

Community Health Worker manual: Core competencies

In-service training, 2013

Facilitator's Guide

**Prepared for the Ministry of Health, Government of Fiji
by the Fiji Health Sector Support Program**

Version 1.1, October 2013



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Version: 1.1

Edition: October 2013

The Fiji Health Sector Support Program (FHSSP) is an Australian Government initiative, providing support to the Fiji Ministry of Health to delivery essential health services to the people of Fiji. The FHSSP supports activities that contribute to improving health outcomes in maternal and child health, strengthening diabetes and hypertension prevention and management, and revitalising primary health care and targeted health systems strengthening. FHSSP is implemented by Abt JTA on behalf of the Australian Government.

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Foreword

Community or Village Health Workers work voluntarily in their communities to provide First Aid emergency response, engage with the community to develop healthy outcomes, and implement health promotion programs.

This manual is a guide to train Community/Village Health Workers in the core competencies they are expected to have to effectively perform their role in their respective communities.

It is the culmination of the collaborative effort of key stakeholders of primary health care in Fiji. The Ministry of Health, together with other ministries and donor partners, continue to engage with communities to promote healthy lifestyles and behaviour change to reduce the double burden of disease in our midst.

Promoting wellness in the community is a key function of the Community/Village Health Worker.

It is our hope that this guide will be used by all those who have the passion to train the volunteers to gain the knowledge and skills to equip them to perform their role well in the communities they serve.

Mrs Una Bera

Acting Deputy Secretary for Public Health
Ministry of Health




Acknowledgements

We would like to thank the following for their support, extensive knowledge and expertise, which together has resulted in the production of the manual:

- Ministry of i-Taukei Affairs
- Ministry of Health staff
- Fiji Health Sector Support Program.

Abbreviations

ANC	Antenatal clinic
ARF	Acute rheumatic fever
BCG	Bacillus calmette-guérin [vaccine]
BMI	Body mass index
CBA	Child bearing age [15 to 49 years]
CHAP	Community Health Action Plan
CHR	Child Health Record
CHW	Community Health Worker
CPR	Cardiopulmonary resuscitation
DHS	Divisional Health Sister
DISMAC	Disaster Management Committee [Fiji]
DTP	Diphtheria-tetanus-pertussis [vaccine]
ECp	Emergency contraceptive pill
FP	Family planning
GOPD	General Outpatients Department
HBV	Hepatitis B vaccine
HC	Health centre
Hib	Haemophilus influenza type B
HIV	Human immunodeficiency virus
IEC	Information, education, and communication [materials]
IMCI	Integrated management of childhood illness
IUCD	Intra-uterine contraceptive device
LTA	Land Transport Authority
MCH	Maternal and child health
MO	Medical Officer
MoE	Ministry of Education
MoH	Ministry of Health
MR	Measles-rubella [vaccine]
NCD	Non-communicable disease
NGO	Non-government organisation
NP	Nurse Practitioner
OPV	Oral polio vaccine
ORS	Oral rehydration solution



PA	Provincial Administrator
PNC	Postnatal clinic
RHD	Rheumatic heart disease
SDH	Subdivisional Hospital
SDHS	Subdivisional Health Sister
SNAP	Smoking Nutritional Alcohol Physical Inactivity
SOPD	Specialist Outpatient Department
STI	Sexually transmitted infection
TT	Tetanus toxoid [vaccine]
VCCT	Voluntary counselling and confidential testing

Glossary of key terms

Burden of disease	The total impact of a health problem, such as non-communicable diseases, on the community.
Communicable disease	An infectious disease that can be transmitted from one person to another.
Community development	The practice of empowering community members to develop their skills and potential to build a strong, happy, healthy, and safe community.
Community engagement	A set of processes and activities that involve working together with the community to help them identify and solve problems that affect their wellbeing.
Community profile	An analysis of the geographical, population, health, and asset and wellness characteristics of a community, to contribute to better health planning.
Evaluation	A process of assessing whether an activity has met its goals or objectives.
Health promotion	Activities that help individuals and communities identify and reduce risk factors for disease, and to behave in ways that will make them safer and healthier.
Monitoring	A continuous process of assessing whether a situation or activity is creating change in the community.
Mortality	Rate of deaths in a community.
Needs analysis	The process of identifying the requirements of the community and specific groups in the community, such as mothers, babies and children, people with diabetes, or those at risk of diabetes or heart disease.
Non-communicable disease	A non-infectious disease caused by risk factors such as physical inactivity, poor diet, and smoking, e.g. diabetes and heart disease.
Prevention	Strategies to promote wellness and reduce the occurrence of accidents, illnesses, and injuries in a community.
Self-screening	Processes and tools the community can use to monitor their own health as a means of increasing individuals' awareness and ownership of their own health and the health of their family.
Wellness	A state of health that looks holistically at social, emotional, spiritual, environmental, occupational, intellectual, and physical dimensions.





Overview

Welcome to your Facilitator's Guide to assist you in delivering Community Health Worker training. This training will support communities to build and maintain health for all by developing the skills of Community Health Workers.

Read this guide prior to starting the training, to make sure you are familiar and comfortable with the information, scenarios, questions, and suggested activities. It is also useful to help you prepare other resources you may need.

Check that all participants have a copy of the *Community Health Worker manual: Core competencies — Participant's Guide*. The Participant's Guide is designed to be used during their training and as an ongoing reference in the workplace.



Facilitator with training participants. (FHSSP 2013)

Evidence-based training

Explain that evidence or competency-based training means using evidence provided by the participants to show they are building their ability or competence to:

- engage the community to develop healthy outcomes
- implement community health promotion programs
- provide First Aid emergency response.

By participating in and completing the activities in the facilitated training sessions, and/or in the clinical setting, participants will have a range of opportunities to demonstrate their abilities and knowledge. The successful completion of these activities will provide 'evidence of competence' for the participants and for you as their facilitator.

Role of facilitator

To deliver the training you must have a copy of this Facilitator's Guide and the Participant's Guide. Before you commence any training sessions, please read all chapters.

Prepare other resources

Aside from a general resource kit (outlined further in this section), please read this guide and identify other resources you may need to be ready for every session of training.



Community Health Workers participating in training. (FHSSP 2013)



Training plan

- This workshop will be conducted for the communities where most Community Health Workers live.
- Community Health Workers from a number of communities will attend each training session.
- The training will take place over 2–3 days.
- A training timetable will be provided to CHWs when they attend the training.

Topics covered

Topics covered in this training include:

- Why the community should have a Community Health Worker (CHW).
- Skills the CHW needs.
- Working closely with the community and other important groups.
- Building a picture of the community (a profile to assess needs).
- Making plans and giving information to build health in the community.
- Knowing who the important contacts are in the community.
- Developing useful relationships.
- Using effective communication.
- Keeping track of what is happening in the community.
- Working well with nursing staff and medical areas.
- Keeping the dispensary in good order.
- Providing First Aid and helping the community to learn these skills.
- Looking out for risks and hazards in the community.
- What to do in an emergency.



Community Health Workers working on a group activity during training. (FHSSP 2013)

What is a Community Health Worker?

In Fiji, a Community Health Worker, or CHW, is someone who:

- Volunteers in their community to promote health and wellness.
- Works with other individuals and groups to create a healthy community.
- Promotes health and wellness, particularly for maternal and child health.
- Focuses on reducing 'lifestyle' diseases or non-communicable diseases (NCDs), such as diabetes and heart disease.

They can do this in many ways, such as:

- Helping to organise the community for local health planning.
- Encouraging increased use of the existing health services.
- Promoting good health practices.
- Teaching and working with the community to make a healthy place for all.
- Monitoring activities and telling people about:
 - Practices that have improved health in their community.
 - Major health problems in the community.

What is a healthy community?



(FHSSP 2013)

Many factors affect the health of individuals and their communities. These factors include:

- Level of income
- Work
- Housing
- Transport
- Family and social relationships
- Access to and use of basic services, such as safe water supply and sanitation
- Quality health services
- Taking responsibility for self and children
- Quality of the environment.

Any actions that improve these factors will help improve health outcomes. This happens as the community has better knowledge of what it needs to be healthy.

Why have this training for CHWs?

This training was created to strengthen the role of CHWs to support the wellness approach in communities throughout Fiji.

The CHW role, which is an unpaid volunteer role, has been used in the past as a semi-clinical/treatment person in the community, without relevant training. Now, with the crisis of non-communicable diseases (NCDs), especially diabetes, there has been a shift in focus to **promote primary health care and health promotion** in the communities of Fijian villages, urban communities, and peri-urban settlements.

CHWs need skills and knowledge to work effectively with community members, health services, and the zone nurse. These skills will help CHWs in a renewed focus on maternal and child health, as well as diabetes and hypertension identification, prevention, and management.

The focus of CHWs continues to be on:

- **Supporting** families and communities.
- **Promoting** access to health services, so people will seek treatment early.
- **Managing** existing health issues.

Training manuals for CHWs

The following manuals make up the full training package for the Community Health Worker training program:

- Community Health Worker manual: Core competencies (this manual)
- Community Health Worker manual: Promote child health in the community
- Community Health Worker manual: Promote safe motherhood in the community
- Community Health Worker manual: Promote wellness in the community.

This manual is the core competencies and is the first training manual. The others will follow. Each is targeted to support the CHW to develop knowledge and skills to share with their community to promote:

- Child health
- Safe motherhood
- Wellness.



Why are learners participating in the training?

The participants in this training are all volunteers from their communities, who act as Community Health Workers.

These CHWs have received basic First Aid training. Now they need to extend their general knowledge and skills to promote health within each community. Their goal is to raise awareness among people and families, to spread the knowledge and skills to prevent illness and promote wellness.



Units of Competency

Participants will gain the following knowledge and skills from this training to become a competent Community Health Worker.

Competency A critical area of knowledge and skills required to perform the job role of participants	CHW Competency 1 Engage the community to develop healthy outcomes
Training elements The specific knowledge and skills that participants will gain by the end of this training	Demonstrated evidence The measurable evidence that participants must be able to demonstrate to prove their competence for each training element
1. Use effective community engagement and development methods to achieve planned health outcomes.	1.1 Describe ways to apply the principles of community engagement and development in your community. 1.2 Demonstrate how to engage with key stakeholders in the community, and participate in relevant groups to build positive and effective relationships.
2. Ensure health information and plans support the engagement and development of the community.	2.1 Demonstrate how to develop a community profile and needs analysis, in partnership with community members. 2.2 Demonstrate how to guide the community to meet its identified plans, by providing information and strategies.



<p>Competency</p> <p>A critical area of knowledge and skills required to perform the job role of participants</p>	<p>CHW Competency 2</p> <p>Implement community health promotion programs</p>	
<p>Training elements</p> <p>The specific knowledge and skills that participants will gain by the end of this training</p>	<p>Demonstrated evidence</p> <p>The measurable evidence that participants must be able to demonstrate to prove their competence for each training element</p>	
<p>1. Work in partnership with the community to implement activities to promote healthy lifestyles, behaviour change, and seeking treatment early, and to build positive attitudes to health.</p>	<p>1.1 Identify community partners, and implement and update a directory of partners and contacts to promote community health.</p>	<p>1.2 Demonstrate effective communication and relationships to obtain and provide appropriate IEC materials.</p>
	<p>1.3 Implement activities to promote maternal and child health.</p>	<p>1.4 Demonstrate how to monitor health promotion activities and outcomes over time, and report to relevant contacts and community groups.</p>
<p>2. Collaborate with other health workers to support health promotion and services in the community.</p>	<p>2.1 Explain how to maintain relationships with nursing staff from the medical area to report health issues or concerns and promote regular/scheduled visits to the community.</p>	<p>2.2 Explain how to maintain the dispensary for the nursing/health team (where relevant) to use when visiting the community.</p>

<p>Competency</p> <p>A critical area of knowledge and skills required to perform the job role of participants</p>	<p>CHW Competency 3</p> <p>Provide First Aid emergency response</p>	
<p>Training elements</p> <p>The specific knowledge and skills that participants will gain by the end of this training</p>	<p>Demonstrated evidence</p> <p>The measurable evidence that participants must be able to demonstrate to prove their competence for each training element</p>	
<p>1. Provide First Aid in emergencies, and maintain and implement skills training.</p>	<p>1.1 Demonstrate effective First Aid skills are maintained with regular update training and practice.</p>	

	<p>1.2 Implement basic First Aid skills training for others in the community to build an effective group of emergency responders.</p>
<p>2. Practise and implement emergency plans and preparations.</p>	<p>2.1 Demonstrate how you practise emergency plans and drills in your community.</p> <p>2.2 Identify relevant issues from past emergencies within the community, and explain the preparations and plans in place.</p> <p>2.3 Explain how to gather information from appropriate groups to reduce the impact of emergencies (including natural disasters).</p>

Contact details

Provide learners with your name and contact details.



Presenting to the group during Community Health Worker training. (FHSSP 2013)

Using this Facilitator's Guide

This guide will assist you to plan the delivery of each session by providing:

- Topics
- Suggested activities
- A list of resources and materials required
- Elements of competency and demonstrated evidence.

Mode of delivery

It is recommended that you aim to deliver the training face-to-face in a group setting with a group of no more than 20 participants over two consecutive days of training. For some groups it may be necessary to increase the training to three days; for example, if the group is particularly inexperienced, or if there is one or more of the competencies that requires additional focus in a particular area.

Training space

Aim to provide training in a central space in the district areas, close to where people work. This is a useful way for colleagues to get to know those workers from their region and help to build a network of contacts.

Training tips and preparation

The following tips provide suggestions and strategies to support effective delivery of this training.

Before delivering this training, take some time to familiarise yourself with the Participant's Guide, and this Facilitator's Guide. Also review the following training suggestions to assist you to prepare for a successful training program.

Training suggestions

Training delivery

It is suggested that you:

- Deliver sessions in the order they appear. However, some sessions may be appropriately grouped together for practical purposes.
- Allow sufficient time for questions, reflection, and review. Plan how long you think each activity should take to complete, and monitor this for variations that may be needed with different groups.
- Aim to get feedback from participants after each activity and have general group discussion to confirm everyone has understood the information and the activity and feels confident to progress.

Create a comfortable and encouraging learning environment

To create an environment where participants are comfortable with you as the facilitator and encouraged to share their ideas, consider the following steps:

- Welcome participants and acknowledge them as colleagues who have experience. Explain that this training is an important upgrade, and part of their professional development.
- Introduce yourself (more than your name and role — provide a brief overview of your professional experience).
- Indicate your pleasure to be there and your gratitude for the participants' attendance.
- Tell participants that the training is a place and time to learn and share knowledge and experiences. Everyone is there to learn, including you as the facilitator.
- Establish that all questions are encouraged (reinforce that all questions are welcome and you are keen to answer what you can or help the participants to find answers).
- Create some guidelines with the group about how to achieve the best learning place. For example, add up the number of years of experience as CHWs that exists in the whole group. Emphasise this total as a resource for everyone. The training can draw on that wealth of experience if participants will share their knowledge and skills. Learning about different ways of working as CHWs enriches the learning for everyone.
- Different ways and different views are also a valuable resource. Discussing these differences is a learning tool. This needs to be done with respect for all in the group, to ensure the learning space is comfortable for everyone.

Encourage participants to say what they think, and also encourage and role model constructive criticism or disagreement with the points being discussed, not the person making the comment. Make positive comments such as: 'Thank you for that question. I am sure others wanted to know the answer to that too'.

When working with the training participants, their responses may be varied, as with any group. Some may interact freely in a group setting of training. Others may be more withdrawn, quiet, and minimally responsive. Catering your training delivery to suit a range of learning styles (even in the same group) is more effective, particularly with minimally responsive participants, and can include strategies such as:

- Discussing third party stories or case studies from elsewhere as examples to reinforce training, then inviting local experience. For example, 'How does this compare with what you see here?', 'Can you tell me what happens in your community in this scenario?'
- Asking for responses from the group rather than calling on selected individuals. For example, 'You all have experience as Community Health Workers. What do you think are some of the problems/solutions/issues?'
- Providing alternative opportunities for sharing of local experiences. For example, invite participants who are very quiet to write about what is happening for couples, families, mothers, and children in their communities, perhaps working together in the group to do this. Then ask them to share this information with you and the rest of the group. This is particularly effective if you provide materials for participants to use, such as butcher's paper, art supplies, magazines, and health information.
- Encouraging sitting around in the training as a group (not behind desks). The facilitator should also be a part of this group.

- Providing audio-visual and written information, including accessing samples where relevant.

Activities such as these can help you to establish an appropriate comfort level. They may assist you to find an appropriate icebreaker to start the session, so that you and the participants start to feel comfortable with each other.

Consider different ways of learning

Adults learn in a number of different ways, including:

- **Visual** learning (use pictures, videos, and diagrams).
- **Auditory** learning (use lectures, group discussions).
- **Kinaesthetic** learning (use models, role-plays, demonstrations, and on-the-job activities).

Brainstorming

Some tips for brainstorming are:

- Capture all ideas.
- Encourage different ideas and other ways of doing things.
- Encourage everyone to offer their ideas (either by writing or drawing alone or in groups, and then presenting their ideas in the group).
- Build on other people's ideas.
- Use words and pictures.
- Keep going until everyone agrees they can't think of anything else.
- When the group is finished, share some case studies or examples of ideas, strategies, resources, projects, or methods other people have used (choose these carefully to be as similar to the characteristics or situation as the one you are training the group about).

Other tips to support participants

Participants completing this training will be diverse and at varying levels of capacity, experience, and education. To manage this:

- Gain as much information as possible about the participants and the community.
- Establish and maintain a high level of communication and sharing to encourage participant involvement and interest.
- Discuss having a common purpose with participants to support them to build their skills and knowledge as health workers to collect, report, and respond to accurate health data to affect health outcomes in Fiji.
- Develop an oral and written feedback system, so that participants can genuinely contribute their ideas, experiences, and suggestions about the training.

Training toolbox

Your 'training toolbox' contains the resources you bring to every session and should include:

- Coloured markers, whiteboard markers, pens for writing, coloured pencils.
- Butcher's paper and tape, labels for name badges.
- Relevant documents, including the Guides for this training, and topic-relevant materials, such as case studies, photos, pamphlets, relevant equipment and models, and posters.



Session 1 — Welcome and introduction

Session plan

Session 1	Welcome and introduction
Topics to be covered	<ul style="list-style-type: none"> • Skills of a CHW. • Purpose of the CHW role.
Mode of delivery	<ul style="list-style-type: none"> • Face-to-face in group setting.
Activity	<ul style="list-style-type: none"> • Group and partner activity.
Resources/materials	<ul style="list-style-type: none"> • Check each participant has their own copy of the Participant's Guide. • Name badge(s). • Pens or pencils. • Data projector and PowerPoint presentation (print a master copy of the PowerPoint slides as a backup). • Whiteboard/butcher's paper and markers.
Preparation	<ul style="list-style-type: none"> • Make sure you are familiar with the content and activities in this section. • If you need to use any specific local examples or materials, make sure you have them prepared in advance.

Welcome

Welcome all participants and introduce the training. Review the objectives of this training, as detailed in the competencies table.

Explain that the purpose of this training is to support communities to build and maintain health for all, by developing the skills of Community Health Workers.

This session looks at the fundamental skills and knowledge that a CHW will need to demonstrate.

1.1 Skills of a CHW

Discuss with participants that when they are working as a CHW they will need to demonstrate the skills to:

- Find and gather resources for their community.
- Maintain good working relationships with community leaders, other stakeholders, and other CHWs.
- Be organised and manage their time effectively.
- Plan and carry out activities and programs with the community.
- Communicate effectively, including basic letter writing skills.
- Be a role-model for healthy behaviours.
- Build a solid support base, particularly with community leaders.

These skills and knowledge are covered in more detail throughout the training.



Community Health Workers support their community to maintain health for all. (FHSSP 2013)

Topics covered

The **topics** covered in this manual aim to develop the core competencies CHWs are required to demonstrate:

► **Community engagement for health and wellness:**

- What is health and wellness?
- Define social aspects of health and the dimensions of wellness.
- What is community health?
- What is a community health program (roles and responsibilities)?
- Find and use resources for health and wellness.
- Introduction to Community Health Action Plans (CHAPs).

► **Community health promotion — How to understand your community's health needs in partnership with the community and leaders to:**

- Develop illness and accident prevention strategies, and promote positive and healthy lifestyles.
- Access and develop information, education, and communication (IEC) materials that are suitable for your community.
- Understand how to refer members of the community to health services using the correct process (when there are signs of illness).
- Understand and respond to environmental health issues (e.g. water, sanitation, cooking, and gardening).
- Identify and manage hazards and risks, particularly communicable diseases and diseases carried by pests.
- Promote maternal health — including family planning, antenatal visits, nutrition, and birth preparedness plans (including readiness for complication response, such as transport).
- Promote child health — Child Health Record (including immunisations, nutrition, oral health, and weight charts).
- Promote healthy lifestyle and behaviour change to reduce the burden of communicable and non-communicable diseases in the community.

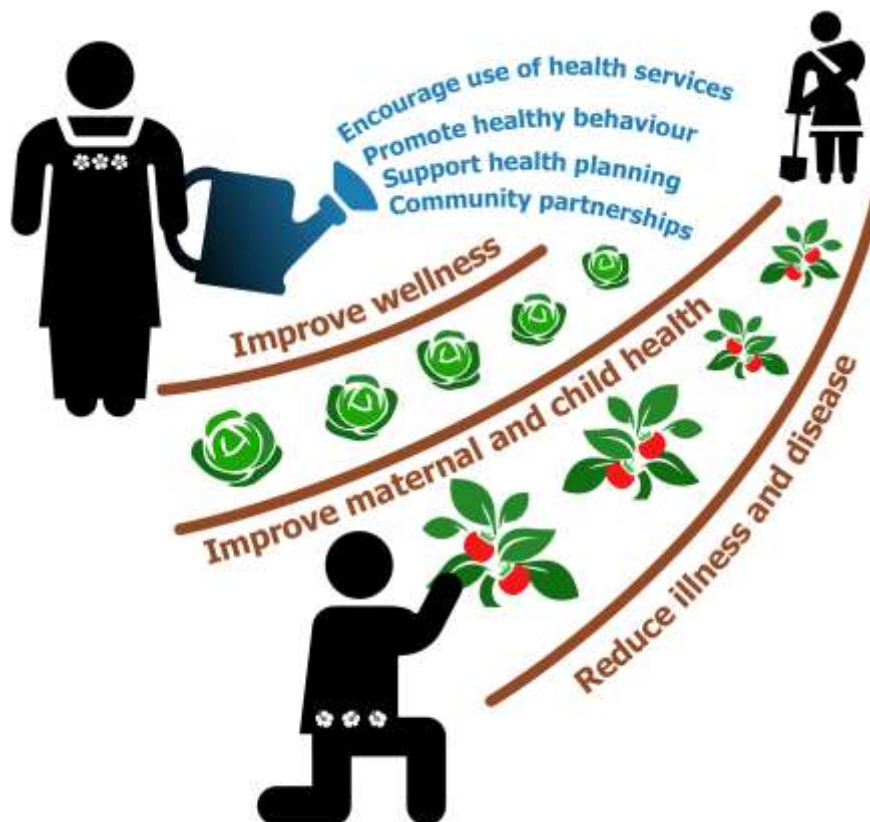
► **Compile a kit of useful key materials from:**

- The medical area and health centres.
- A wide range of other ministries (e.g. Land Transport Authority, Agriculture, Development, and Education) and groups (e.g. church groups, community groups, and training groups).

- ▶ **Promote and partner with other relevant stakeholders (especially nurses in the medical area) to promote regular community outreach and discharge planning improvements.**
- ▶ **Have effective First Aid skills for emergencies and natural disasters, and risk identification skills.**

Remind participants that completing all of the activities in this training will provide evidence of their competence in these core areas of competency for CHWs.

1.2 Purpose of the CHW role



(FHSSP 2013)

As identified earlier, CHWs can improve wellness and reduce illness by:

- Working with the community for local health planning.
- Promoting more use of existing health services.
- Promoting good health practices.
- Teaching and working with the community to make a healthy village for all.
- Monitoring activities to see whether they have improved health in the community.

- Identifying and telling people if there are any major health problems.
- Improving maternal and child health.
- Reducing the burden of communicable and non-communicable diseases.



Group and partner activity

Brainstorm

Ask participants to consider the following areas of health in their community:

- Maternal and child health.
- Communicable and non-communicable diseases.

Briefly brainstorm some of the issues that are important in your community for these areas of health.

Discuss

Now invite participants to select three issues related to each of these areas, which are the highest priority for them.

Ask them to turn to the person sitting next to them, and then take turns to discuss the issues and challenges that their community faces and how these might be improved.

The following points might help participants think about some of the issues in their community:

- **Maternal and child health:**
 - Women attending antenatal visits early in pregnancy.
 - Plans to prepare for birth early in pregnancy.
 - Promoting breastfeeding in all infants and continuing up to 2 years.
 - Taking infants and children under 5 years regularly to the clinic for check-ups and for scheduled immunisations.
 - Preventing illness with good nutrition for babies and children.
 - Recognising signs of a sick child quickly and helping children and babies with diarrhoea by knowing how to make and give oral rehydration solution (ORS).

- Taking a sick child to the clinic early.
- Recognising danger signs.
- **The level of infectious diseases (i.e. communicable diseases):**
 - Recognising the causes of infection and how they spread in the village or community.
 - Identifying problems in the community environment (e.g. water supply, sanitation, exposed waste and rubbish, presence of disease-carrying insects).
 - Identifying poor personal hygiene and food practices.
- **The impact of non-communicable diseases (NCDs):**
 - Seeking treatment early when there are signs of illness.
 - Screening to identify, monitor, and detect health problems early (especially for weight, blood sugar and blood pressure, and cancers).
 - Effectively managing existing illness.
 - Awareness of lifestyle factors linking to NCDs (smoking, drinking, poor nutrition, STIs, and lack of regular activity).

Share

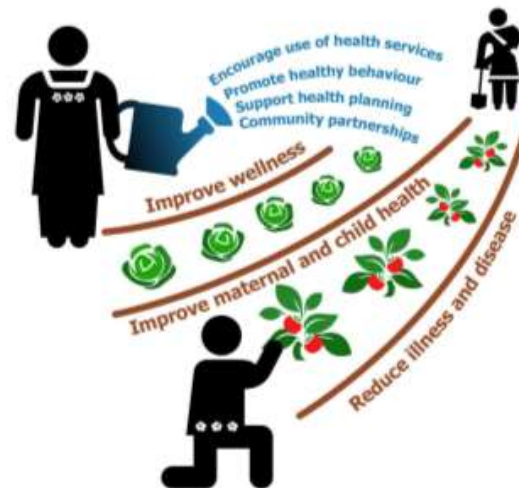
Invite partners to share their stories and discuss them with the group. Highlight any positive or success stories and discuss how these could be promoted more. Also **discuss the common difficulties** that the CHW might face in trying to promote change in behaviour.

Reconfirm the role of the CHW in most communities. Acknowledge that in remote or maritime communities the CHW may have a bigger role due to lack of access to health services. However, reinforce that this is not the case in the majority of medical areas.

Show the following PowerPoint slide to participants about the core role of the CHW. See Annex A for a copy of this slide that you can use, or otherwise draw something similar on butcher's paper or a whiteboard/blackboard.

Core role of the Community Health Worker

- To work closely with community leaders and others to promote wellness and reduce illness.
- To focus on maternal and child health, as well as communicable and non-communicable diseases.
- To support emergency First Aid for the community.



Reinforce that this training will focus on the development of the knowledge and skills needed to meet these core skills.



Conducting a maternal and child health clinic for new mothers. (FHSSP 2013)





Session 2 — Work with the community to develop healthy outcomes

Session plan

Session 2	Work with the community to develop healthy outcomes
Topics to be covered	<ul style="list-style-type: none"> • Work closely with your community. • Work closely with other groups and key stakeholders. • Build a picture of the community to assess needs. • Prepare information and plans to build health in the community.
Element of competency	<ol style="list-style-type: none"> 1. Work in partnership with the community to implement activities to promote healthy lifestyles, behaviour change, and seeking treatment early, and to build positive attitudes to health. 2. Collaborate with other health workers to support health promotion and services in the community.
Mode of delivery	<ul style="list-style-type: none"> • Face-to-face in group setting.
Activities	<ul style="list-style-type: none"> • Discussions. • Case studies. • Practical activity. • Group activity. • Scenarios.
Resources/materials	<ul style="list-style-type: none"> • Check each participant has their own copy of the Participant's Guide. • Name badge(s). • Pens or pencils. • Data projector and PowerPoint presentation (print a master copy of the PowerPoint slides as a backup). • Whiteboard/butcher's paper and markers.
Preparation	<ul style="list-style-type: none"> • Make sure you are familiar with the content and activities in this section. • If you need to use any specific local examples or materials, make sure you have them prepared in advance.

2.1 Work closely with your community

2.1.1 What is community engagement?

‘Community engagement’ is a planned process of working together with the community to address issues affecting their wellbeing. It is ‘the active involvement of people in any decisions that may affect the health of them, their families and the communities they are linked to’.

National Institute for Health Care Excellence. (2005). *Community engagement for health: A preliminary review of training and development needs and existing provision for public sector organisations and their workers*. Retrieved 15 October 2013, from <<http://www.nice.org.uk/aboutnice/whoweare/aboutthehda/hdapublications/p102.jsp>>.

Steps of community engagement



(FHSSP 2013)

The process of community engagement is designed to:

- Create transparency (i.e. an open, honest, and fair process).
- Increase community involvement.
- Promote responsibility for setting priorities.
- Encourage participation in change-related activities that come out of the process.

By being involved in the process, community members will share in the challenges of developing their community and take pride in the results achieved through engagement.

The CHW is a vital stakeholder in any community. As a wellness advocate, CHWs can aid 'wellness' ways of thinking during engagement activities.

Community engagement activities might include:

- The community identifying the health issues in their community and the causes.
- Brainstorming the possible solutions.
- Developing a Community Health Action Plan (CHAP).

2.1.2 What is community development?

After the community has developed its Community Health Action Plan from community engagement activities, the action phase of the process is known as **community development**.

Community development for a healthy community



(FHSSP 2013)

Community development helps people to:

- Recognise and develop their skills and abilities.
- Become more responsible.
- Organise themselves and plan together to solve problems and needs.

- Develop healthy lifestyle options.
- Become strong and achieve their goals.

At the community level, community development helps to:

- Promote fair use and control of assets to benefit all community members.
- Create jobs and other economic opportunities.
- Build strong, safe, and happy communities.
- Improve the quality of community life.

A CHW, through the Turaga ni Koro, can be the community's link to quality health care, health assistance, and guidance from the Ministry, health non-government organisation (NGOs), and other stakeholders.

Health is important in any community development process. The CHW can provide vital information and also ask for outside resources and assistance.



Discussion

Ask participants to provide examples of any community development activity that they or members of their community took part in.

- What was the purpose of this activity?
- What did it achieve?

2.1.3 Benefits of working with the community

The benefits of the CHW working with the community on health issues include:

- Raising awareness of health issues and wellness.
- Focusing on particular health issues for maternal and child health, non-communicable diseases, and wellness promotion.
- Creating ownership in the community for individuals and family health.
- Identifying concerns that are not directly health-related, but have an impact on health (e.g. environment, water safety, sanitation, housing, transport, and work).
- Creating an opportunity for education and training.
- Promoting closer links with the Nursing Station and Zone Nurse for early treatment seeking.



Case studies

Ask participants to:

- Work with a partner.
- Select one of the following case studies.
- Discuss how they can best deal with the situation described.
- Present their responses to the group when they are finished.

Case study 1: Community development in a village setting



Harvesting from a communal farm. (FHSSP 2013)

Problem

A village has begun communal farming of cassava and yaqona as an income-generating activity. This will ensure that children from the village have access to education, meet traditional and religious commitments, and ensure villagers have proper housing and sanitation facilities.

A day is put aside when the men tend to the communal farm and the women provide their meals. Money earned from the sale of cassava and yaqona will be spent on the above developments. However, the problem this community faces is that they are a long way from the market to sell their produce.

Effect

The community is not able to afford the transport cost to the nearest market. Because it is so far away, this means they are not earning enough money from their farm to implement their development plans.

Questions

- What are the key issues?
- Who could the community speak with to assist them?
- What are the next steps? For example, identify the steps to create a market closer to them.

Case study 2: Community development in a village setting

Problem

Village X was without a safe source of water supply for many years. This affected the health and wellbeing of the villagers, so they decided to solve their problem by establishing a village farm to create a new source of income.

Effect

When enough money was earned, the village got advice from the relevant authorities and began work on a village reservoir to store water from a source up in the mountains. They also put in a number of tanks.

Questions

- Who are the 'relevant authorities'?
- Who would prepare the request to seek advice?
- Describe what might be written in this request.
- Identify some of the benefits and challenges of the outcome.

Case study 3: Community development in a peri-urban setting

Problem

Settlement A does not have access to municipal rubbish disposal services. People in the settlement often throw their waste in the surrounding bushes on the edge of the settlement. Rubbish is also scattered around by stray dogs, which makes the settlement look dirty and breeds lots of flies and mosquitoes.

Elders and the advisory councillor got together to decide on a strategy to fix this problem. They called a meeting of all residents, and the group decided to dig pits for burying and burning waste. They got advice from the relevant authorities and put their plan into action.

Effect

The settlement looked much cleaner. There was a big decrease in flies and mosquitoes, as well as the risk of disease carried by these.

Questions

- Who are the 'relevant authorities'?
- What key issues might need to be considered when deciding where to dig the pits?
- What health issues could be improved by reducing the exposed waste, other than those to do with the flies and mosquitoes?

Invite questions and general discussion.

2.2 Work closely with other groups and key stakeholders

2.2.1 Community structure

Typical structure of a community

A community consists of a group of people living together in a geographically and physically identified area.

The basic administrative unit in Fijian communities is the **village** or **settlement**. In urban and peri urban areas there are cities, towns, and 'informal' or 'squatter' settlements.

Importance of structures and groups

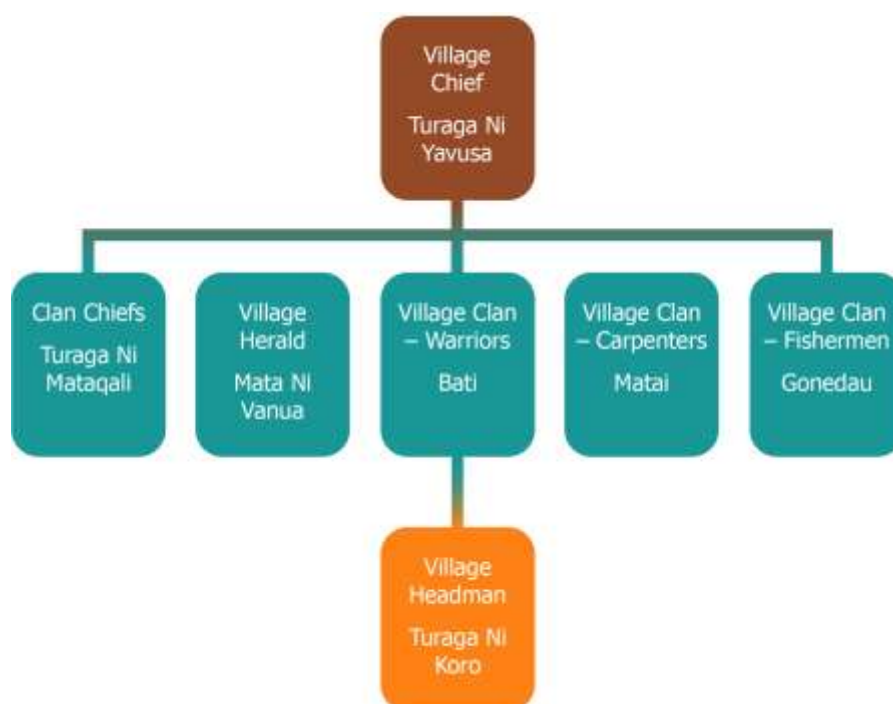
Similar structures that exist in the communities are race-based, faith-based, and/or local municipality-based.

The i-Taukei structure in the villages comprises the Village Chief, the Village Herald (Mata ni Vanua), the Village Headman (Turaga ni Koro), heads of various mataqali (clans) in the village, and all members of households living in the village.

The Village Council is the decision-making body of the village. As the following diagram shows, it is made up of the Village Chief, the heads of the village clans, and

representatives of various groups, such as youth and women, the Village or Community Health Worker, and the Turaga ni Koro. The Turaga ni Koro is the secretary/spokesperson for the Village Council and implementer of decisions of the council. He receives a monthly or quarterly allowance from the Ministry of i-Taukei Affairs for the duties he performs. He is the first point of contact with people who wish to visit the village and for any representatives of government ministries who wish to carry out activities in the village.

Structure of the Village Council



(FHSSP 2013)

The Turaga ni Koro represents the village at the District (Tikina) Council, which is chaired by the chief of the district, and the secretariat is headed by the District Officer. This body reports to the Provincial Council, which in turn reports to the Ministry of i-Taukei Affairs.

Urban centres

In urban centres, the formal structures are the city councils and town councils, which report to the Ministry of Local Government, Urban Development, Housing and Environment. Structures in urban settlements and informal settlements can be race based, faith based, or based on a geographical entity.

Urban centres are served by an appointed Advisory Councillor who reports to the District Advisory Council, which is chaired by the District Officer. This forum prioritises and makes decisions about development issues in the settlement.

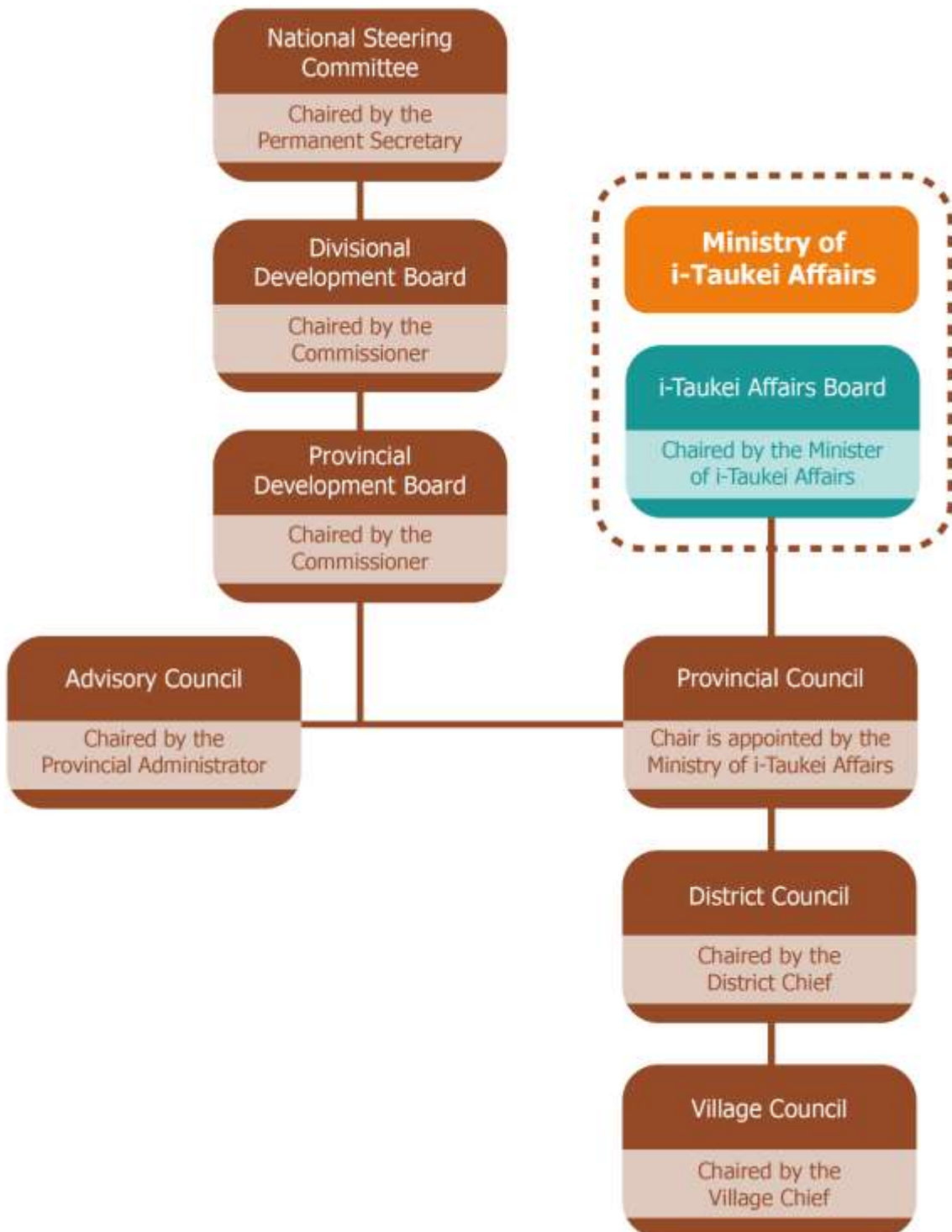
The Provincial Development Board is the body that is made up of representatives from the Provincial Council and the District Advisory Council. The Divisional Commissioner chairs the Provincial Development Board and the Divisional Development Board, and reports to the National Steering Committee. The National Steering Committee is chaired by the Permanent Secretary Provincial Development, who reports to the Prime Minister's office.

Community organisational structure

The community organisational structure, as noted in the diagram on the next page, represents the Fijian Ministry of Provincial Development and National Disaster Management and part of the i-Taukei Affairs structure up to the province level. The Advisory Council oversees the developments of other ethnic groups living in areas not declared a town or a city. The Ministry of i-Taukei Affairs has its own Permanent Secretary, who reports to the i-Taukei Affairs Board, which is chaired by the Minister for i-Taukei Affairs.

There are two parallel structures for the governance of our communities in Fiji, like the Maori in New Zealand and Aborigines in Australia. The i-Taukei in Fiji who live in the villages have the Village Chief as their traditional head and this role is inherited. This also applies to the Village Herald, who is the Chief's traditional spokesperson. The other clans have their traditional duties, such as the fishermen (Gonedau) and the carpenters and shipbuilders (Matai).

Community development organisational structure



(FHSSP 2013)



Discussion

Ask participants to work with a partner to answer the following questions:

- Describe the arrangement or structure of your community (e.g. list the decision-making groups).
- Identify the range of services your community can access at the moment (e.g. electricity, secure water supply, mobile phone services, roads, health service nearby).
- Describe the level of difficulty for people to access these services (e.g. the community has a poor road that gets cut off in the rains, there is not access to household water).
- Identify the relationship you as a CHW have with your community leaders.
- Describe how you work with your community leaders (e.g. what do you do to provide necessary information about health issues or outbreaks, how do you meet and talk with leaders?)

Invite participants to discuss their answers. Then discuss any key points raised from the questions.



Case studies

Invite participants to read the following case studies and discuss them with the other CHWs in the training.

Case study 1

Mere is a Community Health Worker at Ucu ni Koli Settlement, which is near Vuna Village, on the island of Taveuni.

Ucu ni Koli Settlement has a population of 150, including i-Taukei and Fijians of Indian, Chinese, and Pacific Islander descent. They are mostly farmers who work their individual blocks of land.

Vuna Nursing Station is about 30 km to the west of the settlement. It is run by a district nurse. The health centre is situated 40 km to the north of Vuna and is run by a medical officer and a nurse.

There was a typhoid outbreak in Ucu ni Koli following a church quarterly meeting that was hosted by the Vuna circuit.

The settlement depends on collected rainwater for their consumption.

Questions

- What are the key issues Mere must consider in working with this community?
- Who is best for her to consult?
- Who should she inform about the outbreak and when?
- What could Mere do now and in the future to help the community prevent another outbreak of typhoid?

Case study 2

The relationship between the Turaga ni Koro and CHW should be one of teamwork, respect, and cooperation.

In this particular village, the CHW is married to the Turaga ni Koro. They take their roles very seriously, and always talk about and find ways to improve the lives of villagers financially, physically, and spiritually. They have been able to build strong networks with government ministries, religious groups, and NGOs.



Villagers working in their backyard garden. (FHSSP 2013)

The CHW visits the health centre often to seek assistance for wellness awareness to be conducted in the village. As a result, activities such as mental health awareness and NCD screening have been conducted in the village.

As the CHW does her house-to-house visits, she also shares information with the villagers about making backyard gardens. She learnt about this from workshops that she attended. Now most of the households in the village have backyard gardens.

Questions

- Identify how the work of the CHW is supported in this situation.
- How can this work continue with the next CHW?

2.2.2 Communicate and make contacts with others

Communication skills



(FHSSP 2013)

Effective communication skills

The purpose of communication is to get your message across to others clearly, so that others understand your message and meaning. This involves effort from both the sender and receiver.

Communication skills include:

- Knowing what communication really is.
- Being brave and saying what needs to be said.
- Having the skills to say or write things clearly and respectfully.
- Practising — start with simple interactions that happen every day at home, in the community, or at work.
- Matching your face and movements to what you are saying.
- Focusing on the issues that are causing problems, rather than blaming other people.
- Having positive attitudes and beliefs.
- Using good listening skills (i.e. listen to understand, do not interrupt, and wait until the person speaking stops before you respond to their message).



Using pictures to talk to new mothers about breastfeeding — visuals, such as posters, pictures, and diagrams can help others to understand your message. (FHSSP 2013)



Key point

A good speaker must also be a good listener.

Good communication is important if you are asking for support or information from someone or an organisation. Communication is only successful when the sender and the receiver understand the same information as a result of the communication.

Good communication is:

- Respectful.
- Clear and simple:
 - The receiver should be able to understand your request, so that they can respond to you.
- Timely:
 - Make sure you give the receiver plenty of time to think about what you are communicating, and then to act on it.
 - If you are asking for help for a project, make sure you plan and ask for this well before the project starts. This will give the receiver time to conduct research or check protocols before giving a reply. This also gives you enough time to seek out other options if your first option is unable to help.



Practical activity

Ask participants to:

- Use the basic letter template (see Annex B) to write a letter to the provincial office.
- Ask for something their community needs to improve health.
- Focus on maternal and child health, or NCDs/communicable diseases.

In the letter, participants will need to:

- Identify the issue/need.
- Provide evidence that community leaders agree to the request being put to the Provincial Administrator (PA) or other services (for example, the leader(s) may co-sign the letter).

- Describe your request (e.g. money or a service) and explain how this will meet the need.
- Provide a timeframe.
- Provide a budget, if necessary.

Invite answers and discuss key points. Read out some of the requests and draw up a list of other issues that the CHWs believe the community needs. **Keep focused on issues that improve health.**

Develop useful contacts and work groups

Community Health Workers in a nursing zone can form their own networks and hold regular meetings with other nearby zones. This enables them to share experiences, services, and resources.

Maintaining good relationships and contacts will help CHWs gather information about the health issues in a community. If there is an outbreak of communicable disease in the area, the CHW will be the contact. The CHW will be expected to have the information about the area available for the nurse or health inspector.

CHWs are also advisers at the Village Council. In this role, CHWs provide updates and information, and act as a link with the medical area health centre, Zone Nurse, and nursing station.



Discussion

Encourage participants to discuss the following:

- How can sharing and gathering information be useful for the health of your community?
- Describe information that you would want to share or receive from other communities, services, or contacts (include outside of the MoH, for example, from the provincial office).

Invite participants to share their information with the group.

Provide key points and reinforce the benefits of networking with a wide range of contacts and services.

2.3 Build a picture of the community to assess needs

2.3.1 What is a community profile?



A community profile is information that is collected to show a summary of the conditions found in a community. This might include information about the type and condition of houses, water supply, sanitation, number of elderly or disabled children under 5 years, number of pregnant women, food supply, and school attendance. It summarises the physical and social components of the community for outsiders who wish to know more about the community.

Show the following PowerPoint slide about community profiling to participants. See Annex A for a copy of this slide that you can use, or draw something similar on butcher's paper or a whiteboard/blackboard.

Community profiling

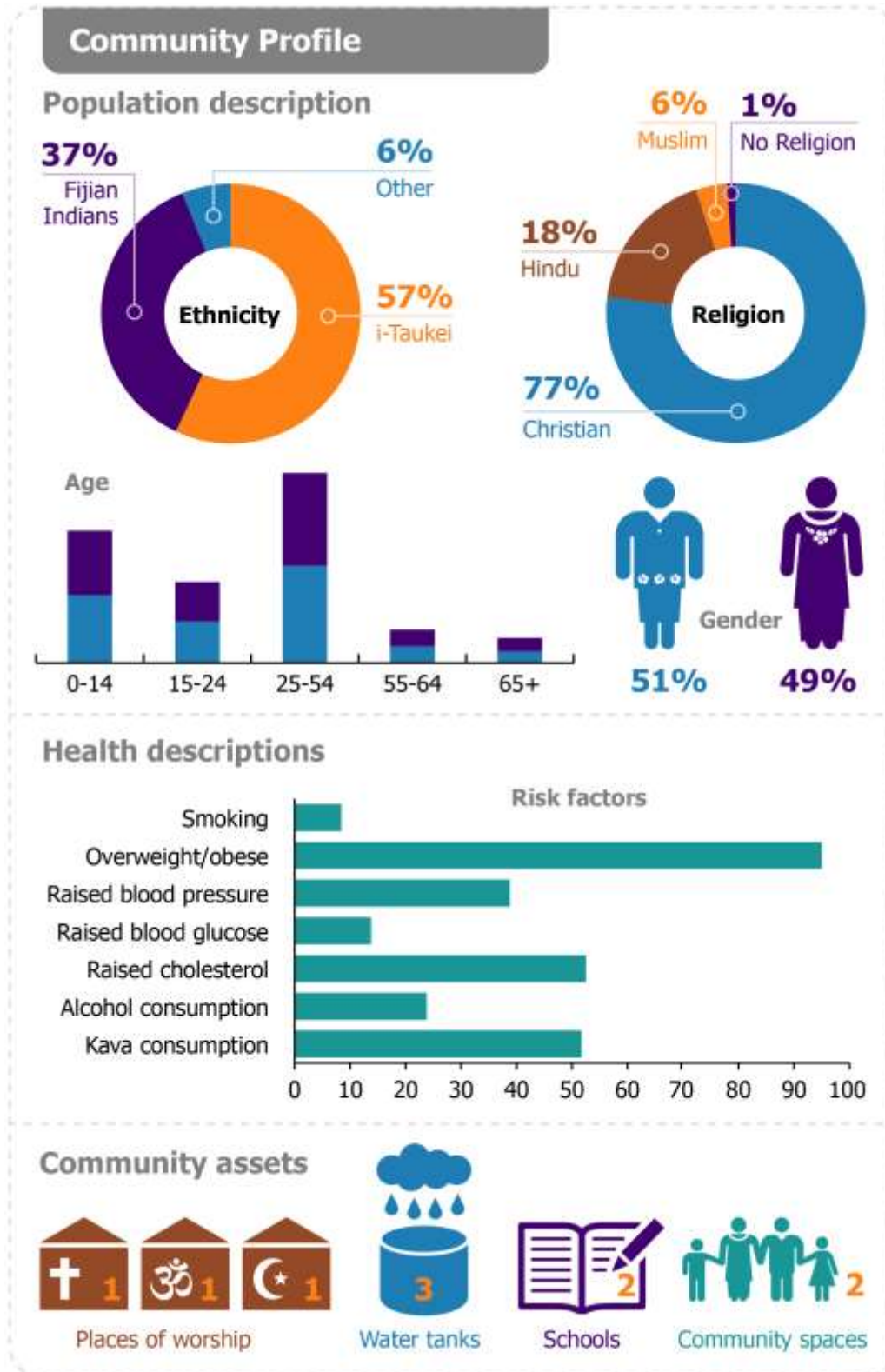
A community profile includes:

- **Geographical and physical description** — community boundaries, land uses, roads/tracks, animal pens, water sources, and houses.
- **Population description** — population, age, gender, race, income, education, languages, religion, and employment.
- **Health description** — number of diabetics, number of smokers, alcohol consumption, diet, kava consumption, and physical activity.
- **Community assets and wellness** — strengths and resources that may contribute to the overall health or quality of life within the community, e.g. schools, churches, community playground, and kava curfews.

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Example of a community profile



(FHSSP 2013)

Importance of gathering information about your community

A community profile is important because it:

- Provides solid background information and relevant baseline data about the community.
- Allows each community and other groups to have an idea of the community's current state, which allows planning of interventions.
- Gives a clear picture of the issues that are present within the community, and identifies strengths and gaps that can be filled.
- Greatly assists the community in any planning for development, especially for creating Community Health Action Plans.

Geographical description

A visual map or maps

This will map out the physical characteristics of the community, such as location, roads, water sources, and the community boundaries. For future development projects, it is important to have an accurate map of the community. It will assist with planning, as well as with measuring the impact of projects on the current features of the community.



A basic type of map CHWs could draw from their observations or photographs of a local village. (FHSSP 2013)

Population description

Population descriptions, such as gender breakdowns, can indicate current and future needs for services, such as births and mortality.

Health descriptions

Health descriptions tell us about the total health/wellness of the community. They can contribute to planning for projects that will address the health of the community as a whole.

Community assets and wellness

Describing the strengths and resources that contribute to overall health or quality of life can help identify gaps during planning. It can also help with resource allocation and prioritisation.

Community profiling

Community profiling can be done using different methods, including:

- **Community mapping**
 - Community mapping can be useful in several ways. It allows the community to play an active role, not just as 'informants', but as 'teachers', explaining how they see their community, instead of simply answering questions.
- **Observation walk**
 - An observation walk can be used to:
 - ♦ Check the information gathered during the community mapping exercise.
 - ♦ Directly observe the different resources and livelihood activities that the community have referred to during the mapping exercise.
- **Interviews/focus groups** with the community, individuals, or stakeholders.

Using the community profile

The primary uses of a community health profile are to:

- **Compile** community data and interpret that data in one place. This enables local health data to be reviewed and used by many sectors of the community.
- Clearly **present** a community's health needs and issues, so that they can be prioritised for action.
- Identify health indicators and sources of data that can be used to **monitor** change and progress in addressing priority health issues.
- Help **develop** the Community Health Action Plan and other community planning documents.

CHWs have an important role to work with community leaders and groups to create a useful community profile. CHWs are advocates for wellness and may pick out issues from community profiling that other groups may not. A CHW's wellness perspective may also help during planning and decision-making.



Group activity

Ask participants to work in small groups to describe how they would create a community profile of their community.

They should answer the following points in their discussion:

- To create a profile in your community, what key issues should you look at and collect information about?
- How could you work with the community to identify the needs of that community or specific groups, such as mothers, babies and children, people with diabetes, or those at risk of diabetes/heart disease?
- How would you get support from leaders and other groups to complete a community profile and the needs assessment?
- How would you get each household to participate in data collection about their own house and health to complete a community profile?

Ask each group to discuss each of the questions and then prepare a presentation to share with the whole group.

2.3.2 Seven dimensions of wellness



(FHSSP 2013)

Wellness is much more than merely physical health, exercise, or nutrition. It is the full integration of states of physical, mental, and spiritual wellbeing.

This model, from the University of California, Riverina, includes social, emotional, spiritual, environmental, occupational, intellectual, and physical wellness. Each of these seven dimensions act and interact in a way that contributes to our own quality of life.

- **Social Wellness** is the ability to relate to and connect with other people in our world. Our ability to establish and maintain positive relationships with family, friends and co-workers contributes to our Social Wellness.
- **Emotional Wellness** is the ability to understand ourselves and cope with the challenges life can bring. The ability to acknowledge and share feelings of anger, fear, sadness, or stress; hope, love, joy, and happiness in a productive manner contributes to our Emotional Wellness.
- **Spiritual Wellness** is the ability to establish peace and harmony in our lives. The ability to develop congruency between values and actions and to realise a common purpose that binds creation together contributes to our Spiritual Wellness.
- **Environmental Wellness** is the ability to recognise our own responsibility for the quality of the air, the water, and the land that surrounds us. The ability to make a positive impact on the quality of our environment — be it our homes, our communities or our planet — contributes to our Environmental Wellness.
- **Occupational Wellness** is the ability to get personal fulfilment from our jobs or our chosen career fields, while still maintaining balance in our lives. Our desire to contribute in our careers to make a positive impact on the organisations we work in and to society as a whole leads to Occupational Wellness. [In Fiji we think of this dimension of wellness together with the idea of Financial Wellness.]
- **Intellectual Wellness** is the ability to open our minds to new ideas and experiences that can be applied to personal decisions, group interaction, and community betterment. The desire to learn new concepts, improve skills, and seek challenges in pursuit of lifelong learning contributes to our Intellectual Wellness.
- **Physical Wellness** is the ability to maintain a healthy quality of life that allows us to get through our daily activities without undue fatigue or physical stress. The ability to recognise that our behaviours have a significant impact on our wellness and adopting healthy habits (routine check-ups, a balanced diet, exercise, etc.) while avoiding destructive habits (tobacco, drugs, alcohol, etc.) will lead to optimal Physical Wellness.

Source: Regents of the University of California. (2012). Seven dimensions of wellness. *Wellness*. Retrieved 20 September 2013, from <http://wellness.ucr.edu/seven_dimensions.html>.



Discussion

Ask participants to answer the following questions:

- How do people think about the different dimensions of wellness in your community?
- How can you promote these wellness ideas?
- What wellness activities are currently happening in your community?

Invite responses and discuss. Identify key points and reinforce strategies for improving wellness concepts in the community.

The rainbow approach

STAGE OF LIFE	WHAT TO ACHIEVE	HOW TO ACHIEVE	WHAT TO AVOID	
Baby	Healthy environment for baby to grow in mother's womb Full-term baby Safe delivery	During pregnancy: Avoid smoking and alcohol Avoid being sick, exercise regularly Attend ante-natal clinic at least four times	Get fresh local foods Book early for ante-natal clinic Get immunised	Low Birth Weight Congenital defects SPL, HIV, Syphilis Premature birth Birth complications SGL birth
Infant	Good growth and development Complete immunizations	Provide breast milk exclusively for 6 months Do complementary weaning with appropriate complementary foods Vaccinate babies with Hib, Hepatitis B, Polio, DTP, measles, mumps, rubella, meningitis and pneumococcal	Get fresh local foods Book early for ante-natal clinic Get immunised	Diarrhoea, Malnutrition, Stunted Growth Measles, Tetanus, Polio, Hib, Hib, Hib, Hib Whooping Cough, Infant Mortality
Toddler	Good growth and development Healthy behaviour	Provide good quality breast milk until 24 months Continue breastfeeding up to 24 months Introduce complementary feeding from 6 months Use appropriate stimulation for early language development	Get fresh local foods Book early for ante-natal clinic Get immunised	Malnutrition Skin Diseases Diarrhoea
Child	Good growth and development Regular school attendance Healthy behaviour	Good hygiene practices Hygienic diet/healthy school lunches Provide safe and loving environment	Get fresh local foods Book early for ante-natal clinic Get immunised	Schools free of diarrhoea, cough, fever Malnutrition Rheumatic Heart Disease
Teenager and Adolescent	Good eating habits Healthy sexual growth Regular school attendance Mental Health	Get fresh local fruits & vegetables Be strong, avoid diet, drugs, alcohol and smoking Have safe sex - condoms, TUBEX positive Learn about reproductive health Discuss children's/adolescent with health/trade mentors/peers	Get fresh local foods Book early for ante-natal clinic Get immunised	Obesity/Overweight/Underweight Respiratory problems Risk factor for cancer Drinking, drug abuse, unsafe sexual practices Sands
Adult	Healthy and productive life Healthy family environment	Eat at least 5 coloured servings of fruits and vegetables daily Be active for 30 minutes daily Have a healthy diet (low fat, low salt, low sugar) Avoid alcohol, tobacco and smoking Check your blood pressure and cholesterol regularly	Get fresh local foods Book early for ante-natal clinic Get immunised	Obesity Hypertension Stroke Heart Disease/Heart attack Kidney Disease/Kidney failure Diabetes Cancer Skin Cancer Dental decay
Senior Citizen	Aging with dignity Good health Good quality of life Contribution to family welfare	Enjoy being active and well Regular check-ups for health issues Commitment to controlling chronic diseases Compliance with medications if health problem exists	Get fresh local foods Book early for ante-natal clinic Get immunised	Disability, Amputations Blindness, Deafness Kidney failure, Prosthetic limbs

(Ministry of Health, Wellness Unit 2012)

The rainbow approach is a useful tool to help CHWs promote wellness in their community. It helps CHWs to explain what people should do and what they should avoid at every stage of their lives to achieve good health and wellness.

2.4 Prepare information and plans to build health in the community

2.4.1 Prepare information

Before you can plan health-related activities, you need to make sure you have a detailed and accurate community profile that identifies:

- Key health issues
- Needs and wishes of individuals and families
- Needs and expectations of the community as a whole.

Without a community profile, it is hard for community leaders and other groups to know where the needs are and where to allocate resources. Activities that are not based on proper community profiling are more likely to be unsuccessful and waste limited resources.



Discussion

Ask participants to answer the following question:

- Has your community ever identified issues and developed plans that have affected the health of families in the community?

Invite them to describe and share their responses.

2.4.2 Purpose of planning

The purpose of planning is to:

- Identify areas of need
- Prioritise what needs to be done or dealt with first.
- Prevent waste of resources
- Allow for alternative strategies in case of emergencies.

The Community Health Action Plan

The Community Health Action Plan or CHAP is a project that has been agreed upon by the community. Its purpose is to address the important wellness issues that are present in the community.

A CHAP should follow a simple format:

- **What** — what issues are a priority and what actions will need to be taken?
- **Why** — why has the community identified/prioritised this issue above others?
- **How** — how do they plan to deal with the issues, and with what resources?
- **When** — when will the project occur and what is the timeline of steps?
- **Who** — who will the community delegate to before, during, and after the project?



Scenarios

Encourage participants to read the following scenarios and discuss them with other participants. **Explain that each scenario produced a Community Health Action Plan.**

Scenario 1

Problem identified:	Dirty water
Cause:	Dirty water tanks, upstream activities — farming, livestock
Effect:	Diarrhoea, skin infections, and diseases
Solutions:	Clean the water tank periodically, increase awareness of farmers living upstream

Question

Identify other solutions to this problem.

Scenario 2

Problem identified:	Dirty and overgrown village surroundings
Cause:	Villagers ignoring Turaga ni Koro and CHW's calls for village clean-up
Effect:	Plenty of mosquitoes and flies, and creates an eyesore
Solutions:	Strengthen Community Health Committee roles, regular village meetings to highlight these problems and ask all villagers to help in the clean-up

Question

Identify other solutions to this problem.

Scenario 3

Problem identified: Increasing numbers of school drop-outs

Cause: Parents are encouraging children to farm, no money for school fees

Effect: Adolescent pregnancy, idleness, criminal activities

Solutions: Awareness from MoE, financial institutions, MoH; village prioritises education in its development plans

Question

Identify other solutions to this problem.

Review each scenario. Highlight that each Community Health Action Plan covered a broad range of health issues, as well as ways of improving wellness — for example, building a path to keep people out of the wet and muddy conditions in their village and reduce insect bites and illness. Provide a number of examples.

Summarise this section and review the key points.



Session 3 — Implement community health promotion programs

Session plan

Session 3	Implement community health promotion programs
Topics to be covered	<ul style="list-style-type: none"> • Identify important contacts. • Build effective relationships using good communication skills. • Track what is happening in the community. • Work well with nursing staff and medical areas. • Keep the dispensary in good order (where relevant).
Elements of competency	<ol style="list-style-type: none"> 1. Work in partnership with the community to implement activities to promote healthy lifestyles, behaviour change, and seeking treatment early, and to build positive attitudes to health. 2. Collaborate with other health workers to support health promotion and services in the community.
Mode of delivery	<ul style="list-style-type: none"> • Face-to-face in group setting.
Activities	<ul style="list-style-type: none"> • Practical activities. • Discussions. • Group activity.
Resources/materials	<ul style="list-style-type: none"> • Check each participant has their own copy of the Participant's Guide. • Name badge(s). • Pens or pencils. • Data projector and PowerPoint presentation (print a master copy of the PowerPoint slides as a backup). • Whiteboard/butcher's paper and markers.
Preparation	<ul style="list-style-type: none"> • Make sure you are familiar with the content and activities in this section. • If you need to use any specific local examples or materials, make sure you have them prepared in advance.

3.1 Identify important contacts

3.1.1 Create a contact directory

It is important for CHWs to establish relevant networks and contacts. A simple contact directory can be kept in a notebook.

A basic contact list should:

- Include everyone who supports health issues in the community.
- Include the different people and groups the community might need to contact — e.g. roads, electricity, agriculture assistance, water issues, and housing.
- Include essential contacts and the reason for contact — e.g. essential contacts might include the Zone Nurse and Turaga ni Koro, but if they are not available in an emergency, you need to know who else to contact.
- Be kept in a place where it is safe from getting wet or damaged.
- Be stored in a place that can be accessed at any time.
- Be durable to ensure that it can be passed on to the next CHW.
- Be updated when required:
 - Use a pencil, which can be easily erased and updated if a new person comes into one of the positions.
 - Stay in touch with the contacts on the list to be aware of any changes.
- Be easily understood by others in case the CHW is not available.

A good contact directory is a useful tool that can be passed on to the next CHW. During emergencies it can be a lifesaver, and will save time in critical situations.



Training colleagues might be useful contacts to include in a contact directory. (FHSSP 2013)



Sample contact directory

CHWs can use the following sample contact directory to list all of the contacts in their area that provide a service, funding, resources, or support to their community. Once completed, this is a very useful tool for identifying the network of people and organisations that can support the CHW and the community.

Encourage CHWs to copy the table headings into a notebook, and keep it somewhere dry, where it is easy to find.

Organisation Identify the name of the organisation and its address.	Key person Identify the contact person and their phone number.	Type of service provided For example, funding, direct services, community, other.	Made contact Tick and write details when you have made contact and visited.





Practical activity

Ask each participant to:

- Identify which services they should include that would be the most useful contacts in their community.
- Use the contact directory table.

Ask for samples of responses to be shared with the group.

Identify and confirm who and what groups should be essential contacts for **every** community.

3.1.2 Identify and provide appropriate information, education, and communication (IEC) materials

What are IEC materials?

Good IEC materials are:

- easy to read and understand
- attractive and grab attention
- durable
- specific to the group you are sharing information with or educating
- readily available for the community to access and use.

How and where to find IEC materials

Many IEC materials are available from government ministries or NGOs. To get copies of these materials, CHWs will just need to contact these groups and request the IEC materials they would like to use.

How to create IEC materials using resources from the community

The steps for creating IEC materials are:

- Identify available resources (e.g. butcher's paper, noticeboard, old calendars/posters, walls that could have messages painted on them, or school blackboards).
- Decide the relevant message that you need to draw the community's attention to.
- Provide your message in a creative way (e.g. drawings, stories, diagrams, or eye-catching notes).
- Find a good location to place the IEC materials, so the highest number of people in the community will see them.



Health promotion posters displayed in a health clinic. (FHSSP 2013)

3.1.3 IEC materials for maternal and child health

A key part of this training is to improve your skills to support mothers and children, particularly pregnant women and children under 5 years of age. The Ministry of Health has many IEC materials that promote the health and wellbeing of mothers and children.



Partner activity

Ask participants to work with a partner to:

- Identify the IEC materials that can be gathered from the Ministry of Health.
- Discuss whether these materials are currently available or whether they might need to be created.
- Use the following table to record what they discuss.

Areas of maternal and child health	Type of IEC materials Available or need to create?
Promote early antenatal visits	
Promote planning and preparation for birth	
Promote good nutrition during pregnancy	
Promote early visit to MCH clinic with newborn	
Promote and maintain breastfeeding	
Promote immunisations	
Promote family planning	
Promote early identification of the sick child and early visit to the clinic	
Promote recognition of danger signs and that a very sick child must return to clinic immediately	
Promote knowledge of how to make and when to use ORS for child with diarrhoea	
Promote nutritious foods for babies from 6 months	
Promote good oral health for the child and family	

Invite participants to share their responses with the group.

Explain that CHWs can request a range of IEC materials (such as posters and brochures) from their local medical area, to make available and promote in their community.

Encourage CHWs to discuss how they will gather maternal and child health IEC materials for their community.

3.2 Build effective relationships using good communication skills

Explain the reasons why CHWs need to build effective relationships to work with the community. Reinforce that to do this they will need to practise good communication skills. With these skills they can collaborate better with all members of the community, especially leadership groups, to promote and encourage:

- healthy lifestyles
- behaviour change
- individuals and families to seek treatment and referral early
- positive attitudes and responsibility for self and family to achieve health and wellness.

Together these things will help reduce the burden of disease on the community.

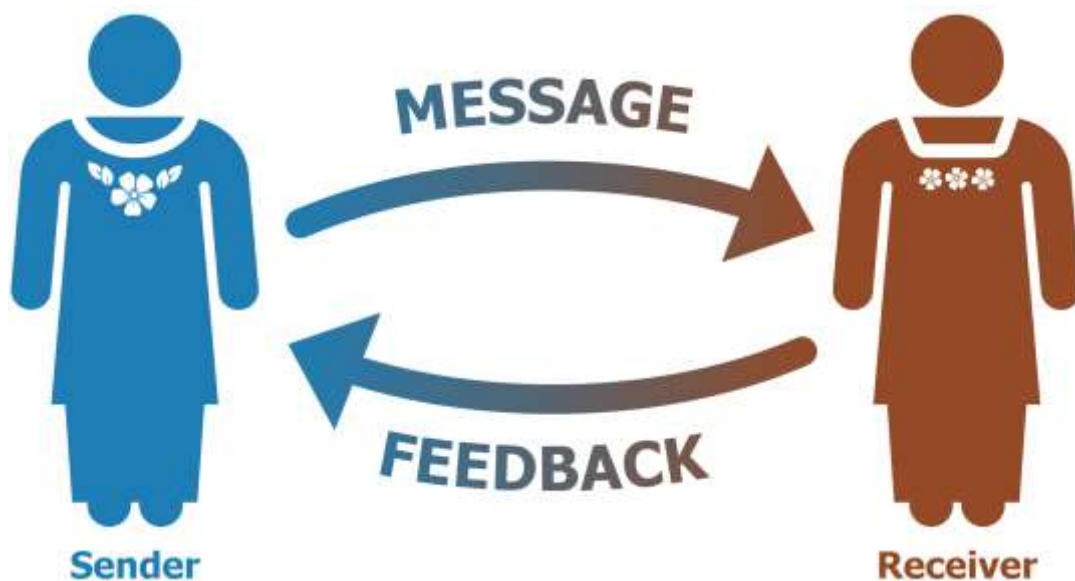


Mothers taking responsibility for their family's health by getting their babies immunised. (FHSSP 2013)

3.2.1 Good communication skills

Effective two-way communication is vital to share information. It always includes feedback from the receiver to the sender. This lets the sender know the message has been received accurately.

Effective communication



(FHSSP 2013)

Tips to improve good two-way communication skills are:

- Practise regularly, so you are confident and prepared.
- Know your message well, in case you need to explain it in depth.
- Seek feedback from the receiver to be sure you share the same understanding of the message.



Partner activity

Ask participants to work with a partner to:

- Practise the basic steps for effective two-way communication, as listed above.
- Take turns to identify one issue that they want to explain to their partner. At the end of 2 minutes, the listening partner must ask questions to confirm their understanding. If further clarification is needed, the conversation continues.
- Swap roles.

After 10 minutes, ask each pair to share their experience with the group.

Remind participants that effective two-way communication is vital to share information. This requires practice, but is very important.

3.3 Track what is happening in the community

The purpose of the CHW role is to promote healthy settings. This involves:

- Working closely and in partnership with the community to create supportive environments for health.
- Gathering and sharing information and data with the community.
- Using health promotion activities to help individuals and communities:
 - Identify and reduce risk factors for disease.
 - Behave in ways that will make them safer and healthier.

Regular monitoring and evaluation are tools that help CHWs work out whether their activities are **making a difference** to the health of their community. This is how CHWs, community groups, and community leaders can keep track of what is happening.

Monitoring and evaluation cycle



(FHSSP 2013)

Monitoring and evaluation helps CHWs answer the following questions:

- What **impact** are the activities having to achieve the desired behaviour, i.e. are you achieving what you set out to do?
- How **effective** is the process, e.g. are you reaching the right people? What kinds of barriers are preventing you from reaching them?
- How **efficient** is the process, e.g. are resources being used properly? Are things being completed at the right time, using consistent processes?

This information is important, because it allows CHWs to:

- Provide useful updates to community leaders and groups. CHWs can keep them informed whether activities are achieving the outcomes planned and expected.
- Make adjustments to improve Community Health Action Plans and achieve the best health outcomes for the community.



Collecting data will help you to monitor whether your activities are going as planned. (FHSSP 2013)

To **monitor** changes, CHWs will need to:

- Work out indicators for what they are trying to achieve and how they will measure them — e.g. ‘the number of fully immunised children under 5 years in the community’ can be measured and tracked to see whether education and promotion activities make a difference.
- Collect information or data about these indicators.

- Work out what the data and measurements are telling them.
- Use the collected measurements and information to help community leaders and families make day-to-day decisions about what they are doing to create a healthy community.

To **evaluate** activities or projects, CHWs will need to:

- Look at the goals for the activity that the community and CHW planned and put into action. Did the activity achieve what was expected? For example, a plan to get more mothers to attend their first antenatal visit early can be measured, monitored, and then evaluated with a group of mothers who have received health promotion activities to promote early first antenatal visits.
- Consider whether the activities did what they were meant to do. For example, a good nutrition program to help people grow their own garden to improve their intake of vegetables should do exactly that. If the activity has now become how to build water tanks to water the garden, it is a different activity and not the planned activity. The other activity may be useful and good, but CHWs need to measure what was actually planned.
- Identify whether the activities and strategies have worked. If not, why not? What were the challenges or problems? Understanding why something didn't work will help to overcome the problems next time.
- Look at how the activity worked. Were the resources used well? What did it cost to run the project? How many people were needed to make it work? Was it organised well? Would this be a good or sustainable way to run the activity in the future?
- Identify what difference the activity made to individuals, families, or the whole community. It is vital to know whether the work and planning has made any difference. Sometimes this can be answered straight away, but for many activities it might not be obvious for a longer time. For example, if all of the children in the community received their immunisations, you might see a significant drop in the rates of preventable infectious illnesses in the community in the next season (e.g. when others are catching measles after an outbreak nearby).

If an activity has been effective and efficient, and has had the planned impact, it is good to share this information with community leaders, community members, and other partners.

The most common ways to evaluate activities are to:

- Measure changes with **numbers** — e.g. the number of infections or clinic visits; the number of women who are exclusively breastfeeding their babies; or the number of people attending screening, or growing gardens, or stopping smoking.
- Gather people's **stories** and experiences — e.g. how they feel about doing more activity and losing weight, how they can now recognise when their child is ill and know when to go to the clinic, or how they use new information to improve the food they feed their families.

Both of these ways enable CHWs to talk about change in behaviour and outcomes.

3.3.1 Health settings

'Settings' are defined as places where people live, work, learn, play, and socialise. With this in mind, 'healthy settings' should be places where:

- Children are nurtured in body and mind
- Environments invite learning and leisure
- People work and age with dignity
- Ecological balance is a source of pride
- The ocean/ivers that sustain us are protected.

WHO & SPC. (2011). *Framework of action for revitalization of healthy islands in the pacific* (p.10). Retrieved 24 October 2013, from <http://www.wpro.who.int/southpacific/pic_meeting/2011/documents/PIC9_6_healthy_islands.pdf>.



Discussion

Ask participants to answer the following questions:

- Identify how you think the community can create a 'healthy setting'.
- Look at what a community would wish to change. Identify what is 'unhealthy' in a community setting.

3.3.2 How to maintain health promotion activities

Explain that in order to maintain health promotion activities in the community, CHWs should:

- Establish a subcommittee for the activity — e.g. work with existing Community Health Committees or help to re-establish these.

- Ensure weekly feedback or monitoring — e.g. keep track and regularly talk to groups in the community to keep them informed, or have a community information board.
- Reinforce the importance of the activity and promote that it is shared and known by all involved.
- Set achievable goals — work with community groups and leaders to set realistic and achievable goals. Try to focus on immediate priorities. If you aim to achieve everything all at the same time, it can lead to disappointment and failure. Take time and plan one thing at a time.



A community garden activity promoting good nutrition. (FHSSP 2013)

3.3.3 Monitor impact and promote sustainability

Explain that to monitor impacts and promote sustainable activities in the community, CHWs should:

- Hold regular meetings with the community to discuss the impacts of activities.
- Create incentives or ways of recognising achievements within the community.
- Share information about the changes and impacts on health and wellness in the community.
- Share stories and examples.

- Acknowledge when the community has worked together to achieve a planned outcome or responded to emergencies.
- Share knowledge and information with many, so the CHW is not alone in their work and knows that others can help when needed.

3.3.4 Provide updates and information

Explain that to keep the community, colleagues, leaders, and other groups informed and involved, CHWs should:

- Keep records of progress of the activities and regularly inform the community, so members are aware and are updated on the progress.
- Provide regular feedback to the nursing station and medical area to keep them informed of outcomes (good and not so good).
- Share information received from the nursing station and medical area to update community members.
- Share information with other partners and groups and the Provincial Administrator's office when relevant. This is especially important when advice or assistance has been sought and provided by a group or person.

3.4 Work well with nursing staff and medical areas

Discuss with the participants that they need a referral and sharing kind of relationship with the nursing staff from the medical area. This will enable CHWs to gain necessary information, and also to trust that the people they refer to health staff will be well received. Good communication and relationships need to be established from the very beginning.

To maintain the relationship/establish new relationships in case of turnover, CHWs will need to:

- Visit the new contact at an appropriate time/place and introduce themselves.
- State their relationship with the previous contact and discuss how they both may establish a new relationship.

3.4.1 Maintain regular contact with nursing station and Zone Nurse

Explain that it is important that CHWs maintain regular contact with the nursing station and Zone Nurse for their community. The key reasons to do this include:

- Sharing and receiving information and updates.
- Notifying if there are any major health issues in the community (or incoming referrals).
- Arranging health team visits at least quarterly.
- Promoting positive and regular input and health promotion from nurses to the Community Health Committee and community.
- Involving nurses as key stakeholders in education and training of community leadership groups.



Partner activity

Ask participants to work with a partner to:

- List the current frequency of visits from nurses to their community.
- Identify some of the barriers to them visiting more frequently, if they do not visit at least once per quarter.
- Identify some ways they can support nurses to visit the community more often.

Invite each pair to share their discussion and ideas with the group.

Remind participants that a positive working relationship with the nurse in their area is essential to supporting the wellness and health of community members.

3.5 Keep the dispensary in good order (where relevant)

Discuss with the participants that not every community has a dispensary. In those communities that do, particularly for those that are remote or maritime, the dispensary may have a broader function for the CHW. The CHW might need to provide more clinical services due to lack of access to nurses and doctors and other health services. However, this is not the case for most communities.



The dispensary on Viwa Island. (FHSSP 2013)

3.5.1 Purpose of the dispensary

Explain that in those communities that do have a dispensary, it has **two** key purposes:

- To provide a space for the nurse or health team to deliver clinical health services, screening, and other health services.
- To act as a focal point for the community to learn how to become more aware of their own health and undertake self-screening.



Discussion

Invite those CHWs who do have a dispensary in their community to describe how it is currently used.

3.5.2 Wellness self-screening

Promoting wellness self-screening is a means of increasing people's awareness and ownership of their own health and the health of their family.

The purpose of wellness self-screening is to:

- Enable the community to take control of their health and not rely on one person.
- Allow the community to do their own screening and monitor their own health.
- Empower the community to do something positive.
- Encourage the community to be agents of change by spreading the message of wellness.

Purpose of screening tools

The CHW needs to develop skills to use screening tools, so they can support people to learn how to screen themselves. The purpose is for adults, in particular, to be aware of their body weight (especially their waist measurement as an indicator of health risk).

If health workers are the only ones responsible for screening, it reduces the level of personal responsibility or commitment to change lifestyle behaviours and patterns. This is especially important for parents as role models for their children.

The CHW has basic tools to promote self-screening, such as a scale and a measuring tape. The aim is to make these available for members of the community to monitor their own weight, waist, and body mass index (BMI).

Tools that the CHW can use to support individuals to monitor their own health include:

- **Measuring scales:** To measure weight for comparison to height when calculating BMI.
- **Tape measure:** For measuring waist circumference.
- **Height scale:** To measure height for comparison to weight when calculating BMI.

Measuring weight

To measure weight:

- Place the scale on a flat surface.
- Have the person take off their shoes, carry bag, and extra clothing, e.g. jackets or heavy coat.
- Ensure that the needle is at 0 kg prior to the client stepping on the scale. If the CHW provides a basic explanation, most people will be able to weigh themselves.

Calculating BMI

A BMI can be used for men and women between the ages of 18 and 65 years.

Use the following formula to calculate BMI:

$$\text{BMI} = \frac{\text{Weight in kilograms}}{\text{Height in metres}^2}$$

To get the number for BMI, we divide the person's weight in kilograms by their height in metres squared. This will give us a number or 'score', and then we can check whether it is in the normal, underweight, or overweight range, as shown in the following table.

Weight range	BMI score
Underweight	Under 18.5
Healthy	18.5 to 26
Overweight	<ul style="list-style-type: none"> • i-Taukei, Maori, or Pacific Islander: Over 26 • Fijian (Asian or Indian descent): Over 23 • European: Over 25

Adapted from: Everybody.co.nz. (n.d.). Body mass index. *everybody.co.nz*. MIMS (NZ). Retrieved 7 November 2013, from <<http://www.everybody.co.nz/tool-06fb03f0-0ebf-4c02-8551-c1db35f6fb7b.aspx>>.

The reason that the overweight scores differ is because Asian/Indian peoples tend to accumulate a higher fat percentage (which is the actual cause behind developing various other medical disorders and diseases) at a lower BMI.

Adapted from: VLCC. (n.d.). BMI calculator. *Weight management*. Retrieved 7 November 2013, from <<http://www.vlccwellness.com/India/BMI+Calculator/37/>>.

Remember, though, that BMI is just one measurement to indicate health risk (it is not exact and even people with healthy range BMI may still have risks because of fat around their stomach). Therefore, a waist measurement for men and women may in fact be much better to show the risk.

Together, the two tools will help CHWs work out where clients are placed in terms of the risks for disease from too much fat, especially around their stomach.

Measuring the waist

To correctly measure waist circumference:

- Have the person stand.
- Place a tape measure around his/her middle, just above the hipbones.

- Record the waist circumference just after he/she breathes out.
- Write it down for the person to see.

When to worry about the weight measurement

Measuring waist circumference helps screen for possible health risks that come with being overweight and obese. If most of the fat is around the person's waist rather than around their hips, they are at a higher risk for **heart disease** and **type 2 diabetes**.

This risk goes up with waist size:

- For **women**, this means if the waist measurement is 88.9 cm or more.
- For **men**, this means if the waist measurement is 101 cm or more.



Group activity

- Ask participants to work in small groups and practise teaching others how to self-screen using the basic health monitoring tools.
- Work with each group and provide guidance and advice.

Encourage groups to promote self-screening as a means of increasing people's awareness and ownership of their own health and the health of their family.





Session 4 — Provide First Aid emergency response

Session plan

Session 4	Provide First Aid emergency response
Topics to be covered	<ul style="list-style-type: none"> • Provide First Aid skills and help the community to learn these skills. • Look out for risks and hazards in the community. • Make decisions in emergencies. • Reduce the impact of emergencies and disasters.
Element of competency	<ol style="list-style-type: none"> 1. Provide First Aid in emergencies, and maintain and implement skills training. 2. Practise and implement emergency plans and preparations.
Mode of delivery	<ul style="list-style-type: none"> • Face-to-face in group setting.
Activities	<ul style="list-style-type: none"> • Discussions. • Group activities. • Case studies. • Partner activity.
Resources/materials	<ul style="list-style-type: none"> • Check each participant has their own copy of the Participant's Guide. • Name badge(s). • Pens or pencils. • Data projector and PowerPoint presentation (print a master copy of the PowerPoint slides as a backup). • Whiteboard/butcher's paper and markers.
Preparation	<ul style="list-style-type: none"> • Make sure you are familiar with the content and activities in this section. • If you need to use any specific local examples or materials, make sure you have them prepared in advance.

4.1 Provide First Aid skills and help the community to learn these skills

Discuss with the participants that they should have completed First Aid training before attending this training. Reinforce the importance of keeping First Aid skills up-to-date, so CHWs are able to assist others when required.



Discussion

Ask participants to answer the following questions:

- When did you complete your First Aid training?
- Have you ever used your First Aid training? If yes, describe the situation.
- Do you have regular practice drills to maintain your First Aid skills?

Highlight that it's vital for CHWs and others to have basic First Aid skills, which are kept up-to-date.

Invite a general discussion, and then explain the role of the CHW to support basic First Aid knowledge and skills with others in their community.

4.1.1 Building First Aid knowledge with others

The benefits of building First Aid knowledge with others in the community include:

- If the CHW is not available in an emergency, other community members may be able to help.
- More members with basic skills are available in a bigger emergency or accident.
- The community is empowered.



Discussion

Ask participants to identify ways that they could share their First Aid knowledge and skills.

Invite responses and then recap main ideas, for example:

- Organise regular drills.
- Refer to their First Aid manual and aim to get more copies for the Community Health Committee.

- Ensure that all members of the Community Health Committee practise First Aid skills.
- Seek support to gain funds to have other members of the community complete a First Aid course.

4.2 Look out for risks and hazards in the community

Discuss with the participants that many accidents, injuries, and illnesses are preventable if the risks are identified early enough.

4.2.1 Risk identification and management

Every community has hazards. Most hazards can create situations that lead to risks for some members of the community, or even the whole community.

The CHW should encourage the community to be aware of the hazards that exist and the risks of accidents, injuries, or illnesses from those hazards.

Look at the following examples:

Hazard: A village meeting in the village hall extends to the early hours of the morning, with the majority of the group being men who are heavy smokers. There are a few who do not smoke, but are there for kava and the sing-along.

Risk: Smokers and non-smokers are at an increased risk of heart and lung disease.



Bowls of kava at a village meeting in the village hall. (FHSSP 2013)

Hazard: A deep river runs beside the settlement and is a favourite swimming spot for the children. After school, children of all ages go swimming in the river.

Risk: The children are unsupervised and are at an increased risk of drowning.



The river where local children swim after school. (FHSSP 2013)

Hazard: The local store sells benzene and kerosene, but people provide their own bottles for the two liquids. Most times these bottles are not labelled.

Risk: Without proper labels and if leaving them in easy access of children, these liquids could be accidentally swallowed.



Group activity

Ask participants to work with a group to:

- Describe the main **risks** in your community. These should include risks that could be prevented that cause:
 - Accidents
 - Injuries
 - Illnesses.

Invite participants to share their responses. List these on a board or butcher's paper under the heading '**Risks**'.

- Identify how the community can **prevent or reduce** the identified risks to limit:
 - Accidents
 - Injuries
 - Illnesses.

Invite participants to share their responses. List these on a board or butcher's paper under the heading '**Prevention**'.

- Develop a plan to raise awareness of these risks to their community. Select one example from each idea discussed under accidents, injuries, and illnesses. Then identify some of the ways community members could reduce or prevent any of these.
- Prepare a poster to present to the wider group.

Sum up the activity by highlighting the importance of:

- Identifying and describing the risk.
- Preparing a strategy to reduce or prevent those risks.

4.3 Make decisions in emergencies

Another key activity of the CHW is to support the community in emergencies. To do this successfully, it is vital to have a prepared way to make decisions — and quickly.



Discussion

Have a general discussion with the group about the following questions and follow-up points. Write responses on butcher's paper or the board.

- What emergencies and serious health issues does the community manage?
- What situations must be referred for outside assistance?
- Identify how the community could improve any of these situations.
- List the main ways that the community responds. Do these responses work? In what ways?

4.3.1 Decision-making guidelines

Explain why it is important for everyone, particularly community leaders, to have a common understanding of who is responsible for making different types of decisions in an emergency.

Understanding what decisions need to be made greatly improves chances of survival. It also reduces damage and loss of life in an emergency.

Expand on the following basic steps of emergency decision-making, including examples where possible:

- **Understand the problem.** What is the problem, what is the cause of the problem, and how serious is it? This will help you identify the next step.
- **Identify the resources and services you may need.** What is needed, and what is readily available in the community?
- **Select the best action based on past experience and/or training.** Has the type of emergency happened before? If yes, what was done then? Is there anyone in the community trained to handle the type of emergency? If yes, this person should take the lead in how the community should respond.
- **Develop a plan and prepare resources.** Determine a quick plan of action, taking into account the available resources, including people and time available.
- **Put the plan into action.** Give everyone involved a specific task, so things get done quicker.
- **Review actions for next time.** Later (after the emergency), review your actions and identify how it all went. What went well, and what needs to improve and how?



Local men working together to build a raft for a flood emergency. (FHSSP 2013)

4.3.2 Practise emergency plans and drills

Once a decision-making process and plans for a range of emergencies are prepared, it is important to practise. Drills should be held on a regular basis.

Remind participants that when an emergency strikes it is a very stressful time. Most people will react differently when under stress. However, this can be reduced with regular practice of emergency drills.

Explain that once you can make decisions in the same way, you can ask 'What if...' style of questions, for example: 'What if there is a fire in our community that threatens to burn down a house. What is our planned response?'

Run through the decision-making steps for emergencies and have groups prepare a drill.



Group activity

Ask participants to work in small groups to:

- Identify one common emergency and one natural disaster that might occur in their community.
- Use the decision-making steps to discuss and respond to each step for that emergency.
- Describe a drill plan for the community to practise.
- Identify what resources are needed to respond to this emergency in their community.
- Use butcher's paper to draw up the drill plan and present it to the larger group.

Have each group present their plan.

Invite questions from the larger group.

Review all responses and identify that each community may have different needs and resources to respond to emergencies. Their drill plans may also be different.

Congratulate all participants and groups. Remind them that with regular practice each community can make a big difference to how they manage emergencies in the future.

4.3.3 Review relevant issues from past emergencies

Discuss with participants how their experience of managing emergencies in the past can help them to improve plans to respond to emergencies in the future.



Case studies

Ask participants to:

- Review the following emergency case studies.
- Identify key points about these cases.
- Identify what actions need to be taken.

Case study 1

At the height of flooding, a woman ready to give birth begins to have labour pains. The only bridge across the village river is a coconut trunk, which has been washed away by the flood waters. The expectant mother needs to get to the hospital as soon as possible, because this is her eighth pregnancy.

Case study 2

The CHW receives a visit from one of the village ladies, who informs her that a teenage girl is bleeding profusely. The lady suspects the girl to be pregnant, but is not sure. On inspection, the CHW sees a very pale-looking girl, who is barely conscious and moderately bleeding.

4.4 Reduce the impact of emergencies and disasters

Discuss with participants that being prepared for an emergency or disaster can make a big difference to the level of injury or damage, as well as how many lives are lost or saved.

Gathering and providing information to the community about how to prepare for an emergency can greatly reduce the impact on people and the community.

DISMAC is the Disaster Management Committee in Fiji. Other sources where CHWs can access emergency information are:

- Provincial Administrator
- Provincial Office

- Fiji Red Cross Society
- Salvation Army
- Churches (e.g. Methodist, Catholic, Seventh-day Adventist, Church of Jesus Christ of Latter-Day Saints)
- Schools and health facilities
- Fire brigade services.



Discussion

Ask participants to work with a partner to:

- Identify other sources of information or assistance to help their community in an emergency.
- Discuss when is the right time to gather emergency information to reduce the impact on the community.



Flooding and strong winds during cyclone season. (FHSSP 2013)



Key point

Information and resources gathered and understood (and prepared) before any emergency can greatly reduce the overall impact of that emergency.



Partner activity

Ask participants to work with a partner to discuss at least three of the following emergencies, and then answer the questions below:

- House fire in community
- Flood
- Tsunami
- Earthquake
- Emergency of woman in labour
- Serious road/boating accident
- Shark bite
- Serious fall and broken bones.

Questions

- What information could be gathered to prepare the community for this emergency?
- Where would you get this information?
- What other services might you need?
- How will you prepare your community in this emergency?
- How would you and your community respond to the emergencies you selected?

Invite partners to present their responses and discuss what can be realistically done to gather information.

Reinforce the importance of having a current directory of services and contacts, so that the CHW knows in advance where to gather the right kind of information and who to contact when a service is needed.

Emphasise how important it is to prepare the community to deal with an emergency on its own. In many natural disasters essential services may

not be able to get to the community for many days. Other emergency services may be so busy dealing with a large number of people that it will be the community that has to respond.

The best response comes with good preparation, planning, and information.



Case studies

These case studies follow on from the previous case studies.

Case study 1

The CHW and the woman's family are desperately looking around for volunteers to transfer the mother across to the other side of the river, where an ambulance is waiting. The villagers get together to build a makeshift raft from pieces of wood and timber available in the village. Once constructed, the labouring mother is put on the raft and eight strong men risk their lives to guide the raft across the river to the waiting ambulance.

Questions

- What are the potential outcomes from their actions? Identify the good and the bad.
- Can you identify any alternative solutions?

Case study 2

The CHW enlists the help of the Turaga ni Koro and the girl's parents to look for any form of transport to take the girl to the nearest health centre, which is 5 km away. Meanwhile, the CHW checks the girl's pulse and responses, and monitors the blood loss. While on the way to hospital, the CHW notices that the girl has stopped breathing and become unconscious. Recalling what she learnt from her First Aid training, she starts to perform CPR on the girl. To her relief, the girl recovers slowly as they enter the health centre gates.

Questions

- Identify the key point raised by this case study.
- What skills were demonstrated by the CHW?
- What might have happened if the CHW had not been there?

- How could risk be minimised in the future if the CHW was not able to be present in this example?

Invite participants to share their responses with the group.

4.5 Conclusion



Community Health Workers and training facilitators celebrating the completion of their training. (FHSSP 2013)

Thank participants for attending and participating in this CHW core competencies training. Congratulate them for completing all elements of the training and demonstrating their competence in the activities and group work.

Encourage participants to share the knowledge and skills provided in this training with members of their community. Ideally, this information will become easily available for all to use and to promote improved health and wellbeing.

Explain that this manual is a basic toolkit of ideas and methods for their use when sharing information and gaining involvement of community members and groups. It is ongoing work and not something that is only their responsibility.

Encourage CHWs to maintain contact with the nursing staff at their local nursing station and medical area.

Finally, remind the group to complete their Participant feedback forms (see Annex C) and submit them to you before leaving the training.



Annexes

- Annex A** **PowerPoint slides**
- Annex B** **Basic letter template**
- Annex C** **Participant feedback form**
- Annex D** **Trainer feedback form**

Annex A — PowerPoint slides

Core role of the Community Health Worker

- To work closely with community leaders and others to promote wellness and reduce illness.
- To focus on maternal and child health, as well as communicable and non-communicable diseases.
- To support emergency First Aid for the community.

Encourage use of health services
Promote healthy behaviour
Support health planning
Community partnerships

Improve wellness

Improve maternal and child health

Reduce illness and disease

Community profiling

A community profile includes:

- **Geographical and physical description** — community boundaries, land uses, roads/tracks, animal pens, water sources, and houses.
- **Population description** — population, age, gender, race, income, education, languages, religion, and employment.
- **Health description** — number of diabetics, number of smokers, alcohol consumption, diet, kava consumption, and physical activity.
- **Community assets and wellness** — strengths and resources that may contribute to the overall health or quality of life within the community, e.g. schools, churches, community playground, and kava curfews.



Annex B — Basic letter template

	(Village/Settlement name)	_____
	(Tikina)	_____
	(Yasana)	_____
	(Date)	_____
To:	_____	

Dear Sir/Madam,		
RE:	_____	
<ul style="list-style-type: none"> • Greetings • State problem/issue/need faced by the community • Cause of the problem • Effect of this problem on the community • What the community intends to do about the problem (the strategy) • What assistance they need • Any costs/quotations obtained • Concluding remarks 		
Sincerely,		

Print Name		
Position		

Annex C — Participant feedback form

Community Health Worker manual: Core competencies training

Date:	Location:
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We value your feedback about the training you have just received, and appreciate any comments that will assist us to improve the training in the future.

Please indicate how useful you found the:	Very useful	Somewhat useful	Not useful
Training overall			
Topics/information covered			
Training manual/other materials			
Practical activities			

Please indicate how effective you found the:	Very effective	Effective	Not effective
Method and design of the training			
Approach and expertise of the facilitator(s)			

What were the most relevant aspects of the training for you?

What changes can you suggest to make this training more relevant or useful for you?

How confident are you about applying this training to your own work and sharing the knowledge and skills with others in your team?

Comments

Was the venue suitable?	Yes Why?	No Why?
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Annex D — Trainer feedback form

Community Health Worker manual: Core competencies training

Date today:	Where/who you will be training:
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As you participate in this training, take a moment to consider how you might deliver the training to your audiences. Note some ways the training delivery and materials could be improved to make them more effective for when you are using them to train your audiences.

Part of training	Specific details Describe briefly what content or aspect you are providing feedback about	Your feedback <ul style="list-style-type: none"> Suggested information or activity that would help deliver this part of the training Change or addition to materials that would help to deliver this part of the training
Introducing training		
Section 1		
Section 2		
Section 3		
Section 4		
Concluding training		
Any other aspect of training		