders (Table 3.2.1). For example, if a village needs a pit latrine, a member of the VHC may discuss the issue with the District Chief Executive when he attends the village festival.

<table>
<thead>
<tr>
<th>Table 3.2.1: Ways of Meeting Leaders</th>
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<tbody>
<tr>
<td>Formal settings</td>
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<tr>
<td>Informal settings</td>
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<td>Indirectly</td>
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Apart from identifying and meeting the person who has the power to act on the issue, the VHC members should be able to use the various advocacy techniques to persuade the person to act. Table 3.2.2 shows a list of various advocacy techniques the VHC can use to convince decision-makers to act on an issue.
Table 3.2.2: Techniques for effective advocacy

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<table>
<thead>
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<tbody>
<tr>
<td>1</td>
<td>Identify yourself State your name and identify yourself. Provide other information about who you are if it is relevant to the issue</td>
</tr>
<tr>
<td>2</td>
<td>Be specific Clearly describe the issue and what should be done</td>
</tr>
<tr>
<td>3</td>
<td>Be confident You are more likely to be taken seriously if you are confident about what you are saying</td>
</tr>
<tr>
<td>4</td>
<td>Be polite Speak in a friendly, non-threatening manner. If you are rude your message will not be received</td>
</tr>
<tr>
<td>5</td>
<td>Be concise Keep it only to one issue. Communication that focuses strongly on one argument is the most effective</td>
</tr>
<tr>
<td>6</td>
<td>Be timely The day and time should be appropriate. Your message is more likely to be considered if it is immediately relevant</td>
</tr>
<tr>
<td>7</td>
<td>Be factual Make sure the information you provide is accurate so use facts and statistics</td>
</tr>
<tr>
<td>8</td>
<td>Identify your role People are more likely to assist if they know you are prepared to help in addressing the issue</td>
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Topic 2  
Advocacy for community health

Advocacy for healthy living

Every person wants to live a healthy and happy life. Yet we often adopt behaviours and lifestyles that do not promote this. If people have the right information, skills and resources they are more likely to change. Unfortunately, sometimes people may not have the information, skills or resources to enable them to change. As a result they would need members of VHCs to advocate on their behalf.

Figure 3.2.1: A CHO taking district political leaders out on a transit walk through a community.
As we saw earlier, advocacy is a set of actions targeted at decision-makers to support a specific issue. For example, members of the VHC may convince traditional leaders (chiefs, queens), assembly members, elders, health authorities, and political authorities to bring development to their community. Such development activities include building of houses, schools, pit latrines, bringing electricity to the community, paying fees for children to go or remain in school, or buying clothes and food for their families. In the long run, the VHC must help the community to stay healthy and think about development.

As a VHC member you need to be able to convince community leaders about all the things that make the community healthy. This should be done over and over again to keep reminding people to promote health.

### Exercise 3.2.2: Advocacy Skills

**Objective**
To discuss effective advocacy skills

**Time:** 20 Minutes

**Questions**
1. Why did you select it as an advocacy issue?
2. Which decision-makers should be advocated to?
3. What are the arguments that can/should be raised to your case?

### Instructions to the Facilitator
1. Guide participants to identity an advocacy issue in their community.
2. Role-play how they will advocate this issue to one of these decision-makers.

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**Topic 3 Advocacy for family planning**

**Key advocacy issues in family planning**

In this topic participants will get to know the advantages of family planning and the challenges to family planning promotion.

Everyone likes to take control of their life. It is up to the individual to decide whether to have children, when to have them and how many to have. Anyone who is able to make these decisions and act accordingly is practising family planning. The VHC must be able to assist people (especially women) to practise family planning.

The following exercise will help us know the key advocacy issues in family planning promotion.
Exercise 3.2.3
Objective
1. To discuss key advocacy issues in family planning
   Time: 30 minutes

Question
1. What are the key advocacy issues in family planning?

Instructions to the Facilitator
1. Guide participants to brainstorm the key advocacy issues in family planning
2. List them on a flip chart
3. Compare with responses in Box 3.2.1 and update accordingly.

Family planning has often been misunderstood to mean limiting child birth. But family planning is not about that at all. Family planning is about being able to decide whether to have children or not, when to have children and how to space them, which means allowing the mother to rest before she has another child. Family planning has a lot of advantages.

What are the advantages or benefits of family planning? These need in order to be made known so as to ensure that people have all the information they need to practise it. Other issues that have to be advocated in family planning e.g. male involvement and access to Family Planning are listed in box 3.2.1.

Box 3.2.1 Key advocacy issues in Family Planning

1. Misconceptions
2. Purpose/advantages
3. Access
4. Choices
5. Side effects
6. Cost
7. Consent of spouse
8. Male involvement
9. Manner of promotion
10. Timing

Challenges to family planning promotion

In spite of the advantages of family planning, there are serious challenges facing family planning promotion. These have to do with misconceptions and fears of side effects.
There is therefore the need to address the concerns and fears of community members about family planning. We can do this by giving them adequate information and emphasising the numerous advantages of family planning. Here we need to be careful not to use deceit, coercion or inducement to get people to practise family planning.

Exercise 3.2.4

**Objective**
1. To discuss the advantages and challenges of family planning

**Time:** 30 minutes

**Questions**
1. What are the advantages of family planning?
2. What are the challenges to family planning adoption?
3. How will you use this information to advocate for family planning?

**Instructions to the Facilitator**
1. Guide participants to brainstorm the advantages of family planning and the challenges to family planning promotion
2. Ask them how they can use the information to advocate for family planning.

The following exercise (Exercise 3.2.5) is to help us know the bounds of our efforts in promoting family planning. There are actions that are encouraged and there are those that are forbidden.
Box 3.2.2: Promoting family planning – Do’s and Don’ts

- Promote only one or two methods
- Give all necessary information about all family planning services
- Give people incentives to do family planning
- Force people to adopt family planning
- Always display the family planning chart for clients to see
- You should set targets for fellow volunteers to recruit family planning users
- Promote only methods that your spouse uses
- Allay the fears of clients
- Do not tell potential clients about possible side effects.

Community members will respect you when you are able to guide them to improve their lives. Family planning is a health and development issue. It is not about limiting child birth. Getting community members to see the need to practise family planning is an important advocacy issue that has to be seriously taken up.

Topic 4  Advocacy for resource mobilisation

There are specific things that are needed for a community based health care system to work. The VHC must know these so as to be able to play their role very well in looking for the resources that are needed to provide them.

Resources for community health

CHPS is a partnership between the health system and the community. Each of these partners has a specific role to play for health delivery to go on.

The health system provides trained health staff, medicines and other service delivery equipment. What does the community contribute? Remember, one of the most important resources a community has are the people themselves! The following exercise will help clarify the community’s contribution.
Exercise 3.2.6

Objective
1. To discuss the role of the VHC in solving health related problems in a community
Time: 20 minutes

Questions
1. What will you do to convince community members about the need to have a CHC?
2. How would you interact with them to accept the importance of being healthy?
3. What strategies will you use to involve community members to discuss and accept the need to plan their families?
4. Who are your stakeholders in the construction of the CHC?
5. What will you do to convince your stakeholders to contribute or allocate resources for the construction of the CHC?

Instructions to the Facilitator
1. Choose a participant to read out loud the following story and answer the questions that follow
2. Discuss and process the story using ‘SHOWED’.

Unit Summary

In this topic we got to know what advocacy is and learned about the importance of healthy living. We also did exercises to help us develop skills for advocating for health in our community. We got to know how communities can contribute to health service delivery by providing resources that they have, and we learned specifically about advocacy for family planning. We learned that when the health staff and communities work together, community-based health service delivery becomes easy to implement. Though it takes a lot of convincing to do this, in the end the health of community members improves.

Health!
The only human right that is necessary for the enjoyment of all other rights!
Unit 3

Managing Community Resources

Introduction

Communities have to be mobilised for various health activities. This unit will discuss organising meetings, managing and accounting for resources.

In the unit, you will use the knowledge gained from Module 1 Unit 4 to organise communities for their own health activities. We will discuss the advantages and disadvantages of the approaches, and share experiences in organising communities for health action. We will also discuss how to organise meetings.

An important aspect of organising and managing health care delivery in the community as a volunteer is the management of resources. Time is one of the most important resources anyone can have. Time lost is never regained. This unit will help you develop skills for managing and using resources.

<table>
<thead>
<tr>
<th>Unit Objectives</th>
<th>Unit Topics</th>
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<tbody>
<tr>
<td>By the end of this Unit volunteers will be able to:</td>
<td>1. Organising meetings</td>
</tr>
<tr>
<td>1. Demonstrate how to organise meetings</td>
<td>2. Managing and accounting for community resources</td>
</tr>
<tr>
<td>2. Discuss how to manage and account for resources at the community level</td>
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**Keywords and Phrases:**
Defaulters, personal hygiene, managing, organise, accounting, preparation.

Topic 1  Organising meetings

What are meetings

Meetings are events organised where people gather to deliberate on common issues of interest based on laid down procedures. Meetings are legal requirements for some activities and management tools in managing organisations. The minutes of a meeting is considered binding on all members whether they were present or not.

Meetings may take many forms like management meetings, planning meetings, committee meetings, board meetings, durbars, etc. Wherever people meet to discuss the welfare of a group or community we say they are holding a meeting. One of your roles as a community volunteer is to convene various meetings or be part of meetings.
Phases of meetings

1. Traditionally every meeting has three stages. These stages are:

2. Planning or preparatory phase

3. Meeting phase

4. Follow up or Action phase to fulfill decisions made at the meeting.

Exercise 3.3.1

Objective
1. To demonstrate how to organise meetings
Time: 20 minutes

Questions
1. As in the SHOWED approach.
2. Using the SHOWED approach discuss two role plays in Box 3.3.1 and 3.3.2.

Instructions to the Facilitator
1. Organise participants to role-play demonstrating a well organised meeting and a poorly organised one
2. Observe the two role-plays.

Box 3.3.1: Use ‘SHOWED’ to guide discussion

S- What did you See?
H- What did you Hear?
O- Is that happening in Our community?
W- Why is it happening?
E- Have you Experienced it before?
D- What can we/you Do about it?

Meetings can be time consuming. If you are able to properly manage your time at meetings you would be able to get things done with many time you set for yourself.

Box 3.3.2: Scenario One Poorly planned meeting

In this role play the chair person of the Village Health Committee gets up from bed in the morning and remembers that the committee had not met for the past 6 months. Yet he has been receiving reports that malaria cases among the children in the community are increasing. Moreover, the CHV had complained to him that the sale of ITNs had greatly reduced.

He sends for the CHV who happens to be the secretary to the VHC, and asks him to go round and call other members of the committee for a meeting at 2pm.
Box 3.3.3: Scenario Two Well planned meeting

In this role play, the chairman of the VHC, his secretary, and the other committee members meet at their two weekly debriefing sessions. The purpose of the meeting is to discuss the progress of the health of the community. The CHV informs them about the recent low patronage of ITNs and the steady increase in malaria fever among the children in the community. The VHC decides to organise a community meeting to share this information and decide on strategies to intensify the sale of ITNs.

At the meeting the chairman and his team read their previous minutes and discuss salient issues and outstanding actions to be taken. They then plan and agree on the agenda for the meeting, which is to take place in fourteen days. This is written down by the secretary. The date, time, duration, and venue for the community meeting are agreed upon. They also agree on when to arrange for the gong-gong to be beaten and how many times it should be beaten.

The CHV is asked to contact the CHO to supply ITNs to be sold after the meeting and also to organise the women’s group leaders to designate those who will sell the nets.

Topic 2

Managing and accounting for resources

Managing and accounting for community resources

Resources are stock of supplies and assets. These can be classified as materials, money, people and minutes or time needed for a particular purpose. In planning to undertake any meaningful activity, you would need to identify the resources that you need. Then, you assess the resources that are readily available in the community before you look outside for these.

When, for instance, there is the need to organise a community durbar for a health promotional activity, the volunteer plans with people to ensure success.

Various assignments would be given to identified groups or individuals. Some of the assignments would be to locate and prepare the venue for the durbar. Others would undertake chores like sweeping, arranging chairs and sitting arrangements, preparing refreshments and serving. These people form the human resource.

When there is the need to serve refreshments after the durbar, money would be required to purchase the items. Items like posters, visual aids, samples of promotional items for health e.g. insecticide treated nets (ITNs), iodated salt, etc. for display, are referred to as material resources.

Again, the date and time for the function are resources that should be properly planned to suit all of the key people. It is important that the CHV keeps proper records of all resources of money and materials that he is given to prepare for the meeting. After the meeting, the CHV assesses his records and properly accounts to the VHC and the CHO all the moneys and materials that he might have been given.
Exercise 3.3.2

Objective
1. To find out how volunteers manage community resources
   Time: 20 Minutes

Questions
1. What are resources?
2. What resources are there at the community level?
3. How do you manage these resources?
4. What type of resources have you ever managed before?
5. How did you account for these resources?

Instructions to the Facilitator
1. Lead participants to brainstorm how they manage community resources.

Unit Summary

As you can see, organising and managing communities to undertake health care delivery involves many processes. However, not all the organisation takes place at the same time. It is therefore important for you to actively participate in this workshop and constantly take advantage of opportunities to practise these organisational skills. Remember that this manual is for your reference to update your knowledge.
Unit 4

Supervision of Volunteers

Introduction

Unit four will discuss the two major types of supervision. Participants will also learn the importance of supervision and be able to conduct facilitative supervision of volunteers. The unit will also discuss practical ways of promoting the welfare and security of the CHO and volunteers.

In most Ghanaian languages we say, “the one cutting the pathway does not see how straight or crooked it is. It is only those who follow behind who can tell whether it is crooked or not”. Thus, an observer’s comments and a person’s own evaluation will help him make necessary adjustments or corrections to the path. This is the essence of supervision. CHOs have a role of supervising VHCs, who in turn have a role in supervising CHVs. In this Unit we will only talk about the VHC supervising the volunteers and discuss their role in promoting the security and welfare of the CHO and volunteers.

Traditionally, supervision means looking for mistakes to correct them. The emphasis has always been on the past and what went wrong and not on the future and what can be done to shape it.

A new way of supervising our work processes is called Facilitative Supervision. Facilitative Supervision is used to improve upon the quality of our services continuously. It is necessary that VHCs and CHVs know about facilitative supervision.

VHCs cannot supervise what they do not know. This unit will additionally, discuss practical ways in which common community health problems can be tackled before they are referred to the health facility.

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<tr>
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<tr>
<td>By the end of this Unit participants will be able to:</td>
<td>1. Supervision and its importance</td>
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<tr>
<td>1. Discuss traditional supervision and facilitative supervision</td>
<td>2. Promoting the welfare of CHOs</td>
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<tr>
<td>2. Supervise the activities of volunteers and give feedback</td>
<td>3. Motivating volunteers</td>
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<tr>
<td>3. Explain the types of supervision and its importance</td>
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<td>4. Discuss practical ways of promoting the welfare and security of the CHO</td>
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<td>5. Discuss practical ways of motivating volunteers</td>
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| Key words and Phrases:                                                        |
| Facilitative, supervision, mentoring, communication                           |
Topic 1 Supervision and its importance

Let us start this section with a large group discussion on the types of supervision we know and use. Then we will look at some reasons why we supervise our workers and why we ourselves are supervised.

Traditional Supervision

In traditional supervision, there is a ‘supervisor who is monitoring and evaluating a supervisee’. The method has a number of weaknesses that prevent one from achieving the desired results. Some disadvantages of the traditional method of supervising are listed below.

Traditional supervision,

- is often punitive, fault-finding, and critical
- focuses on individuals rather than on processes
- emphasises the past rather than the future
- is superficial and not continuous.

The traditional way of supervising is not working well in health delivery activities. A better way of supervising is the one that is of mutual benefit to both the supervisor and the supervisee. A better way of supervising is also one that is seen as a motivator rather than a punitive process. This is where Facilitative Supervision becomes relevant. You will need to adopt this facilitative supervision approach as opposed to the traditional one. Then supervision will become effective.
What then is this new supervision approach? How does it work? Let us discuss it.

Facilitative supervision is different from the traditional way of supervising in that it tries to improve upon the traditional methods. Facilitative supervision:

- focuses on helping the *supervisee* solve problems through the use of quality-improvement tools;
- focuses on *processes* rather than on individuals;
- assists supervisee in planning for future quality-improvement goals;
- is *continuous* and builds on past gains while setting higher *quality improvement goals* for the future;
- emphasises mentoring;
- adopts a joint problem-solving approach;
- is a two-way communication between a supervisor and those being supervised; and
- enables volunteers and community workers to learn about local needs and suggestions for improvement.

Like C-COPE, (Module 2) the process of facilitative supervision includes identifying and analyzing problems, developing action plans and prioritising solutions with the one you are supervising. Because it is a two-way communication process, the community members, volunteers, community health committees and the health staff all get involved. As we said earlier we use facilitative supervision to improve upon the quality of the health services we deliver.

Facilitative supervision can be done by everyone. It only requires some qualities and skills which can be learned. You will also need to develop leadership skills as well as character traits. This helps you the supervisor to be people-centered, patient and a good listener.

As a supervisor you should be knowledgeable also about health delivery as well as current trends. Finally, the volunteers and other people you supervise want someone who will support and encourage them. These are things you must learn to do in facilitate supervision.

**Benefits of Facilitative Supervision**

Facilitative supervision is important because of its many benefits, even though it entails a lot more work than traditional supervision. To benefit from the method, both parties must invest extra time and effort in the supervision process. Some of the known benefits of facilitative supervision are as follows:

- Helps both supervisor and supervisee to save time because there will be fewer problems to solve
The people you supervise will do the work effectively without you being on their back all the time.

Those you supervise always look forward to seeing you again because you help them solve their problems, rather than criticising their efforts.

You the supervisor get more job satisfaction as you help others achieve their goals.

The overall quality of health service keeps improving.

Traits of a good supervisor and supervisee

Think back to someone who supervised you, or who you have worked with in the past... someone you admired and whose efforts you appreciated... or who motivated you to work hard even when you were failing? What personal characteristics and experience did that person exhibit? If no such supervisor comes to mind, think of the experience and personal characteristics that you would want to see in a supervisor. Research has shown that certain character traits enhance your supervision skills. Let’s do an exercise to find out what these skills are.

Exercise 3.4.3

Objective
1. To discuss the qualities/traits of supervisors and supervisees
Time: 10 min.

Questions
1. What qualities would you want to see in your supervisor to make the interaction mutually beneficial?
2. What qualities should you as a supervisee have to make the supervision beneficial to you?
3. Which will you say are the five most important qualities of a
   a. Supervisor?
   b. Supervisee?

Instructions to the Facilitator
1. Lead participants in a brainstorming session
2. List as many qualities as possible on a flip chart
3. Discuss and compare with responses in Box 3.4.1 and Box 3.4.2 and update.
Module 3  The Work of the Health Committee

Box 3.4.1: Traits and qualities of a good supervisor

- Leadership qualities (ability to inspire others, establish trust, promote teamwork)
- Good communication skills, especially active listening and constructive feedback
- Desire to empower others and provide opportunities for growth
- Ability to work in teams
- Experience delivering reproductive health services
- Technical knowledge/skilled
- Flexibility
- Openness to new ideas
- Ability to train/teach or convey information to others

Box 3.4.2: Qualities of a good supervisee

- Willing to be supervised
- Willing to discuss his/her problems
- Have the humility and the willingness to accept correction and take action
- Can give and accept feedback
- Willing to be innovative
- Be willing to learn and be abreast with time
- Be willing to learn and also supervise others

Supervisors who possess the characteristics and experience listed in Box 3.4.1 and 3.4.2 are better equipped to become successful facilitative supervisors.

Topic 2  Promoting CHO welfare

In most instances, CHOs do not come from the communities that they live in and serve. They are mostly young ladies fresh from school and some may actually come from very far away. To add to their challenges, the community health compounds they live in are often situated at the outskirts of the community. Although this is not a deliberate attempt to isolate the CHO, living at the outskirts makes the CHO feel isolated from the community. All these factors could make a CHO feel very lonely and insecure. This is why ensuring the welfare of the CHO should be an important issue for every community. As a community health committee, it is your responsibility to ensure that the CHO is comfortable, happy and secure. Some CHOs have stayed longer at a community than they were required to because the community took very good care of them. We wish every community can do the same. In our next exercise we will think through some of the things that we can do to promote the interests of the CHO.

The list of things you can do to motivate the CHO and promote her welfare is endless. It also varies from community to community. Whatever you do, you must work within the
resources at your disposal. The minimum any community can provide a CHO is water, security, light, and a peaceful environment to.

Exercise 3.4.1
Objective:
1. To discuss the various things that can be done to promote the welfare of the CHO
Time: 15 min.

Questions
1. What have you done as a health committee to promote the welfare of the CHO?
2. What has your community done to motivate the CHO?

Instructions to the Facilitator
1. Lead participants in a brainstorming session on practical things to do to motivate and ensure the welfare of the CHO
2. Write the suggestions down on a flip chart
3. Compare responses with those suggested in Box 3.4.3
4. Wrap up by getting VHCs to commit themselves to motivate and promote CHO welfare.

Box 3.4.3: How to motivate and promote CHO welfare
- Give a 24-hour or night security
- Provide CHC with pipe borne water or borehole
- Get a helper to fetch water, cook for CHO and clean CHC
- Provide CHC with electricity
- Give CHO start up capital/location allowance
- Provide CHO with cooking utensils
- Provide CHO with mattress, radio and/or Television set
- Make a farm or a backyard garden for CHO
- Provide CHO with foodstuffs, firewood or shop for her
- Plant wood lots around CHC for shade and to serve as windbreaks
- Visit CHO during outreach or clinic days
- Recommend them for recognition at the DA and to other institutions
- Recognise and appreciate them at important occasions - festivals durbars, etc
- Find someone to give the CHO a ride for outreaches

Topic 3  Motivating volunteers

Volunteers are part of the community’s contribution to promote the health of the people. Though they are chosen from among members of the community to work closely with the CHO to deliver health care, they have needs of their own. Volunteers need constant encouragement because the work they do is so important yet so difficult and time-consuming. In places where the volunteers get community support and constant encouragement, they have served their communities all their lives. Yet in other communities where volunteers don’t get recognition and assistance, they lose interest in their work and
drop out. If we value the work that volunteers do, how can we motivate them to continue to give of their best? The next exercise will help us to think through some of the things that we can do to motivate volunteers.

**Exercise 3.4.2**

**Objective**
1. To discuss the various ways of motivating volunteers
Time: 15 min.

**Questions**
1. What have you done as a health committee to motivate volunteers?
2. What has your community done to motivate volunteers?

**Instructions to the Facilitator**
1. Lead participants in a brainstorming session on practical ways of motivating volunteers
2. Write the suggestions down on a flip chart
3. Compare responses with those suggested in Box 3.4.4. Wrap up by committing VHCs to advocate their communities to motivate volunteers.

**Box 3.4.4: How to motivate volunteers**

1. Provide working gear and replace as necessary
2. Provide them with bicycles and money to cover maintenance costs
3. Recognise and appreciate them at important occasions – festivals, durbars, etc
4. Pay their transport costs to training programmes and other meetings
5. Visit them occasionally
6. Assist them on their farms or other businesses
7. Provide them with food stuffs.

**Unit Summary**

Work traditionally demands that we always evaluate our work and that of other people. These days our supervisors evaluate our work with us and teach us how to do this in an interactive way. The approach is called facilitative supervision. It requires planning, information gathering and the use of the information for community health work to improve service delivery. Even though this method takes a bit of time to implement, it is a useful tool that involves both the supervisor and those being supervised. It gives everyone a chance to work to improve community health.
Module Summary

In this module we talked about the formation of volunteers and community health committees and the criteria for selecting members. The process is by the communities’ nomination and approval of potential members. The training needs of volunteers and the scope of their work was also spelt out. A major aspect of the VHC is advocacy for healthy living. Members have to learn to mobilise their communities to participate in health activities and encourage them to change their behaviours. The VHCs get their work done through various meetings, mobilising and managing community resources. So the committees must learn to manage and account for these resources including their time and money.

The VHCs supervise the CHVs. The new method taught in this module for doing supervision is the Facilitative Supervision. The health committee members need to know their roles in undertaking this kind supervision. These were the main messages taught in this module.
Glossary

Selecting  to choose somebody or something from among several

Criteria (pl)  accepted standards used in making a decision or judgment about something

Identity  the name or essential character that identifies somebody or something. Your identity is who you are

Advocacy  process of supporting something publicly. Speaking in favour of somebody or of a public plan or action

Development  the process of changing and becoming larger, stronger, or more impressive, successful, or advanced, or of causing somebody or something to change in this way

Healthy living  a lifestyle that helps one to maintain or bring about good health

Defaulter  someone who fails to honour an obligation or keep to a schedule

Personal hygiene  the practise of keeping oneself and surrounding clean, especially to avoid illness or the spread of disease

Managing  controlling and being in charge of a business, team, organisation etc.

Facilitative  that which tends to make something easy or easier to do

Supervision  to watch over an activity or task being carried out by somebody and ensure that it is performed correctly. To be in charge of a group of people engaged in an activity or task and keep order or ensure that they perform it correctly

Mentoring  the task of advising and guiding a younger, less experienced person

Communication  the activity or process of expressing ideas and feelings or giving people information.
Module 4

The work of Community Health Volunteers
Module Overview

Community Health Volunteers (CHVs) assist the CHO by visiting homes, preparing for outreach, and assisting the CHO in the community health compound. This module explores the role of the CHV in promoting health and preventing disease in the home and in the community. It also describes how the CHV can assist caregivers and families to treat basic ailments that affect them, trace defaulters, as well as refer conditions that are life-threatening to the CHO.

This module gives you the volunteer the opportunity to put all the skills you have learnt in other modules into practise. Through home visits the volunteer gets to know his/her clients, develops a relationship with them, and identifies potential clients and defaulters. The CHV also has the opportunity to practise all his/her skills, especially advocacy and mobilising. Again he/she observes the personal and environment conditions in which families and communities live and plans activities to address unhealthy conditions.

Module Objectives

By the end of this Module participants will be able to:

1. Undertake home visits effectively
2. Mobilise communities for health action
3. Promote healthy diets
4. Assist CHO in providing health services
5. Identify and treat minor ailments
6. Refer cases
7. Trace defaulters
Unit 1

Home Visiting

Introduction

How many of you have children or relatives who have children? Were the children under five years visited at home by the Community Health Nurse or the ‘Khaki Nurses’? The visitation of homes by a Community Health Nurse to deliver health services is called **home visiting**. In your work as volunteers, you are also expected to carry out similar activities.

One important work of the volunteer is to visit families and individuals in their homes to check up on their health. In this unit we will discuss the importance of home visits, the purpose of home visits, and the volunteer’s roles during home visits. We will also describe the tools or materials that you may use during home visits. Finally, we will discuss how you trace defaulters and make referrals to the CHO and other health facilities.

### Unit Objectives

<table>
<thead>
<tr>
<th>Unit Objectives</th>
<th>Unit Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the end of this Unit participants will be able to:</td>
<td>1. Meaning and purpose of home visiting</td>
</tr>
<tr>
<td>1. Explain home visiting and its purpose</td>
<td>2. Practice of home visiting</td>
</tr>
<tr>
<td>2. Describe the activities during home visits</td>
<td>3. Role of the volunteer in home visiting</td>
</tr>
<tr>
<td>3. Identify the roles of the CHVs in home visiting</td>
<td></td>
</tr>
</tbody>
</table>

**Keywords and phrases**

Concept, discreet, counselling, referral, feedback, Khaki nurses, limits, home visit

### Topic 1  Meaning and Purpose of Home Visiting

#### Meaning of home visiting

Home visits are visits made to families and individuals by volunteers and CHOs as part of health service delivery at the community level. Home visits are of two main types – routine home visits and special home visits. Routine home visits are made as part of a volunteer’s regular job to visit homes for the purpose of promoting health. These kinds of visits may be planned to come on regularly, for instance once a week or every Thursday. Special home
visits are visits made to homes and individuals for a specific reason. These could happen even during routine home visits. When the need arises for a special home visit it should not be missed or there may be serious consequences. Special visits may be necessary when a sudden death occurs, when a woman gives birth, when a disease breaks out, or to an old person, a TB patient or an HIV & AIDS infected person or a chronically ill person or an accident victim. We are going to do an exercise (Exercise 4.1.1) that will help us identify the reasons why you do home visiting.

Purpose of visiting

Home visiting is a very important activity because through these visits the volunteer becomes a trusted friend and guide to the family on health issues. In the process of home visiting, the volunteer gets to know a lot about the family. It is therefore extremely important for the volunteer to keep any information obtained to him or herself.

It is important to obey certain rules when doing a home visit. We are now going to discuss some of the most important stages and acceptable ways to do home visiting.

Exercise 4.1.1

Objective
1. To discuss the reasons for home visiting.
Time: 20 Minutes

Question
1. Why does the walk volunteer do home visits?

Instructions to the Facilitator
1. Guide participants to brainstorm the proper way of entering a home
2. Compare their answers with those in the Box 4.1.1 below and fill in the blanks

Box 4.1.1: Reasons for home visiting

1. Helping families
   • Identify and help families and individuals who have no access to health care
   • Identify and help families and individuals with special health needs or problems
   • Identify and help families and individuals who have failed to access health care for problems that they may have

2. Defaulter tracing
   • Identify parents who have defaulted on their children’s immunisation
   • Identify and assist defaulting TB patients
   • Identify pregnant women who have defaulted on antenatal care (IPT).
### Box 4.1.1: Reasons for home visiting

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>Health Promotion</td>
</tr>
<tr>
<td>-</td>
<td>Give health education talks</td>
</tr>
<tr>
<td>-</td>
<td>Identify environmental sanitation problems and help solve them</td>
</tr>
<tr>
<td>-</td>
<td>Refer cases to the Community Health Officer or health facility</td>
</tr>
<tr>
<td>-</td>
<td>Monitor unusual health events and report to health staff</td>
</tr>
<tr>
<td>-</td>
<td>Give feedback to the Community Health Officer on clients’ welfare</td>
</tr>
<tr>
<td>-</td>
<td>Promote health interventions (ORS, ITNs, family planning and use of condoms)</td>
</tr>
</tbody>
</table>

As a volunteer if you fail to maintain confidentiality you will lose the trust of your clients. This could bring trouble to you, your clients or your community. In the end no one will trust you and you will not be welcome into their homes anymore.

### Exercise 4.1.2

**Objective**

1. To discuss acceptable ways for entering a home

**Time:** 20 Minutes

**Question**

1. What are the acceptable ways of entering a home in your community (Dos)?

**Instructions to the Facilitator**

1. Guide participants to brainstorm the proper way of entering a home
2. Compare their answers with those in Box 4.1.2 below and fill in the blanks

### Box 4.1.2: How To properly enter a Home

1. Knock and listen for a response (kô, kôô, kô, Agooo, Abisem)
2. Wait to be invited
3. Greet your host
4. Respond politely
5. Introduce yourself
6. State the purpose of your visit (routine, defaulter tracing etc)
7. Create the necessary rapport
8. Create awareness within the compound
9. If time is not convenient reschedule your visit and bid farewell
10. If you hold a discussion, let clients summarise what has been discussed
11. Agree on key issues
12. Fix a date for feedback or next visit
13. Thank them for their time
14. Bid Farewell and leave

**Note:** Be tactful when discussing sensitive issues e.g. family planning. Never discuss politics.
Topic 2  Practice of Home visiting

Things to keep in mind during home visits

Exercise 4.1.3

Objective
1. To discuss consequences of not complying with the “DON’Ts” of home visits

Time: 20 Minutes

Questions
1. What are the things a volunteer must not do during a home visit?
2. What are some of the unpleasant things that can happen when a volunteer breaks these rules?

Instructions to the Facilitator
1. Lead participant brainstorm:
   a. things a volunteer must not do during a home visit
   b. Things a volunteer must not do during a home visit.
   c. The “Consequences of not complying with the ‘DON’Ts’ of home visiting.”
2. Compare their answers with those in Box 4.1.3 and 4.1.4 below and fill in the gaps.

Box 4.1.3: Things a volunteer must not do during home visiting
You MUST NOT:

4. Disclose information about a family or an individual to others
5. Give false information
6. Engage in gossip
7. Meddle in family affairs – Don’t be intrusive
8. Show disrespect or arrogance
9. Engage in partisan political discussions
10. Enter a house without being invited in
11. Be impatient
12. Accuse others
13. Encourage intimate relations.

Box 4.1.4: Consequences of Improper home visiting

1. Broken relationships
2. Affect health education
3. Give CHPS a bad name

A clear purpose will help you focus on what to look out for and what to do. As you visit families you will observe a lot of things about them and their surroundings, which will give information on any ailments or problems that might affect the health of the families or the community. We will do this brainstorming session to determine what you should look out for during home visits.

Every home visit should have a purpose which should be determined by you or your CHO before you begin the visit.
Instructions to the Facilitator

1. Lead participants to brainstorm the “things to look out for during home visits”. Compare their answers with those in Box 4.1.5 and fill in the gaps.

Exercise 4.1.4

Objective
1. To discuss what to look out for during home visits
Time: 20 Minutes
Question
1. Discuss the things you look for during home visits

Box 4.1.5: Things to look out for during home visits

The volunteer should observe the following:
1. The state of the house - whether the house is clean and well ventilated
2. The kinds of food that the family eats - there may be some peels and other things lying around – use of senses – sight, hearing and smell
3. The health of the mother – whether she looks tired and anaemic, or rested and healthy
4. Support of the husband - whether the husband is helpful
5. ITN usage – do they sleep under ITNs? If there is a newborn, do the newborn and its mother sleep under an ITN? Seek permission to see if ITN has been properly hung
6. State of other children – if there are other children around, do they look healthy or malnourished. Look out for sick children/people
7. Inspect clients record cards – weighing cards
8. Any other significant health issues observed e.g.
   - Mental health
   - HIV & AIDS
   - Handicap (physical challenges)
   - TB
   - Abandoned and neglected children
9. The number and spacing of children.

Materials used in Home visiting

In a planned home visit, a volunteer should always carry a portable bag containing at least the items listed in Table 4.1.1. These are the minimum list of items that will enable the volunteer to perform his or her work effectively.

<table>
<thead>
<tr>
<th>Table 4.1.1. Materials used in home visits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Materials for home visits</strong></td>
</tr>
<tr>
<td>SCHOOL BAG (KNAP SACK)</td>
</tr>
<tr>
<td>DRESSING AND PLASTER/BANDAGE</td>
</tr>
<tr>
<td>RAIN COAT</td>
</tr>
<tr>
<td>CUP &amp; SPOON</td>
</tr>
</tbody>
</table>
### Table 4.1.1. Materials used in home visits

<table>
<thead>
<tr>
<th>Item</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOAP &amp; SOAP DISH</td>
<td>Washing hands</td>
</tr>
<tr>
<td>HAND TOWELS</td>
<td>Drying hands</td>
</tr>
<tr>
<td>NOTEBOOK</td>
<td>Recording information</td>
</tr>
<tr>
<td>PEN &amp; PENCIL</td>
<td>Taking notes and recording information</td>
</tr>
<tr>
<td>TORCHLIGHT &amp; BATTERIES</td>
<td>To provide lighting during the night</td>
</tr>
<tr>
<td>WELLINGTON BOOTS</td>
<td>Protecting the feet</td>
</tr>
<tr>
<td>FAMILY PLANING METHODS</td>
<td>Family planning demonstration and counselling</td>
</tr>
<tr>
<td>ORAL REHYDRATION SALT (ORS)</td>
<td>To teach mothers how to prepare it</td>
</tr>
<tr>
<td>INSECTICIDE TREATED MOSQUITO NET (ITN)</td>
<td>Demonstrating use of ITN</td>
</tr>
<tr>
<td>ITN RETREATMENT TABLETS</td>
<td>Retreatment of ITNs</td>
</tr>
<tr>
<td>METHYLATED SPIRIT/GLYCERINE</td>
<td>Cleaning the hand</td>
</tr>
<tr>
<td>PENIS MODEL</td>
<td>Demonstrating the use of the male condom</td>
</tr>
<tr>
<td>HEALTH EDUCATION CARDS</td>
<td>Used in educating the community members</td>
</tr>
<tr>
<td>- Mother cards</td>
<td></td>
</tr>
<tr>
<td>- Breastfeeding care</td>
<td></td>
</tr>
<tr>
<td>- Complementary feeding cards</td>
<td></td>
</tr>
<tr>
<td>- Malaria prevention cards</td>
<td></td>
</tr>
<tr>
<td>BROCHURES (ASSORTED)</td>
<td>Educating families on a number of health topics</td>
</tr>
<tr>
<td>COMMUNITY REGISTER</td>
<td>Guide in assessing information on the community</td>
</tr>
<tr>
<td>VOLUNTEER T’SHIRT AND IDENTITY CARD</td>
<td>Demonstrate identity</td>
</tr>
</tbody>
</table>
Exercise 4.1.5

Objective
1. To discuss the need for items volunteers carry on home visits

Questions
1. What items should a volunteer carry along during home visits?
2. Why is it necessary to carry along these items?

Instructions to the Facilitator
1. Lead a discussion on items volunteers carry along during home visits
2. Discuss the need to carry these items
3. Compare responses with those in Box 4.1.6 and update accordingly.

Box 4.1.6

Why carry items during home visits?
You may meet a client/patient/case that needs immediate attention:
1. ORS for a child with diarrhoea
2. FP devices (Condoms, Pills) for a client/couple
3. A needy client who has no access to health care
4. Need to educate a mother or client about common disease problems using IEC materials
5. Need to write down your observations, referrals made, defaulters traced and summary of facts.

Topic 3  Role of the volunteer in home visiting

Your role as a volunteer is to help families improve their own health. The volunteer identifies barriers that prevent families from adopting behaviours that will improve their health. Building on what they already know and have, the volunteer assists families to take the necessary actions to improve their own health.

Note that the way you interact with people can help you work better than all your technical knowledge. When you are friendly and pleasant with your community members, they are more likely to take your advice.

What your clients do about what you tell them depends on what they think and feel about you. So be respectful and patient, and treat your clients as special people.

Exercise 4.1.6

Objective
1. To demonstrate the outcome of an unplanned home visit
Time – 20 minutes.

Instructions to the Facilitator
1. Guide participants to role-play a poorly planned home visit
2. Use the SHOWED approach to process the role-play.
Devote time to your client during home visiting.

Exercise 4.1.7
Objective
1. To discuss the benefits of home visits
Time: 10 minutes

Questions
1. What are the benefits of home visits?
2. What are the consequences of a poorly conducted home visit?

Box 4.1.7: Benefits of Home Visits
1. Trace defaulters and do follow up
2. Encourage proper use of ITNs
3. Eliminate quack doctors
4. Improve environmental sanitation
5. Enhance cordial relations between community members
6. Improve health, lifestyle and standard of living
7. Encourage adoption of family planning

Instructions to the Facilitator
1. Lead participants to brainstorm the benefits of home visits.
2. Compare responses with those in Box 4.1.7 and update accordingly.

Unit Summary
Effective home visiting brings health to the home and helps trace defaulters and make referrals. Home visiting is an essential part of a volunteer’s job. Home visiting provides an opportunity to interact with people and get to know what their health problems are and how to help solve them. In the process of doing so, the volunteer must be very careful not to lose the trust of his or her community members.
Unit 2

Disease Prevention and Environmental Sanitation

Introduction

There is a saying that, “When you are healthy, you are rich.” How do you understand this? It means that when we are healthy, we can work and produce wealth for ourselves and for our nation. When people are sick they cannot even perform social functions like attending durbars or funerals. Fortunately, much ill-health in Ghana can be prevented. Some of the major causes of preventable ill-health in our communities are malaria, diarrhoea and acute respiratory infection or chest infection.

How many of you have ever had or heard of diseases such as malaria or diarrhoea? Indeed, it is rare to find anyone in Ghana who has never had an episode of malaria fever, because in Ghana, it is the disease that affects and kills people most. As a volunteer you have an important task in assisting your community to prevent these diseases. This unit prepares you to perform effective health promotion and disease prevention activities in your community.

<table>
<thead>
<tr>
<th>Unit Objectives</th>
<th>Unit Topics</th>
</tr>
</thead>
</table>
| By the end of this unit participants will be able to: | 1. Common Community Health Problems  
2. Environmental Sanitation and Hygiene |
| 1. Describe methods of preventing common diseases | |
| 2. Communicate health information for healthy living | |

Keywords and phrases
Morbidity, mortality, environmental management, breeding sites, preventable

Topic 1 Common Community Health Problems

What are some of the common diseases you have in your communities? What causes them and what can you, as volunteer can, do? Our first brainstorming session will talk about these diseases.
Exercise 4.2.1

Objective
1. To discuss common community health problems
Time: 15 Minutes

Questions
1. What are some common health problems in your community?
2. Which is the number one problem that causes sickness and death in your community?

Instructions to the Facilitator
1. Lead participants to brainstorm common health problems in their communities
2. Compare their responses with those in Box 4.2.1 and fill in the gaps
3. Draw the attention of participants to the fact that disease problems vary from community to community. However, in Ghana, the common problem that all communities have is malaria. Malaria will therefore be discussed in more detail so as to find ways of preventing, treating and managing it.

Box 4.2.1 Common community health problems

1. Malaria
2. Diarrhoea
3. Chest infection
4. Skin rashes
5. Worms infestation
6. Anaemia due to malnutrition
7. Ear infections
8. Acute eye diseases
9. Tuberculosis
10. HIV & AIDS

Methods of preventing common diseases

Preventable diseases are responsible for much ill-health in Ghana. They also cause the most deaths, especially among women and children less than five years. These conditions are often associated with poor environmental sanitation and personal hygiene, unhealthy food and inappropriate lifestyles. By understanding the causes of these diseases and the ways to prevent them, the CHVs would be assisting families and their communities to reduce preventable ill-health and thus enable people to work and enjoy life.
Exercise 4.2.2

Objective
1. To discuss methods of preventing malaria/diarrhoea/Acute Respiratory Infection (ARI)
Time: 30 Minutes

Questions
1. How can we prevent these 3 diseases in our communities?
   a. Malaria
   b. Diarrhoeal diseases
   c. Acute Respiratory Infection.

Instructions to the Facilitator
1. In a Q & A session, ask participants the questions on the left.
2. Note the responses on the flip chat/board.
3. Compare the responses with those in the Table 4.2.1 and fill in any gaps.

An ounce of prevention is worth a pound of cure!

Table 4.2.1 Examples of common health problems, their causes, symptoms and methods of prevention

<table>
<thead>
<tr>
<th>Common Diseases/ Health Problems</th>
<th>Causes</th>
<th>Symptoms</th>
<th>Prevention</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria</td>
<td>• Activities that promote the breeding of mosquitoes&lt;br&gt;• Choked gutters&lt;br&gt;• Weedy surroundings&lt;br&gt;• Stagnant water around houses and in community&lt;br&gt;• Water collected in containers/cans&lt;br&gt;• Exposure to mosquito bites&lt;br&gt;• Not sleeping under ITN</td>
<td>• Fever&lt;br&gt;• Chills&lt;br&gt;• Sweating&lt;br&gt;• Unusual sleepiness&lt;br&gt;• Vomiting&lt;br&gt;• Loss of appetite</td>
<td>• Malaria&lt;br&gt;• Sleep under ITN&lt;br&gt;• Clear surroundings of weeds&lt;br&gt;• Drain stagnant pools&lt;br&gt;• Give IPT (SP) for pregnant women&lt;br&gt;• Fit trap doors and windows with mosquito netting&lt;br&gt;• Use sprays and mosquito repellents&lt;br&gt;• Fill and level pits&lt;br&gt;• Construct drains&lt;br&gt;• Plant trees in marshy and swampy areas (e.g. Eucalyptus)</td>
<td>• Use anti-malarial drugs for malaria fever&lt;br&gt;• Ensure completion of treatment</td>
</tr>
</tbody>
</table>
### Table 4.2.1 Examples of common health problems, their causes, symptoms and methods of prevention

<table>
<thead>
<tr>
<th>Health Problem</th>
<th>Causes</th>
<th>Symptoms</th>
<th>Methods of Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pregnant women</strong></td>
<td>- Who fail to take intermittent prevention (IPT) treatment with sulphadoxine-pyrimethamine (SP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Diarrhoea</strong></td>
<td>- Eating contaminated food</td>
<td>- Frequent stools</td>
<td>- Protect food from flies - Wash hands with soap and water before handling food - Wash both hands with soap before eating and after visiting the toilet - Bury feces</td>
</tr>
<tr>
<td><strong>Acute Respiratory Infection (Chest Infection)</strong></td>
<td>- Bacteria and viruses - Dusty surroundings - Not washing hands before eating</td>
<td>- Difficulty in breathing</td>
<td>- Ensure proper ventilation - Avoid overcrowding - Drink plenty of fluids</td>
</tr>
<tr>
<td><strong>HIV &amp; AIDS</strong></td>
<td>- Unprotected sex - Using/sharing sharp objects (needles, syringes and razor blades) - Blood transfusion</td>
<td></td>
<td>- A – Abstain from sex - B – Be faithful to partner - C – Condom use always during sex</td>
</tr>
<tr>
<td><strong>Tuberculosis (TB)</strong></td>
<td>- Poor ventilation - Overcrowding - Poor nutrition - HIV &amp; AIDS</td>
<td>- Coughing - Blood in sputum</td>
<td>- Ensure proper ventilation of rooms - Avoid overcrowding - Clean surroundings - Good nutrition</td>
</tr>
<tr>
<td>Disease</td>
<td>Causes</td>
<td>Symptoms</td>
<td>Methods of Prevention</td>
</tr>
<tr>
<td>------------------</td>
<td>------------------------------------------------------------------------</td>
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<td>---------------------------------------------------</td>
</tr>
<tr>
<td>Guinea worm</td>
<td>• Wading or bathing in infested water</td>
<td>• Fever</td>
<td>• Seek early treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Itching at affected part</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Painful swelling</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Filter drinking water</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Prevent infected persons from wading or bathing in water</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Treatment of water bodies with Abate</td>
</tr>
<tr>
<td>Bilharzia</td>
<td>• Swimming or wading in contaminated water</td>
<td>• Fever</td>
<td>• Cooperate with programs to kill snails and treat infected persons</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Blood in urine</td>
<td></td>
</tr>
<tr>
<td>Elephantiasis</td>
<td>• Mosquitoes</td>
<td>• Swelling of affected limb</td>
<td>• Seek early treatment</td>
</tr>
<tr>
<td></td>
<td>• Choked gutters</td>
<td>• Skin rashes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Weedy surroundings</td>
<td>• Avoid sleeping outdoors especially in the night</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Stagnant water</td>
<td>• Sleep under ITN</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Clear surroundings of weeds</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Drain stagnant pools</td>
<td></td>
</tr>
<tr>
<td>Joint pains</td>
<td>• Poor posture</td>
<td>• Sharp or gnawing pain</td>
<td>• Seek medical help</td>
</tr>
<tr>
<td></td>
<td>• Heavy lifting or twisting</td>
<td>• Difficulty in movement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• It may be early sign of chronic disease</td>
<td>• Maintain good posture</td>
<td></td>
</tr>
<tr>
<td>Skin disease</td>
<td>• Fungus infection</td>
<td>• Skin rashes</td>
<td>• Complete treatment course</td>
</tr>
<tr>
<td></td>
<td>• Allergic reaction</td>
<td>• Skin irritation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Overcrowding</td>
<td>• Find out what things cause a reaction</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Direct sunlight</td>
<td>• Avoid overcrowding</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Poor ventilation</td>
<td>• Protection from direct sunlight</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Personal hygiene</td>
<td>• Good personal hygiene</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Avoid sharing person things with others</td>
<td></td>
</tr>
<tr>
<td>Malnutrition</td>
<td>• Unbalanced diet</td>
<td>• Weight loss</td>
<td>• Eating well and keeping clean are the best guarantees of good health</td>
</tr>
<tr>
<td></td>
<td>• Starvation</td>
<td>• Swelling of body</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Loss of appetite</td>
<td>• Brittle hair</td>
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<tr>
<td></td>
<td></td>
<td>• Skin rash</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provision of main foods and helper foods</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Regular feeding</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Vitamins</td>
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</tbody>
</table>
Hand washing is a simple habit that can help you to stay healthy. In fact, many diseases such as diarrhoea, typhoid, worms and chest infection can be reduced significantly by washing your hands frequently. How does hand washing prevent the transmission of these diseases? Throughout the day germs collect on your hands if you do not wash them. You collect germs through handshake, touching contaminated surfaces, cleaning yourself after visiting the toilet, as well as touching food, animals and animal waste. If you do not wash your hands frequently, you transfer these germs from your hand to your mouth when you eat or to your eyes and nose when you touch them. Also, you may infect other people either by touching them directly or indirectly through objects such as the door handle.

Hand washing is the single most effective way to prevent the spread of diseases.

When should you wash your hands?

It is good to wash one’s hands as often as possible. However, there are times when it’s critical to wash your hands to limit the transfer of bacteria, viruses and other micro organisms. Box 4.2.2 gives you examples of when to wash one’s hands.

<table>
<thead>
<tr>
<th>Before......</th>
<th>After......</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparing food</td>
<td>Preparing food</td>
</tr>
<tr>
<td>Eating</td>
<td>Eating</td>
</tr>
<tr>
<td>Treating wounds or cuts</td>
<td>Treating wounds or cuts</td>
</tr>
<tr>
<td>Touching sick or injured person</td>
<td>Touching sick or injured person</td>
</tr>
<tr>
<td>Feeding children</td>
<td>Using the toilet</td>
</tr>
<tr>
<td>Preparing ORS</td>
<td>Touching animals or animal waste</td>
</tr>
<tr>
<td>Giving medication</td>
<td>Blowing your nose</td>
</tr>
<tr>
<td></td>
<td>Handling refuse or garbage</td>
</tr>
<tr>
<td></td>
<td>Changing the child’s napkin</td>
</tr>
<tr>
<td></td>
<td>After coughing or sneezing into your hands</td>
</tr>
</tbody>
</table>

NB: For health volunteers, it is also important to wash your hands;

- Before preparing ORS
- After retreatment of an ITN
How to wash one’s hands

There are simple but important steps to follow when washing your hands.

- Wet hands with running water
- Rub hands together with liquid soap or bar soap to lather well
- Scrub all surfaces, including the inner and backs of the hand, the wrists, between the fingers, and under your fingernails
- Rinse well under clean running water until all soap is gone
- Dry hands with clean towel or allow hands to dry in the air

In general, the combination of scrubbing your hands with soap and rinsing them with water loosens and removes bacteria from your hands. Since children need clean hands too, insist that your children wash their hands properly and frequently. To get children into the habit, teach by example. Wash your hands with your children and supervise their hand washing.

Figure 4.2.2. Steps in hand washing

In many of our communities where running water is not available, there are other ways of ensuring proper hand washing. You can make a container like the one in Figure 4.2.3 called a “Veronica Bucket”. A Veronica Bucket is fitted with a tap and can be placed in your home, at school or at the health facility and filled with water. In the absence of a Veronica Bucket, you can simply ask someone to pour water for you to wash your hands.
However, in situations where there is no one near to assist you, you first of all fetch a cup of water and put it down just before you go to the toilet for instance. After the toilet, hold the cup in between your hands above the wrists and pour the water on your hands slowly as shown in Figure 4.2.4. Hold the cup like that in between your hands and place it on a table before you clean your hands or hold them up to dry. Other hand washing facilities such as in Figure 4.2.5 are suitable for public places at the communities.
Topic 3  **Environmental sanitation and hygiene**

The environment may be defined as the condition that surrounds us which influences how we behave, develop and survive. It includes our culture, the land, the laws, and the physical facilities. Although all these affect our health, we shall focus on the physical environment and how we should handle it. Poor liquid and solid waste disposal has been identified as an important cause of diarrhea and food borne diseases. The liquid waste comes from urine and waste water from our kitchens and bathrooms, whilst solid waste comes from faeces, left-over food, animal droppings, plastics and effluents from industries.

**Promoting environmental sanitation**

Improving environmental sanitation would reduce the reported number of diseases. Environmental sanitation means keeping the immediate surroundings clean and properly disposing of refuse or waste including proper burial of dead bodies, minerals and animals. It is the community members who produce both liquid and solid waste; therefore, keeping the community clean should involve the entire community. Box 4.2.3 lists some environmental actions that can be taken to prevent some diseases.

What are some environmental problems we find in our communities that affect our health? What can community members do to keep their communities clean so as to prevent diseases?

Volunteers should take part in making their communities healthy places to live in (Box 4.2.3). Your role is to talk to community members about keeping their environment clean. The exercise below will help you identify your roles in promoting sanitation and hygiene.

![Image](image.jpg)

**Figure 4.2.6:** Illustrates a child defaecating in the open. Such open defaecation can transmit many diseases including worm, typhoid fever and cholera.
Module 4  The work of Community Health Volunteers

Instructions to the Facilitator
1. Lead participants to brainstorm the topic “Promoting Environmental Sanitation”.
2. Discuss and compare the responses with those in Box 4.2.3 and fill in the gaps.

Exercise 4.2.3
Objective
1. To discuss ways of promoting environmental sanitation
Time: 15 Minutes
Questions
1. How do you promote environmental sanitation in your community?
2. What roles can volunteers play in ensuring that our communities are kept clean?

Box 4.2.3: How can volunteers promote environmental sanitation?
1. Educate communities about the health benefits of cleanliness
2. Mobilise members for communal labour to clean up communities periodically
3. Convince the community to avoid littering
4. Live by example for others to follow
5. Mobilise communities to build a place of convenience
Unit 3

Nutrition Education

Introduction

We need healthy food daily to grow well, work and stay healthy. Many common diseases occur because we either do not eat the kinds of food that our bodies need or do not eat enough of it. A person may be malnourished or poorly nourished because he or she does not eat the right foods or does not eat enough of the right foods. A healthy diet is especially important for growing children, pregnant and or lactating women or people recovering from sickness.

In this unit you will learn about food, good nutrition and components of a balanced or healthy diet.

<table>
<thead>
<tr>
<th>Unit Objectives</th>
<th>Unit Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the end of this unit participants should be able to:</td>
<td>1. Concept of Nutrition</td>
</tr>
<tr>
<td>1. Explain the importance of nutrition to our health</td>
<td>2. Components of a healthy diet</td>
</tr>
<tr>
<td>2. Describe the components of a healthy diet</td>
<td>3. Main Foods and Helper Foods</td>
</tr>
<tr>
<td>3. Explain how the volunteer can work in his/her community to improve nutrition</td>
<td></td>
</tr>
</tbody>
</table>

Keywords and phrases:
protective food, body-building food, energy-giving foods, balanced diet.

Topic 1  Concept of nutrition

Nutrition is the study of the use of foods by the human body for the purposes of growth, repair and work. Food provides the body with energy to work, move, and keep it warm. Also, food provides the minerals and other substances required by the body for growth, repair, reproduction, and fighting diseases. Thus, nutrition is very important in understanding how food affects human health and development and how it can prevent food-related diseases.

Figure 4.3.1 The food groups
Topic 2  Components of a healthy diet

Everywhere in the world, people eat the foods that are common in their community. Though the diets may be different, these foods contain certain common basic nutrients. These nutrients are proteins, fats, carbohydrates, micronutrients, vitamins, water and roughage (Box 4.3.1). A healthy or balanced diet is a meal which consists of a mixture of these basic food nutrients in the right proportions.

Many people do not eat the right food in the right combination. This is not because they don’t have the food, but it is often because they do not know the right combination of foods to get a healthy diet. Poor diets and poor food choices expose the body to attacks by diseases.

Exercise 4.3.1

Objective
1. To discuss the food groups and plan a balanced diet with a common combination of food in your community
Time: 5 minutes

Questions
1. What are the common foods in Ghana?
2. What are the main food ingredients and their food nutrients?
3. What common combination of food in your community constitutes a balanced/healthy diet?

Instructions to the Facilitator
1. Lead participant in brainstorming common foods eaten in our communities and the nutrients they contain.
2. Help them to identify a balanced/healthy diet with locally available foods.

Box 4.3.1: The seven food groups

1. Proteins or body building materials (meat, fish, milk, egg, chicken, groundnuts, snails, soyabean, legumes (beans)
2. Fat which are energy giving foods (oils, fats)
3. Carbohydrates which are energy giving foods (cassava, yam, plantain, cocoyam, rice, etc)
4. Micronutrients which repair the body (iodated salts)
5. Vitamins that aid in the absorption of foods (fruits, okra, garden eggs, green leafy vegetables)
6. Water which lubricates the body cells (fruits and leaves e.g. kontomire or cocoyam leaf)
7. Roughage which helps in digesting the food we eat.
Topic 3  **Food Groups**

Foods can be grouped into three: energy-giving foods, body-building foods, and protective foods. **Energy-giving foods** burn in the body and provide us with energy for moving, sleeping, working, etc. **Body-building foods** provide nutrients for building the muscle, bone, skin, brain and hair. **Protective foods** are vitamins and minerals: they protect our eye, skin etc. from infection and disease.

![Figure 4.3.2 A malnourished child. What can a community do in a situation like this?](image)

In many parts of the world, most people eat one main low-cost, carbohydrate meal with almost every meal. This is called the main meal. Depending on the country or region, this may be rice, maize, millet, wheat, cassava or plantain. However, the main food alone is not enough to keep a person healthy. Certain foods are also needed, especially in growing children, pregnant women, breast-feeding mothers, or people recovering from sickness. These are referred to as protective and body-building foods.

Adults and children should eat from all the three groups of food in appropriate quantities to get a balanced diet. If children do not eat from the three groups their bodies do not function properly and they are likely to become malnourished (Figure 4.3.2).
Everybody needs a balanced diet!
All persons need a balance of the three types of foods, but
growing children, adolescents, pregnant women, lactating
mothers, and people who are sick need more of the body
building and protective foods.

Breast milk provides all the nutrients that a growing baby needs. All babies should be
breastfed exclusively until they are six months old. Exclusive breastfeeding means that the
baby under six months of age should not be given any food or water apart from breastmilk.
Box 4.3.2 lists some advantages of breastmilk.

**Box 4.3.2: Advantages of breast milk**

Breastmilk is:
1. The natural food for the baby.
2. Clean, because it does not become contaminated by dirty hands, spoons, cups and flies.
3. Protects the baby from infection.
4. Always available and requires no special preparation.
5. Establishes special relationship between mother and the baby.
Mothers should allow the baby to breastfeed whenever s/he wants to.

After six months of age the baby should be weaned from the breast. Weaning is the process by which the infant gradually becomes accustomed to the full adult diet. Weaning begins when the child is introduced to foods other than breastmilk and is completed when breastfeeding is stopped and the child is fully accustomed to the family diet. Box 4.3.3 lists pieces of advice on feeding the weaning child.

**Box 4.3.3: Advice on feeding the weaning child**

1. The child is growing rapidly so he needs extra protein-rich and high energy foods
2. The child needs a variety of foods
3. The child has few teeth, so he requires soft food
4. The child has a relatively small stomach and therefore needs more frequent meals than adults
5. The child needs clean and well-cooked foods
6. The child’s growth and development should be closely monitored
7. The child should have love, affection and personal attention both for his mental and psychological development.

Unit summary

In this Unit we discussed the importance of staying healthy and how to bring this about. We discussed how the environment around us can make us sick and we talked about practical ways of keeping the environment clean. We discussed how some of the major causes of preventable ill-health in our communities such as malaria, diarrhoea and acute respiratory infection can affect farm or office work. We saw how the volunteer has an important duty to assist his or her community to prevent diseases through effective health promotion, promotion of healthy diets and other disease prevention activities.
Unit 4

Reproductive and Child Health

Introduction

Every community seeks to prevent premature deaths among its people. Accordingly, every community has a duty to identify people among them who are at higher risk of dying and plan programs to reduce their deaths. In Ghana, mothers and children are at much higher risk of dying than other members of the population. Consequently, the government has introduced special programs to reduce deaths of mothers and children. These programmes are collectively called reproductive and child health programmes. In this unit we shall discuss some of the methods, such as family planning and immunisation, that have been introduced to improve the health of mothers and children.

<table>
<thead>
<tr>
<th>Unit Objectives</th>
<th>Unit Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the end of this unit participants will be able to:</td>
<td>1. Family planning methods</td>
</tr>
<tr>
<td>1. Demonstrate the use of family planning methods</td>
<td>2. Expanded programme on immunisation (EPI)</td>
</tr>
<tr>
<td>2. Explain the importance of immunisation to the health of a child</td>
<td>3. Reproductive health services</td>
</tr>
<tr>
<td>3. Describe the services that are available to improve the health of mothers and children</td>
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</tbody>
</table>

Key words and Phrases
family, planning, reproductive, immunisation

Topic 1

Family Planning Methods

Methods of Family Planning

Family planning is a means by which couples determine the number of children they want to have and when to have them. This can be achieved by means of family planning methods or contraception.

Family planning is having the number of children you want when you want them.

Different people have different reasons for wanting to limit the size of their family. Some may decide to delay having any children until they have worked and saved enough so that they can afford to care for them well. Others may decide that a small number of children is enough, and they never want more. Yet, others may want to space their children several years apart, so that both the children and their mother will be healthier. Some parents may feel they are too old to have more children. Whatever reasons people cite for adopting
family planning, family planning benefits the health and well-being of women and families throughout the world. Using contraception can help to avoid unwanted pregnancies and space births; protect against STDs, including HIV & AIDS; and provide other health benefits. Box 4.4.1 lists the benefits of family planning.

Exercise 4.4.1
Objective
1. To discuss the benefits of family planning
Time: 20 minutes

Questions
1. What is the meaning of family planning?
2. What are the benefits of family planning?

Instructions to the Facilitator
1. Lead participants to brainstorm on the topic “Benefits of Family Planning”.
2. List the responses on a flip chart.
3. Discuss and compare the responses with those in Box 4.4.1 and fill in the gaps.

Box 4.4.1: Benefits of Family planning
1. Enables mother to remain healthy and strong
2. Helps children grow healthy and strong
3. Enables parents to feed their children well
4. Enables parents to educate their children very well
5. Helps prevent STIs (condoms)
6. Helps avoid unwanted pregnancies.

Exercise 4.4.2
Objective
1. To discuss the various methods of family planning
Time: 15 Minutes

Questions
1. What methods of family planning do you know?
2. Which of them have you used before?
3. Which methods serve a dual purpose?
4. Which ones can be used together?
5. Which ones cannot be used together and why?

Instructions to the Facilitator
1. Let participants mention any method of family planning at random.
2. List them on a flip chart.
3. Categorise them into short, long-term and permanent methods; male and female methods.
4. Find out which methods can serve as dual protection methods.
5. Discuss and compare the responses with those in Box 4.4.2 and fill in the gaps.

When a man and a woman decide when they want to have children, and when they do not, they can choose one of several methods to prevent the woman from becoming pregnant, for as long as she wishes.

The methods of birth control or contraception available for use in Ghana presently for family planning are shown in Box 4.4.2. Methods that prevent sexually transmitted diseases as well prevent pregnancy are called ‘dual methods’.
Community health volunteers should note that though there are several family planning methods, they are allowed to promote and sell only some of the short term methods. These are the spermicides and condoms. This is because the other methods require high level of technical skill before the provider can effectively serve clients which volunteers don’t have.

What is a condom?

A male condom is a sheath designed to fit over a man’s erect penis which prevents passage of semen into the female reproductive tract during intercourse. Most condoms are made of thin latex rubber, animal tissue or polyurethane. Condoms are dry or lubricated with water-based lubricant.

Some condoms are lubricated with spermicidal agents. Male condoms are effective in preventing pregnancy when used correctly and consistently with every act of intercourse.
Except abstinence, condoms are the only kind of birth control method that is also highly effective in preventing HIV infections, other sexually transmitted diseases and pregnancies.

**Exercise 4.4.4 Demonstration**

**Objective**
1. To demonstrate how to put on condoms (male or female)

**Time:** 10 Minutes

**Question**
1. What is the right way to put on a condom? Demonstrate it.

**Instructions to the Facilitator**
1. Use a dummy to demonstrate how to put on a male condom
2. Ask participants to try it and observe
3. Use the SHOWED process to demonstrate.

**Box 4.4.3: Steps on how to put on a male condom**

1. Check condom carefully for expiry date and any damages before removing it from the wrapper
2. Look for the rough edges and tear it from there
3. Be careful lest you tear it with your fingernails or rings in the process
4. Hold the tip of the condom between the fingers and squeeze out the air
5. Place the condom on the dummy penis and roll down
6. The tip of the condom is left to catch the semen during ejaculation
7. After ejaculation, take penis out of the vagina slowly before it becomes soft – NB: If the man waits until his penis becomes soft, the condom can fall off inside the woman and the semen can spill. This can make her pregnant. She can get STDs including HIV & AIDS
8. Hold the condom firmly at the base as you take it out so as not to spill the semen into the vagina
9. Tie the condom up and wrap it
10. Dispose of it properly by burning or putting it into the KVIP.

**How to use a spermicidal agent (Foaming tablet)**

Spermicidal agents are chemical products inserted into a woman’s vagina before sex that weaken or kill sperm. Spermicidal agents are often used as a temporary method while waiting for a long-term method or by couples who have intercourse infrequently. Spermicidal agents may also be preferred by menopausal women because they increase vaginal lubrication. (Box 4.4.4).
Module 4           The work of Community Health Volunteers

Box 4.4.4: Instructions for use of spermicidal agents (foaming tablets)

1. Wash your hands with soap and dry them
2. Put the tablet into the vagina with a finger and push it as far back as you can
3. Wait for 5 – 10 minutes for the tablet to completely dissolve before having sex
4. Use another tablet each time you have sex
5. The tablets do not work if you insert them after having sex
6. Afterwards, do not wash your vagina or douche for at least 6 hours
7. If you feel a burning or itching sensation in your vagina, visit the clinic to check for a vaginal problem
8. The effectiveness of foaming tablets increase greatly if you use a condom as well

They can be used immediately after childbirth because they have no hormonal side effects. Spermicidal agents come in several different forms - cream, jelly (gels), melting suppository, foaming tablet, aerosol foam and C – film.

Topic 2       Reproductive and child health services

Reproductive and child health (RCH) services in Ghana are provided to women in the reproductive age group and children from birth to the age of five. These services are to ensure healthy mothers and children. The services are provided free of charge for women from conception/pregnancy to delivery, and up to six weeks after delivery. Children also enjoy free services at the child welfare clinics from birth to five years of age. The ranges of RCH services provided are shown in Box 4.4.5 below.

Box 4.4.5: RCH Services Provided in Ghana

- **Antenatal care services (ANC):** every pregnant woman should be seen by a health professional at least four times during the pregnancy. (Pregnant women should get sulphadoxine pyrimethamine (SP) to protect her and the foetus against malaria. SP should start when there is movement of the foetus (baby). It is three tablets and administered as a Direct Observe Therapy – DOT. It is given three times at four week intervals till delivery. NB: SP should not be given at 36 weeks.)
- **Supervised delivery:** women who are delivered by professional midwives, doctors or skilled nurses survive pregnancy better than those delivered by non-professional so women should be encouraged to deliver with a professional
- **Postnatal care services (PNC):** the survival of mothers and newborns improves when they are attended to by professional within three days after delivery so volunteers should encourage all mothers to see a professional after delivery. If delivery occurs in the home the first visit should be made within 24 hours after birth; follow-up visits should be done at least 2-3 days, again at 6-7 days and again at 6 weeks
Box 4.4.5: RCH Services Provided in Ghana

- **Post-abortion services**: aim to reduce deaths due to complications of abortion. It includes emergency treatment for complication of abortions, educating the community on the dangers and prevention of abortion and providing family planning services.
- **STI Management**: Prevention, detection and treatment of sexually transmitted infections including syphilis, gonorrhea, and HIV & AIDS.
- **Family planning**: Provision of family planning counselling and services to clients.
- **Immunisation**: A child who receives all the recommended vaccinations at the appropriate times gets protection from some of the major diseases that kill under-five children.
- **Other child health services**: These include nutrition and appropriate management of the sick child to prevent disease and death.

A woman should not die simply because she got pregnant. But in our communities, women continue to die from pregnancy related causes. This is not acceptable because pregnancy is not a disease. Also pregnancy related deaths don’t just happen – there are a series of events and danger signs that lead to those final moments when we lose the woman or her baby or both. These are called the danger signs of pregnancy.

Exercise 4.4.5

**Objective**
1. To discuss Antenatal Services
   Time: 20 minutes

**Questions**
1. What are some of the signs of pregnancy?
2. Why should mothers have regular check ups during pregnancy?
3. What are some of the danger signs during pregnancy?
4. What should you do when you see a woman with these symptoms?

In order to be able to detect danger signs during pregnancy, you must first be able to know that a woman is pregnant. All pregnant women should be referred to the nearest health facility. The reproductive services offered to women as indicated in the Box 4.4.5 take place at various government establishments and some private health facilities in the country.

Box 4.4.6: Check up provided during pregnancy

- General health of the pregnant woman
- Position of the foetus
- Growth of foetus
Box 4.4.7: Danger signs during pregnancy

- Swollen feet, face and hands
- Bleeding from Vagina
- Excessive vomiting
- Anaemia
- Severe headache
- Blurred vision
- Very pale conjunctiva, tongue, palms and nails
- Severe abdominal pains
- Jaundice
- Offensive or discoloured discharge from vagina
- Premature rupture of membranes

As volunteers, it is important for you to realise that you do not have the technical training or skills to deliver most reproductive and child health services that community members require. However, CHVs have an important role to play in promoting RCH services including family planning, antenatal care, and mobilising children under 5 years old for immunisation.

Topic 3  Expanded Programme on Immunisation (EPI)

Immunisation is also known as vaccination. Vaccination protects children against some dangerous diseases of childhood such as whooping cough, pertussis diphtheria, tetanus, polio, measles and tuberculosis. The Expanded Programme on Immunisation is a global programme to increase the number of children who are protected against these dangerous childhood diseases. Children should be given the different vaccinations during the first months of life onwards. In Ghana, the EPI vaccinations used currently are discussed below.

Types of Vaccines for Children

The most important vaccines for children are:

1. **Penta Vaccine**: Protects the child against diphtheria, whooping cough and tetanus (DPT), hepatitis B, and haemophilus B influenzae. (For full protection, the child needs three injections. These are usually given at 6 weeks, 10 weeks and 14 weeks of age.)
2. **Polio (infantile paralysis) vaccine.** The child needs drops in the mouth once each month for 3 months. These are usually given with the Penta vaccine injection. It is best not to breast feed the baby for 2 hours before or after giving the drops. This enhances absorption of the vaccine.

3. **B.C.G. vaccine for Tuberculosis.** A single injection is given into the skin of the right shoulder. Children can be vaccinated at birth or anytime afterwards. Early vaccination is especially important if any member of the household has tuberculosis. The vaccine makes a sore and leaves a scar.

4. **Measles vaccine.** One injection only, given to children between 9 and 15 months, depending on the country.

5. **Tetanus vaccine.** For adults and children over 12 years old, the most important vaccine is for tetanus (lockjaw). Everyone should be vaccinated against tetanus – especially pregnant women, so that their babies will be protected against tetanus.

The Child Welfare Clinic is where all the above services for children take place. Table 4.4.1 shows the EPI schedule in Ghana.

### Table 4.4.1: EPI schedule in Ghana

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>AGE AT 1ST DOSE</th>
<th>NO. OF DOSES</th>
<th>INTERVAL</th>
<th>ROUTE OF ADM.</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG</td>
<td>At birth</td>
<td>1</td>
<td>-</td>
<td>Right shoulder</td>
</tr>
<tr>
<td>PENTA (DPT/HIB/HEPATITIS)</td>
<td>From 6 weeks</td>
<td>3</td>
<td>4 week interval</td>
<td>Thigh</td>
</tr>
<tr>
<td>POLIO</td>
<td>At birth then at 6 weeks</td>
<td>4</td>
<td>4 week interval</td>
<td>Oral</td>
</tr>
<tr>
<td>TETANUS Toxoid</td>
<td>12-49 years Pregnant women</td>
<td>5</td>
<td>1st dose – from age 12. 2nd dose – 4 wks after 1st dose 3rd dose – 6 months after 2nd dose 4th dose – one year after 3rd dose 5th dose – one year after 4th dose</td>
<td>Arm</td>
</tr>
</tbody>
</table>

Children should be vaccinated on time. Be sure they get the complete series of each vaccine they need.
Table 4.4.1: EPI schedule in Ghana

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>AGE AT 1ST DOSE</th>
<th>NO. OF DOSES</th>
<th>INTERVAL</th>
<th>ROUTE OF ADM.</th>
</tr>
</thead>
<tbody>
<tr>
<td>YELLOW FEVER</td>
<td>From 9 months</td>
<td>1</td>
<td>Booster at 10 years</td>
<td>Arm</td>
</tr>
<tr>
<td>MEASLES</td>
<td>9 months; when there is an outbreak it is given at the 6th month and repeat at 9th or 12th month</td>
<td>1</td>
<td>Varies if an outbreak occurs</td>
<td>Arm</td>
</tr>
</tbody>
</table>

1. If a child develops a fever after immunisation, sponge him/her and give paracetamol
2. Five immunisation visits before the child is 12 months old will protect the child from Tuberculosis, Poliomyelitis, Diphtheria, Pertussis, Tetanus, Measles, Yellow fever, Hepatitis B and Haemophilus Influenzae type B infection.

Unit Summary

Children under-five years old and pregnant women are vulnerable, because they can die more commonly than the general population. A number of reproductive and child health services have been introduced by the health service to reduce deaths among pregnant women and children under five years. For pregnant women these services include family planning, focused antenatal care, delivery by skilled personnel and postnatal care. For children, the services include immunisation, appropriate nutrition, and sleeping under insecticide treated mosquito nets. Volunteers should be informed about these services and work with the CHO to introduce the services widely to their communities.
Unit 5

Home Management of Minor Ailments

Introduction

In Ghana, most deaths in children occur in the home, and there is evidence that early and appropriate home management of basic ailments like fever, diarrhoea and acute respiratory infection (ARI) or chest infection can reduce deaths in children under five. However, there are certain conditions that cannot be treated at home; therefore being able to identify and refer such conditions will save many lives. Also patients who default in treatment pose a danger to themselves and to the community because they do not get cured and they may transmit their infection to other members of the community.

<table>
<thead>
<tr>
<th>Unit Objectives</th>
<th>Unit Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the end of this unit participants will be able to:</td>
<td>1. Treatment of Fever</td>
</tr>
<tr>
<td>1. Treat fevers</td>
<td>2. Treatment of Diarrhoea</td>
</tr>
<tr>
<td>2. Give oral rehydration therapy for diarrhoea</td>
<td>3. Referring clients</td>
</tr>
<tr>
<td>3. Refer patients to the CHO</td>
<td>4. Tracing defaulters</td>
</tr>
</tbody>
</table>

Keywords and Phrases
home, ailment, management, defaulters, referral, tracing

Treatment of minor ailments

Although it is illegal for volunteers to set up their own clinic practice and give treatment, during home visits a volunteer may be required to advise families on the treatment of common ailments. The common ailments include fever, diarrhea and chest infections.

Topic 1  Treatment of Fever

A patient has a fever if he/she feels hot or has a temperature above 37.5 degree Celsius. The most common cause of fever in Ghana is malaria. There are two main stages of malaria: uncomplicated (mild) malaria and severe malaria. All cases of severe malaria should be referred because the patient’s life is at risk, and he/she may die if not treated promptly and effectively. Babies, young children and pregnant women suffer most from severe malaria and can die if not treated early. Volunteers should advise caregivers, families and their community to refer severe cases of malaria to the nearest clinic or hospital if they have any of the signs and symptoms listed in Box 4.5.1. If the patient cannot reach a clinic or hospital by the end of the day and has not yet had any anti-malaria medicine, he/she should be given the first dose while travelling to the clinic or hospital.
### Box 4.5.1: Signs and symptoms of malaria

<table>
<thead>
<tr>
<th>Uncomplicated malaria</th>
<th>Severe malaria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Headache</td>
<td>1. Convulsion/fits</td>
</tr>
<tr>
<td>2. Sweating</td>
<td>2. High fever</td>
</tr>
<tr>
<td>3. Fever</td>
<td>3. Dark urine</td>
</tr>
<tr>
<td>4. Vomiting</td>
<td>4. Anaemia</td>
</tr>
<tr>
<td>5. Anorexia (loss of appetite)</td>
<td>5. Fainting</td>
</tr>
<tr>
<td>6. Chills</td>
<td>6. Dehydration</td>
</tr>
<tr>
<td>7. General weakness</td>
<td></td>
</tr>
</tbody>
</table>

However, uncomplicated malaria may be treated at home with the drug, Artesunate-Amodiaquine (AA). To administer the right quantity of the Artesunate-Amodiaquine that the patient needs and to reduce side effects from the drug, it is important to weigh the patient, especially if he/she is a child. Your CHO will teach you how to calculate the quantity of the drug to be given to the patient. Box 4.5.2 lists the instructions the volunteer should give when administering Artesunate-Amodiaquine to a patient.

### Box 4.5.2: Instructions on use of Artesunate-Amodiaquine

- Always make sure the patient has eaten before giving the drug.
- The drug should not be given to pregnant women in the first three months of pregnancy.
- Explain and demonstrate to the patient or caregiver how many tablets and when to take them. Make sure they understand your instructions.
- Let the patient or caregiver understand that the treatment has to be completed to ensure complete cure.
- The combined tablets should be taken by mouth in a single daily dose for three consecutive days.
- Let the patient take the first dose in your presence.
- Always give the two medicines at the same time.
- For children, advise the care giver to crush the tablets and mix with fruit juice or some sugar and safe drinking water.
- If vomiting occurs within 30 minutes, let the patient rest for a while and repeat the same dose.
Table 4.5.1: Artesunate Amodiaquine Treatment Regimen
Number of tablets to be taken by person according to weight or age

<table>
<thead>
<tr>
<th>Weight (Kg)</th>
<th>Age (Years)</th>
<th>Artesunate 50 mg tablets</th>
<th>Amodiaquine 150 mg base tablets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Day 1</td>
<td>Day 2</td>
</tr>
<tr>
<td>5 – 10</td>
<td>&lt; 1</td>
<td>½</td>
<td>½</td>
</tr>
<tr>
<td>11 – 24</td>
<td>1-6</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>24 – 50</td>
<td>7-13</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>50 +</td>
<td>14+</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

Artesunate-Amodiaquine should be given with paracetamol or aspirin to reduce the temperature of the person.

**Do not give Aspirin or Aspirin-containing pain killers to children who are below 14 years, pregnant women, breast feeding mothers and patients with asthma and ulcers.**

A child may experience high temperature (fever) as a result of malaria or other infectious disease. Also a child with high temperature can have fits or convulsion if immediate action is not taken. Infact, a child who has fits may die or get brain damage.

The new Ghana malaria drug policy permits the dispensing of Artesunate-Amodiaquine at the community level. CHVs are required to administer Artesunate-Amodiaquine to community members with malaria. Please refer to the home based manual for malaria, diarrhoea and ARI.

The volunteer should educate caregivers on how to bring down the temperature of their children with fever. You will be able to detect high temperature by placing the back of your hand over the child’s forehead. You will notice that it is hotter than your own body. Then you can assist the caregiver to sponge the child. Box 4.5.3 gives the steps and your facilitator will demonstrate it for you with Exercise 4.5.1.
Module 4  The work of Community Health Volunteers

Exercise 4.5.1  Demonstration
Objective
1. To demonstrate how to properly sponge a child
Time: 10 minutes

Questions
1. When and why do we sponge a child?
2. What is the proper procedure for sponging a child?

Instructions to the Facilitator
1. Demonstrate how to sponge a child to participants using a doll.
2. Let individuals do it in turns.
3. Let the rest observe
4. Use procedure in Box 4.5.3 as guide.

Box 4.5.3: How to sponge a child
- Use water from the borehole or tap
- Remove child’s clothing
- Soak a towel in the water and dab the child. Work from the feet towards the head
- Leave the water on the skin to dry
- Dress the child in light clothes
- Put a wet towel under the armpit and over the forehead
- Give Paracetamol syrup after sponging.

Topic 2  Treatment of Diarrhoea

Children are the most vulnerable groups of people in our communities. Many diseases can kill them if not properly treated. Diarrhoea is one of these diseases. A person has diarrhoea if he or she passes watery stools three or more times a day. Diarrhoea drains the body of its fluids and this dehydrates the person. Fortunately, there is a very simple way of managing diarrhoea. This is done by giving oral rehydration salt (ORS). See Box 4.5.4.

Exercise 4.5.2  Demonstration
Objective
1. To demonstrate how to prepare a sachet of ORS.
Time: 10 minutes

Questions
1. How do you prepare a sachet of ORS for a child with diarrhoea?
2. How do you serve a child with diarrhoea?

Instructions to the Facilitator
1. Demonstrate how to prepare ORS to participants.
2. Let individuals do it in turns.
3. Let the rest observe
4. Use SHOWED to process.
5. Use procedure in Box 4.5.4 as guide.
Box 4.5.4: How to prepare and administer ORS

- Get a sachet of ORS
- Check Expiry date
- Get a container with lid and a spoon
- Wash them (the lid and spoon?) thoroughly with soap and rinse properly with water
- Measure one big beer bottle or 2 small fanta bottles of water from the tap or borehole and pour into a clean cup or container with a lid
- If water is not from tap or borehole, boil and cool it before measuring it
- Tear open one sachet of ORS and pour into the water in a bowl
- Stir with spoon to dissolve
- Serve in smaller quantities at frequent intervals until solution is finished
- Repeat any time the child frees the bowels or vomits
- Do not use the drink after 24 hours
- Breast feed child frequently if child is still on breast

Topic 3  Referring clients

Referral means giving direction (written or verbal) to a client for consultation or review. Here it applies to the CHVs directing patients or clients to a CHO who has the professional or technical competence. The CHV should first recognise that the sick person can no longer be treated at home. In addition, the CHV should know the process to seek further help and where the appropriate providers are located.

This unit starts with a question and answer session on the type of case that a health volunteer must refer to a CHO or health facility in Exercise 4.5.3.

Exercise 4.5.3  Question and Answer

Objective
1. To discuss type of patients/clients/diseases to refer to the CHO

Questions
1. What does referral mean?
2. Which client or disease condition should a CHV refer to CHO?

Instructions to the Facilitator
1. Guide Participants in a question and answer session on referral of clients who may have social/health problems
2. List responses on flip chart for discussion
3. Take participants through Figure 4.5.2 to 59 on Signs and Symptoms for referral by CHVs to CHO.

One group of clients who have to be referred to the nearest health facility is the unconscious patient. Unconscious patients are not aware of their environment and do not respond to stimulation. Common conditions that cause unconsciousness in Ghana are: high fever, especially in children, malaria, epilepsy, head injury, stroke, diabetes mellitus and meningitis (infection of the brain cover). See Figure 4.5.2
Although you are not to treat an unconscious person, it is important to know how to handle them when transporting them to the nearest health facility. Unconscious patients may choke to death from their saliva, vomit, or their tongue if you do not handle them properly. The Illustration below describes some actions that you should take to prevent injury to or death of unconscious patients.

Many unconscious people die prematurely, because they are not handled properly when they are being transported.

1. Position arm and straighten legs: Kneel beside the patient. Place the arm nearest to you at right angles to the casualty’s body, with the elbow bent and the pal facing upwards.

2. Position far arm, hand and knee: Bring the arm farthest from you across the casualty’s chest and hold the back of his hand against the cheek nearest to you. Using your other hand, grasp the far leg just above the knee and pull it up until the foot is flat on the floor.
3. Roll casualty towards you: Keeping the casualty’s hand pressed against his cheek, pull on the far leg and roll him towards you and on to his side. Adjust the upper leg so that both the hip and knee bend at right angles. Tilt the head back to ensure that the airway remains open.

Figure 4.5.2 Handling unconscious Patient
Figure 4.5.3 illustrates the signs and symptoms of patients or care that you the CHV should refer to the CHO.

### Signs and Symptoms

<table>
<thead>
<tr>
<th>1. A person/child with a fever that goes on rising who does not respond to anti-malaria</th>
<th>![Image of a child and a person with fever]</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Child who is convulsing/fitting</td>
<td>![Image of a convulsing child]</td>
</tr>
<tr>
<td>3. Heavy vomiting or severe diarrhea that lasts for more than one day or more than a few hours in babies</td>
<td>![Image of a child with vomiting]</td>
</tr>
<tr>
<td>4. A pregnant woman who is bleeding from the vagina and has never been to hospital</td>
<td>![Image of a pregnant woman bleeding]</td>
</tr>
<tr>
<td>5. Loss of large amounts of blood from anywhere in the body</td>
<td>![Image of a person with blood loss]</td>
</tr>
<tr>
<td>6. A person coughing up blood</td>
<td>![Image of a person coughing]</td>
</tr>
</tbody>
</table>
**Signs and Symptoms**

7. Blood in the urine

Blood flukes spread like this:

1. Infected person urinates in water.
2. Urine has worm eggs in it.
3. Worm eggs hatch and go into snails.
4. Young worms leave snail and go into another person.
5. In this way, someone who washes or swims in water where an infected person has urinated, also becomes infected.

8. A person suffering from severe chest pains with weakness in the arm

- Anxiety and difficulty in breathing after exercise: asthma-like attacks that get worse when the person lies down (cardiac asthma).
- A rapid, weak, or irregular pulse
- Swelling of the feet worse in the afternoons.
- Sudden, painful attacks in the chest, left shoulder, or arm that occur when exercising and go away after resting for a few minutes (angina pectoris).
- A sharp pain like a great weight crushing the chest: does not go away with rest (heart attack).

9. Great difficulty in breathing, does not improve with rest

10. A person who is so weak he faints when he stands up

11. A person cannot be wakened (coma)

How to position an unconscious person:

- Very pale skin: (shock, fainting, etc)
- Red or normal skin: (heat stroke, stroke, heart problems)
12. A day or more without being able to urinate

Signs:
- Sometimes fever and chills or headache
- Sometimes pain in the side
- Painful urination and need to urinate very often
- Urine may be cloudy or reddish (bloody)
- Unable to hold in urine (especially true of children).

13. A day or more without being able to drink any fluids

14. A person with a stiff neck with arched back, with or without a stiff jaw

15. A person who develops yellow eyes and skin colour (jaundice),

Signs:
- Does not want to eat. Often goes days without eating anything
- Sometimes there is pain on the right side near the liver or the lower ribs.

16. Black stools like tar, or vomit with blood
## Signs and Symptoms

### 17. A lump in any part of the body that keeps getting bigger

- **Tiny bumps or sores with much itching** – first between fingers, on the wrists or waist.
  - scabies

- **Pimples or sores with pus or inflammation often from scratching insect bites. May cause swollen lymph nodes.**
  - infection from bacteria

- **Irregular, spreading sores with shiny, yellow crusts.**
  - impetigo (bacterial infection)

- **Pimples on young people’s faces, sometimes chest and back, often with small heads of pus.**
  - acne, pimples, blackheads

- **A small bump which becomes a crusty sore, usually on the face or limbs. May take months to heal.**
  - leishmaniasis

- **A large chronic (unhealing) sore surrounded by purplish skin – on or near the ankles of older people with varicose veins.**
  - ulcers from bad circulation (possibly diabetes)

- **Sores over the bones and joints of very sick persons who cannot get out of bed.**
  - bed sores

- **Sores with loss of feeling on the foot or hands. (They do not hurt even when pricked with a needle.)**
  - leprosy

- **A warm, painful swelling that occasionally breaks open.**
  - abscess or boil

- **A warm, painful lump in the breast of a woman breastfeeding**
  - mastitis (bacterial infection), possibly cancer

- **A lump that keeps growing. Usually not painful at first.**
  - cancer

- **One or more round lumps on the head, neck, or upper body (or central body and thighs).**
  - river blindness

---

### 18. Severe dehydration (sunken eyes, dry mouth and lips, excessive thirst)

[Image of a child with sunken eyes]

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*Figure 4.5.3 Signs and Symptoms of Conditions / diseases for referral by Community Health Volunteer to CHO with illustrations*
Topic 4  **Tracing defaulters**

Defaulting refers to failure to fulfill an obligation or promise. Clients default when they fail to complete their treatment, for example, TB patients who do not complete their treatment, or children who do not finish their immunisation schedule or couples who do not complete their family planning plan. CHVs should trace defaulters by using cards of clients who default.

### Exercise 4.5.4  Question and Answer

**Objective**
1. Discuss why CHVs need trace defaulters.

**Questions**
1. What is defaulter tracing?
2. Why must you trace defaulters?
3. Which clients or patients are likely to be in defaulter condition?

### Instructions to the Facilitator
1. Discuss issue of defaulting, reasons why people default and the patients/clients who often default.
2. List salient responses on the flip chart to support further discussions.
3. Brainstorm with participants to list the role CHVs should play when clients default in service continuation.

### Unit Summary

We saw that in Ghana, most deaths in children occur in the home, and there is evidence that early and appropriate home management of basic ailments like fever, diarrhea and chest infection can reduce these deaths. We talked about the volunteer’s role in handling these health problems at the household level. We discussed the kinds of conditions that should be referred to the CHO. We also discussed defaulting as a major health concern. People who default in treatment pose a danger to themselves because they do not get cured. The community also suffers because the sick people may transmit their infection to other members of the community. This is the reason why defaulters, wherever they are detected, should be reported to the CHO for immediate action in tracing them.
Unit 6
Assisting the CHO to Provide Services

Introduction

The Community Health Officer provides services in the home, during outreach, and at the community health compound. The services include treatment of minor ailments, as well as antenatal and postnatal care. Volunteers have various roles to play in all these settings. In Unit 1 of this module we discussed the role of the volunteer during a home visit. In this unit you will learn about the roles of CHV in assisting the CHO to provide services at the community health compound and during outreach programmes and how to perform these roles effectively.

Unit Objectives

By the end of this Unit participants will be able to;
1. Describe the volunteer’s role in assisting the CHO during outreach programmes
2. Describe the volunteer’s role in assisting the CHO at the facility level

Unit Topics

1. Organising outreach programmes
2. Role of CHV during outreach
3. Role of CHV at the Community Health Compound

Keywords and phrases
Mobilise, target groups, weighing, vaccination, outreach

Topic 1  Organising outreach programmes

Outreach means “reaching out”. An outreach program is the act of extending health services or health benefits to a wider section of the population, usually the unreached. Box 4.6.1 summarises key activities that are done before, during, and after outreach programmes.
Module 4  The work of Community Health Volunteers

Box 4.6.1: Key activities during outreach

Preparing for outreach
• Discuss with CHO the venue, time and materials needed
• Send information to community
• Gather materials - benches, tables, water, etc
• Package materials for outreach session

During outreach
• Set up venue
• Mobilise community members
• Record information in Child Record Book
• Give health talks
• Guide community members to take part in service delivery
• Thank local community people

After outreach
• Pack and tidy up the place after outreach session
• Tally information/data into notebook
• Evaluate outreach session

Topic 2  Role of CHV during outreach

As discussed earlier, the volunteer plays a role in outreach services when the CHO goes on visit to deliver health services (e.g. home visits, ANC, FP). Here the volunteer’s role is to mobilise community members to participate in health delivery activities such as child welfare activities and RCH service delivery.

Figure 4.6.2 Part of the duties of a volunteer is to assist the CHO organise ‘outreaches’

Exercise 4.6.1

Objective
1. To discuss the role of volunteers during outreach
Time: 10 minutes

Question
1. What role should volunteers play in promoting RCH services during outreach?

Instructions to the Facilitator
1. Put participants into groups of 5.
2. Let each group list activities that a volunteer does during an outreach.
3. Discuss at plenary and agree on key activities volunteers should do.
CHVs will mobilise target groups and gather relevant information. The CHV can do the following to help the CHO during outreach programmes:

1. Mobilise target groups (organise gong-gong beating – encourage defaulters to attend, prepare meeting venue)
2. Gather relevant information on health issues
3. Help with the distribution of health products
4. Help to weigh children and record information in their cards
5. Give health education to target groups
6. Provide nutrition education and demonstration - assist in organising and preparing food items e.g. weanimix, mpotor-mpotor/savoury porridge and egg porridge
7. Assist with polio immunisation – either holding babies or dropping medication into their mouths
8. Dismantle and pack materials or tidy up meeting venue
9. Provide refreshment to CHO
10. Give health education talks on malaria, diarrhoea, nutrition, exclusive breast feeding

Figure 4.6.3 A volunteer assisting the CHO during outreach by weighing children.

**Topic 3  Role of the CHV at the CHC**

This topic looks at the CHV’s role in assisting the CHO deliver services to clients in the community health compound. The community members who come to the facility have various needs. They may be sick, in need of information, counselling, education or health promotional and preventive services like the RCH services.
In earlier modules, you learnt that the health volunteer is a person who helps to lead families and neighbours towards better health. Often, he or she has been selected by the other community members or leadership as someone who is specially able, kind, and willing to serve others. The community health volunteer then undergoes an organised training to equip him/her to assist in the delivery of basic services mainly at the community level. However, at the facility level, which would most likely be at the CHPS compound, the CHV is expected to assist the CHO. At the facility level, the CHV should note that no matter how great or small the knowledge and skills that he or she has, the CHV can do a good job as long he knows and works within his limits.

The CHV can assist the CHO in delivering health service but they will not do things beyond them. They will help in:

Exercise 4.6.2

**Objective**
1. To describe the role of the volunteer when assisting the CHO in the facility level.

**Question**
1. What role should volunteers play in promoting CHO at the facility level?

**Instructions to the Facilitator**
1. Put participants into groups of 5.
2. Let each group list activities that a volunteer does at the CHC.
3. Discuss at plenary and agree on key activities volunteers should do.

**Role of volunteers at the CHC**

- Organising the facility set up for RCH service delivery.
- Weighing of children and pregnant women
- Taking height of pregnant women
- Assisting in the immunisation of children by giving children drops of vaccines into the mouth, for example Poliomyelitis vaccine
- Tallying immunisation given to children and pregnant women in EPI tally book – babies less than 1 week old for BCG immunisation, bring children for immunisation when mothers are afraid to come out due to cultural beliefs
- Looking for pallor in pregnant women and nursing mothers
- Giving nutrition education to pregnant women
- Checking CWC, PNC, ANC attendance
- Cleaning the facility and its environment regularly, arranging chairs and organising places for services
Assisting the CHO to Provide Services

- Giving nutrition education and food demonstration to mothers
- Providing the CHO with food stuffs
- Counselling clients on family planning

The CHVs will have to observe

- The plotting of growth curve in the child’s welfare card by the CHO
- The filling of client cards and scheduling of follow-up visits
- Family planning counselling in progress

Other duties of the CHVs

The CHVs also carries out the following duties:

- Assisting mothers in sponging children with fever when the CHO is giving service
- Running service delivery errands for the CHO e.g. bringing service delivery items from the store room when these ran out; fetching water to wash used bowls, assisting with sterilisation of needed equipment; etc
- Selling short term family planning products – condoms and spermicides to client whilst CHO is busy attending to others
- Assisting in clearing and tidying up the facility after any form of service delivery
- Organising the community to weed and tidy around the CHPS compound on regular basis

Figure 4.6.4 A volunteer making a presentation on the health status of the community using the ‘Problem Tree’.
Unit Summary

There are two health delivery programmes which the volunteer assists the CHO to do – outreach programmes and health delivery at the facility level. The volunteer’s role is mainly mobilisation of community members to fully participate in all health delivery activities. The volunteer is said to have done well when he gets about 80% of community members to participate in outreach activities, women to participate in MCH activities and sick people to report promptly to the health facility. Also, the volunteer can use this occasion to collect vital health data about the community and pass it on to CHOs. These were things we learned in this unit.

Module Summary

The main work of the volunteer is to assist the CHO in the provision of basic health services to community members. The volunteer does this through home visiting, health education and promotion, treatment of minor ailments, assisting the CHO during outreach and at the facility. As the volunteer does this work he or she interacts with the clients and gets to know their health problems, advises them and refers them to the CHO or gives them minor treatments. Food is an important determinant of health and the volunteer has a role to play in assisting community members identify foods within their environment that promote good health. When volunteers do this job effectively, they help to raise the health status of the community and lower its disease burden. Therefore, the volunteer is a very important link between the health delivery system and the individual and family who take action to improve their health.
Glossary

Concept
An idea or a principle that is connected with something.

Rationale
The principles or reasons which explain a particular decision, course of action, belief, etc.

Discreet
Careful in what you say or do, in order to keep something secret or to avoid causing embarrassment or difficulty for somebody.

Counselling
Professional advice about a problem.

Referral
The act of sending somebody who needs professional help to a person or place that can provide it.

Feedback
Advice, criticism or information about how good or useful something or somebody's work is.

Khaki
A strong greenish or yellowish brown fabric used especially for making military uniforms and also used for the uniform of Community Health Nurses (CHN) in Ghana.

Nurses
Persons whose jobs are to take care of sick or injured people, usually in a hospital.

Limits
A point at which something stops being possible or existing.

Morbidity
The presence of illness or disease or their relative frequency of occurrence.

Mortality
The number of deaths in a particular situation or period of time.

Environment
The conditions that affect the behaviour and development of somebody or something, the physical conditions in which somebody or something exists.

Management
The act of running and controlling a business or similar organisation.

Breeding sites
A place where wild animals go to produce their young.

Preventable
Stopping something from happening.
Module 4
The work of Community Health Volunteers

References

1. Amherst Association for Health Adolescent Sexuality. (http://www.nova.edu/ssss/QR/QR7-2/joffres.html) accessed on 2nd July, 2007
# APPENDIX I: INTRODUCTORY VOLUNTEER TRAINING PROGRAM – SAMPLE

<table>
<thead>
<tr>
<th>DAY</th>
<th>TIME</th>
<th>CONTENT</th>
<th>METHODOLOGY</th>
<th>MATERIALS</th>
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<tr>
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<td>Arrival of participants and facilitators</td>
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<td>BREAKFAST</td>
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<td></td>
<td>8.00-9.00am</td>
<td>• Welcome</td>
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<td></td>
<td>• Introduction</td>
<td></td>
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<td>• Workshop goals and objectives</td>
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<td>• Pre-test</td>
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<td>9.00-9.45am</td>
<td>Overview and concept of CHPS</td>
<td>Class discussion</td>
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<td>9.45-10.45am</td>
<td>Concept of volunteerism and criteria for selecting volunteers</td>
<td>Brainstorming</td>
<td>Group work</td>
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<td>COCOA BREAK</td>
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<td></td>
<td>11.00-1.00pm</td>
<td>Roles and responsibilities of CHVs/CHVs in CHPS</td>
<td>Case study</td>
<td>Home visiting bag and contents</td>
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<td>Challenges facing volunteers</td>
<td>Class discussion</td>
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<td>3.00-4.00pm</td>
<td>Supervising and motivating volunteers</td>
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<td></td>
<td>4.00-5.00pm</td>
<td>Managing and accounting for resources</td>
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## Day 2

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<td>Breakfast</td>
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<td>8.00-9.00am</td>
<td>Common community health problems and causes</td>
<td>Class discussion</td>
<td>Flip chart, felt pens, ORS, cup,</td>
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<td>9.00-10.45am</td>
<td>Methods of preventing common diseases</td>
<td>Group discussion</td>
<td>Child health record book, spoon, bottle (plastic), ITN retreatment tabs</td>
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<td>COCOA BREAK</td>
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<td>Management of common ailments at the home</td>
<td>Class discussion</td>
<td>Mother cards</td>
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<td>Demonstration Role Plays</td>
<td>Bucket</td>
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<td>LUNCH BREAK</td>
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<td>Reproductive health services and family planning</td>
<td>Class discussion</td>
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<td>Family planning cards</td>
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<td>3.00-4.00pm</td>
<td>Child Health Services</td>
<td>Group discussion</td>
<td>Road to health cards</td>
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<td>4.00-5.00pm</td>
<td>Promoting Environmental sanitation</td>
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<td>Referring clients and tracing defaulters</td>
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<td>11.00-1.00pm</td>
<td>Promoting good Nutrition</td>
<td>Demonstration</td>
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<td>Counseling families during home visits</td>
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<td>Tools used by CHV in data collection</td>
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<td>Data collection, analysis and reporting</td>
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<td>Relevance of data collection at the community level</td>
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<td>Feedback on health activities in the community: using data for advocacy</td>
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<td>Advocacy, behaviour change and Community mobilization</td>
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<td>Post-test</td>
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<td>12.00-1.00pm</td>
<td>Evaluation and next steps</td>
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APPENDIX II: TRAINING OF HEALTH VOLUNTEERS & HEALTH COMMITTEES

PRE- AND POST-TEST QUESTIONS – SAMPLE

Attempt all. You score one point if you get the answer correct

1. CHPS is the same as community clinic
   Agree ( ) Disagree ( )

2. CHPS means health at your doorsteps
   Agree ( ) Disagree ( )

3. CHPS emphasizes preventive health care
   Agree ( ) Disagree ( )

4. Under CHPS a health worker, called CHO, lives in the community
   Agree ( ) Disagree ( )

5. CHPS was introduced to reduce travel time to get health care
   Agree ( ) Disagree ( )

6. CHPS involves communities in the planning and delivery of health services
   Agree ( ) Disagree ( )

7. CHPS improves relations between health workers and communities
   Agree ( ) Disagree ( )

8. CHPS makes communities take responsibility for their own health
   Agree ( ) Disagree ( )

9. A Health volunteer should do home visits
   Agree ( ) Disagree ( )

10. A Health volunteer should not organize communities for health activities
    Agree ( ) Disagree ( )

11. A Health volunteer should refer cases to the CHO or clinic
    Agree ( ) Disagree ( )

12. A Health volunteer should help the CHO to deliver health services
    Agree ( ) Disagree ( )

13. A Health volunteer should collect, record and keep health information
    Agree ( ) Disagree ( )

14. A Health volunteer should not give injections or antibiotics
    Agree ( ) Disagree ( )

15. A Health volunteer should not pass information about one client to others
    Agree ( ) Disagree ( )

16. A Health volunteer should admit patients at home first before referring
    Agree ( ) Disagree ( )

17. A Health volunteer should not sell injections and antibiotics
    Agree ( ) Disagree ( )

18. A health committee should supervise health volunteers
    Agree ( ) Disagree ( )

19. A health committee should see to the welfare of volunteers and CHOs
    Agree ( ) Disagree ( )

20. A health committee should advocate for health (FP, Nutrition, Sanitation)
    Agree ( ) Disagree ( )

21. A health committee should mobilize to build and maintain a CHC
    Agree ( ) Disagree ( )

22. Volunteers working in CHPS zones are paid monthly salaries
    Agree ( ) Disagree ( )

23. For a child with fever, sponge the child to reduce the temperature
    Agree ( ) Disagree ( )

24. For a child with fever, pour olive oil on the child’s head
    Agree ( ) Disagree ( )

25. For a child with fever, treat with Paracetamol
    Agree ( ) Disagree ( )
26. For a child with fever, give plenty of watery foods

27. For a child with fever, advise mother to send the child to the herbalist

28. A child with diarrhoea should be given Oral Rehydration Solution (ORS)

29. An ORS solution can still be used after one day (24 hours)

30. A child with diarrhoea should be given enema

31. A child with diarrhoea should stop breastfeeding immediately

32. Coconut water is good for a child with diarrhoea

33. A child with diarrhoea should be given antibiotics

34. Many diseases can be prevented by washing your hands with soap

35. Unwanted pregnancies can be prevented through abortion

36. To avoid malnutrition a baby should be breastfed for only two months

37. To prevent Kwashiorkor don’t give a child food with fish or meat

38. Boiled yam, palaver sauce, fish and orange make a healthy diet

39. Fufu, fried plantain, TZ and Banku are foods that help us fight diseases

40. Malaria can be prevented by sleeping under insecticide treated nets

41. Health data helps identify the causes of diseases and how to fight them

42. Health data helps identify people with diseases and refer

43. During home visiting a volunteer should impose his decision on the family

44. During home visiting a volunteer should state the purpose of the visit

45. If a volunteer is not sure of something he/she should guess

46. A volunteer can discuss politics during home visiting

47. Swollen feet, bleeding and anaemia are healthy signs of pregnancy

48. Head-to-toe examination is recommended for pregnant women

49. Every pregnant woman should take three doses of SP before delivery

50. Family Planning helps children grow healthy and strong