



**Government of Sierra Leone**  
Ministry of Health and Sanitation

# POLICY FOR COMMUNITY HEALTH WORKERS IN SIERRA LEONE

June 2012

## Acknowledgements

The need for clear scientific evidence to inform and support the health policy making process has become greater than ever. Integrating Community Health Workers (CHWs) into the national health workforce is perhaps the most complex and challenging process. It is concerned with key policy issues relating to the work of CHWs. Therefore, the development of this CHWs policy is another milestone in strengthening our health system so that quality health services are made accessible at grass roots level.

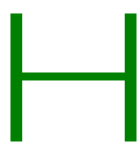
The development of the CHWs policy is an outcome of a complex process of intensive and extensive consultations, teamwork and cooperation of Local Councils, key stakeholders and health development and implementing partners of the Ministry of Health and Sanitation. The Ministry is therefore appreciative of the incessant effort of all those who contributed in diverse ways to the development, review and validation of the CHWs policy.

The government is grateful to UNICEF for the financial and technical support provided towards the development and printing of this CHWs policy.

I wish to extend my profound gratitude to the Top Management Team and the Directorate of Primary Health Care in particular for being at the forefront in coordinating and finalizing this policy document thereby ensuring ownership by the ministry.

*Alhaji Dr Kisito S. Daoh*  
**Chief Medical Officer**

## Foreword



Health systems in Sierra Leone are undergoing considerable change, often in a context of ongoing health sector reforms. In Sierra Leone, decentralization of health services is very central to these changes, and consequently there is a need to prepare and empower those working at the district level for their new responsibilities and tasks.

The development of the Community Health Workers (CHWs) policy is therefore very timely and represents a significant milestone in our efforts to improve the health status of our women and children especially at grass root level. The CHWs policy was developed in close partnership with all stakeholders in the health sector, including our key development and implementing partners and it is also to be implemented in close partnership with them. My Ministry is committed to supporting the implementation of this important policy which will serve as a guide to implement the government's policy of access to essential health services at community level.

Frantic efforts will be made to mobilize the resources necessary to ensure successful implementation of community health work in Sierra Leone. The MoHS recognises that this is best achieved through active involvement and partnership with other stakeholders. This entails different sector actors coming together under technical working groups to crystallize a way forward regarding specific interventions that will help the sector achieve MDGs 4, 5, 6 and 7.

The thrust of the CHWs policy is to firmly address the downward spiral of the health of Sierra Leoneans, as has been noted in different assessments. It outlines the sector's strategic approaches in contributing to reducing infant and maternal deaths and health inequalities. As a government, our Poverty Reduction Strategic Plan (PRSP II) which articulates an agenda for change in the health sector focuses on reducing mortality rates, especially for infants, pregnant and lactating women.

I hope that councils and particularly district health management teams will make optimal use of this policy in order to enhance their capacity to address the priority health problems that we are facing every day mainly in the rural communities.

The coming years will be vital in preparing for the challenges we will face in maintaining the momentum of improvement for our public and patients against a backdrop of a more constrained financial climate.

The Ministry of Health and Sanitation acknowledges the concerted effort of working groups, individuals, and institutions at different levels of the health system that have worked assiduously to

Haja Zainab Hawa Bangura (Mrs.)  
**Honourable Minister of Health and Sanitation**

## Acronyms

ACT	Artemisinin Based Combination Therapy
ARI	Acute Respiratory Infection
BPEHS	Basic Package of Essential Health Services
CBDs	Community Based Distributors
CBOs	Community Based Organizations
CBPs	Community Based Providers
CCM	Community Case Management
CCMAM	Community Case Management of Acute Malnutrition
CDDs	Community Drugs Distributors
CHWs	Community Health Workers
CIMNCI	Country Integrated Management of Newborn Childhood Illnesses
CLTS	Community Led Total Sanitation
CMAM	Community Management of Acute Malnutrition
CORPs	Community Owned Resource Persons
CSOs	Community Social Organizations
DHMT	District Health Management Team
DOT	Directly Observed Treatment
FP	Family Planning
HIV/AIDS	Human Immune-Deficiency Virus/Acquired Immunity Deficiency
HMIS	Health Management Information System
IEC	Information, Education and Communication
IPT	Intermittent Preventive Treatment
ITMN	Insecticide Treated Mosquito Nets
KMC	<b>Kangaroo Mother Care</b>
LBW	Low Birth Weight
LLITN	Long Lasting Insecticide Treated Nets
MDGs	Millennium Development Goals
MICS	Multiple Indicators Cluster Survey
MoHS	Ministry of Health and Sanitation
NGO	Non Governmental Organization
OJT	On the Job Training
ORS	Oral Rehydration Salts
PHU	Peripheral Health Unit
SLDHS	Sierra Leone Demographic and Health Survey
SP	Sulfadoxine – Pyrimethamine
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TBAs	Traditional Birth Attendants
TDT	Training of District Trainers
TOF	Training of National Facilitators
VDC	Village Development Committee
WCBA	Women of Child Bearing Age
WHO	World Health Organization

## Acronyms

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## About This Policy

The purpose of this policy is to ensure standardised implementation of the community aspect of the Basic Package of Essential Health Services and effective coordination at all levels. Up till now, capacity building at the community level has been going on in the absence of specific policy stipulations. This has resulted in uncoordinated implementation, duplication of efforts and inability to systematically go to national scale. This policy seeks to bring order by: defining roles and responsibilities of various community level actors; defining Community Health Workers (CHWs) and spelling out their role, supervision, monitoring and training requirements.

The policy starts with setting a common understanding of the public health context in Sierra Leone, who Community Health Workers are, their roles, responsibilities and accountabilities, selection criteria, training, supervision and reporting.

Due to the importance of capacity building for Community Health Workers (CHWs) to enable them provide appropriate services and support to their communities, this guide further outlines a 10-day standard modular training programme which all CHWs are expected to complete before achieving recognition as CHWs. Depending on needs in their area of operation, the community health workers may be taken through additional specialized training in areas such as Community Integrated Management of Newborn Childhood Illnesses (CIMNCI), Community Case Management (CCM), Community Management of Acute Malnutrition (CMAM), Community Led Total Sanitation (CLTS) and Timed and Targeted Counselling (TTC).

Each training module includes:

- The title
- A brief introduction to the module
- Objectives
- Total time needed to cover objectives
- Module overview that covers high impact interventions and approaches
- Materials needed for training
- Any recommended hand-outs or job aids
- Preparation needed before conducting the training
- Expected outcome of the module.

At the national level, the policy will inform development of other policies and strategies, especially if they involve working in communities, including cross sectoral ones. The policy will be used to inform development of a National Community Health

Worker's Strategy and a costed implementation plan. The adoption and or formulation of specific training curricula, guidelines, protocols and manuals are also expected to be informed by this pol-

icy.

District Health Management Teams, District Councils and other health sector stakeholders at district and chieftom level will use the policy to appropriately implement community health, hygiene and sanitation promotion, as well as nutrition activities.

## CHAPTER 1

# Community Health Workers Within the Public Health Context in Sierra Leone

### Introduction

**H**ealth situation analysis of Sierra Leone reveals facts and figures on country population, household size, family planning and use of high impact interventions. These facts indicate that the country has a high number of maternal, new-born and child deaths; very low use of family planning and high number of teenage pregnancies. The under-nutrition levels are also high. Deaths occur because of low use of high impact preventive and curative interventions, Many of which are recommended for implementation at community and household level.

Community Health Workers have an important role in the implementation of these life saving interventions.

### Some population, public health facts and figures (SL DHS 2008, MICS 4 2010)

- Estimated total population in 2011 is 5.86 million people.
- An average of 6 people live in one household.
- Seven out of every ten women aged 15-49 years are illiterate while 5 out of 10 men in the same age group are illiterate.
- Women in Sierra Leone have an average of 5 children, which represents high fertility rates.
- Teenage child bearing is high, as 3 out of every 10 teenage women aged 15-19 years are already mothers or pregnant with their first child. Women in this age group with no education are much more likely to have begun childbearing than women with secondary or more education.
- Use of modern family planning methods is low, with only 10 out of every 100 married women aged 15-49 using modern methods. About 27.4% of married women have an unmet need for family planning (MICS 4, 2010).
- The under-five mortality rate is 140 deaths per 1000 live births; Infant mortality is 89 deaths per 1000 live births, while Neonatal Mortality is 36 per 1000 live births. The neonatal mortality accounts for about 40% of all infant deaths (SLDHS 2008)
- Basically 40% of all infant deaths take place during the first 28 days of life. The newborns die largely from four preventable conditions, namely: birth asphyxia; neonatal infections; hypothermia and low birth weight.
- Skilled attendance during delivery and skilled post natal care attendance during the first 24 to 48 hours offers the best survival lifeline for both the mothers and newborns, since most of the associated mortality takes place at this same period. However many women and newborns in Sierra Leone are excluded from the lifeline since only 50.1% of births occur in health facilities and in total about 62.5% of the deliveries are assisted by a skilled service provider (MICS 4, 2010).
- The coverage with other important Reproductive and Child Health interventions is also low.



The DPT3 coverage for children aged 12-23 months is only 71.6% (MICS4, 2010).

- Six months after the universal access campaign in 2010, 87% of households had at least one LLIN, and 67% had more than one LLIN. 73% of children under five, and 77% of pregnant women, slept under an LLIN the night before the survey, respectively (LLITN Coverage survey 2011).

### **Justification for Community Health Workers**

Community Health Workers (CHWs) are community based workers that help individuals and groups in their own communities to access health and social services, and educate community members on health issues. The WHO defines CHWs as: “they should be members of the communities where they work, should be selected by the communities, should be answerable to the communities for their activities, should be supported by the health system but not necessarily a part of its organization, and have shorter training than professional workers”.

Community Health Workers have an important and complementary role to play in health promotion and counselling of care givers in the community to improve health status and to improve access to care. The CHW is an essential part of the continuum of care from the community to health facility and referral level, and for counter referrals.

The interventions delivered by Community Health Workers and included in their training program are evidence based nutritional, health, water and sanitation interventions, many of which are low cost and yet high impact, selected to achieve morbidity and mortality reduction. The training and deployment of CHWs is not a stand-alone project. CHWs are included in the wider health system and will be explicitly included within the HRH strategic planning at country and local levels.

Human Resources for Health crisis is one of the factors underlying the poor performance of health systems to deliver effective, evidence-based interventions for priority health problems. Participation of CHWs in the provision of primary health care has been experienced all over the world for decades, and there is evidence that they can add significantly to the efforts of improving the health of the population, particularly in those settings with the highest shortage of motivated and capable health professionals. In Sierra Leone, shortage of key health care workers needs to be addressed by innovative strategies such as development of alternative cadres and task shifting. The CHW aptly fits this role.

Community Health Workers do not replace the need for quality health care delivery through highly skilled health care workers. Their placement is expected to play a complementary role. They can play an important role in increasing access to health care and services, and ultimately, improved health outcomes. They are potentially an effective link between the community and the formal health system. CHWs are thus a critical component in the efforts for a wider approach that takes into account social and environmental determinants of health.

## **Guiding Principles for the Functioning of CHWs**

- **Community Ownership:** Community participatory approaches and dialogue will be used at all stages of the implementation of CHWs function, hence ensuring that the interventions are needed and wanted by the communities.
- **Equity and Access:** Particular effort will be made to reach marginalised communities and individuals with the poorest access to health care. 'Health is a basic human right'
- **Support:** The Community Health Workers are supported in their work by their own communities, Peripheral Health Units, and local council structures.
- **Partnership:** Multi-sectoral partnership will be developed at national and local levels to maximise effectiveness and efficiency of CHWs.
- **Coordination:** The MoHS as the central player, leader and the driving force of this initiative, will ensure functional coordination structures at all levels. The coordination will make it possible for effective interventions to be selected according to local needs, to ensure maximum coverage and coverage of gaps with NO duplication. Further, the coordination will direct advocacy and fund raising activities.
- **Implementation:** All health programmes at community level will be implemented through the Community Health Workers, in accordance with BPEHS, Community Health Strategic and Implementation plan.
- **Integration:** Services will be integrated by working within a common framework, standardised key messages, harmonised training and communication materials, using the CHW as the point of delivery, and building on existing programmes and activities.
- **Strengthening of the Health System:** At the same time as improving health at community level, efforts MUST be made to ensure that referral health care achieves acceptable standards.
- **Rational Implementation:** Districts should implement quality lifesaving interventions in a rational step wise manner. Interventions to be implemented should be based on sound scientific evidence to enhance effectiveness.

## **Roles and Responsibilities of Various Actors**

### Ministry of Health and Sanitation

- Ensure the effective coordination and collaboration for CHW Strategies, with other relevant Ministries, Donors, Partners, District Health Management Teams and Local Councils.
- Advocate for community level health actions
- Advocate for and ensure sustainable funding for the implementation of CHW strategy and action plan.
- Ensure the integration of the CHW into existing Ministry of Health strategic plans and pro-

grammes.

- Ensure that all community health interventions are channelled through CHWs and that Community Based Organisations, Civil Society Organisations and other stakeholder plans are submitted to relevant Councils and District Health Management Teams.
- Ensure that all community health interventions implemented by partners comply with MoHS directives and guidelines.
- Provide technical support.
- Support District training for stakeholders and implementers of CHWs programmes.
- Ensure quality control of training and supervisory activities.
- Development and periodic review of integrated CHW training packages, guidelines and supervision tools.
- Ensure constant supply of commodities necessary for implementation of the strategy (registers, reporting forms, defined basic equipment)
- Ensure constant supply of first line ACTs, first line antibiotics, ORS and zinc
- Supervise implementation in collaboration with DHMTs and implementing partners and provide regular supportive supervision.
- Monitor supervision strategy for CHWs implementation
- Collate, analyse and disseminate CHWs data.
- Formalise information sharing with all partners on progress, outputs and impact.
- Update key core content for all training and reporting materials for CHWs, districts teams and partners.
- Agree on the key messages (key family practices) and the priority interventions to be included in CHWs service delivery package.
- Own the CHWs function

#### **Directorate of Primary Health Care**

- Develop Community Health Strategy and Implementation plan.
- Take lead in mobilizing resources for the implementation of community health policy, strategy and implementation plan.
- Take lead in coordination of key stakeholders at all levels.
- Development of materials and job aids at appropriate level of literacy, using local terms in relation to key high impact interventions for advocacy, training, IEC and monitoring in partnership with organisations already implementing at the community level.
- Development of Standardised Simplified Village Registers: activity registers and reporting forms will be developed and field tested in collaboration with HMIS.
- Development of supervision package as part of the BPEHS package giving guidance to districts and partners on models of supervision, training materials to train supervisors and stan-

standardised documentation of supervisory activities.

- Review CHW status and coverage of active volunteers for every district annually and assess completeness and timeliness of Reporting.
- Review supervision coverage by districts for completeness and timeliness of reports.
- Review current coverage of prioritised interventions and compare them to targets
- Review status of activity-related indicators: availability, access, demand, and quality of CHW services and knowledge of family related health issues (key messages)
- Review major activities in the last plan and assess how well they were implemented
- Assess linkages of CHWs with health system and other sectors
- Collect, collate and disseminate information and plan what is needed to reach targets

#### **Directorate of Reproductive and Child Health**

- Support community interventions focused on the health and welfare of women and children, while ensuring integration of packages.
- Provide technical support and provide direction for the development and deployment of policies, strategies, standards and tools at community level for: reproductive and adolescent sexual health; immunization; integrated management of neonatal and childhood illnesses; and child nutrition and management of under-nutrition.

#### **Directorate of Disease Prevention and Control**

- Ensure quality of programmes and interventions involving control, elimination and eradication of diseases of public health importance by the CHW at community level.
- Development and deployment of policies, strategies, standards and tools for: prevention, control and elimination of malaria; community response to the HIV/AIDS epidemics; distribution or observation of treatment for tuberculosis and leprosy or neglected tropical diseases and; Integrated Disease Surveillance and Response.

#### **Directorate of Planning and Information**

This directorate will be responsible for coordinating the development of sector-wide policies and systems for health development, health financing and management information systems related to CHWs.

- Coordinate collaboration with all technical directorates in the development, monitoring and evaluation of sub-sector policies, strategies and operational plans in order to ensure harmony
- Development of tools for monitoring and evaluation, national health policy and strategic and operational plans to include CHWs
- Health sector financing unit to lead the development, monitoring and evaluation of health sector financing policy for the CHWs aspect of BPEHS

- Health management information unit to lead the development, monitoring and evaluation of health and management information systems for a community health information system linked to HMIS.

### Civil Society Organisations/Community Based Organisations/ Local and International NGOs

- Provide technical support, guidance and financial support.
- Technical guidance on execution, monitoring and evaluation of CHW implementation.
- Support quality assurance of all aspects of implementation
- Comply with MoHS directives and circulars regarding community health workers, community health interventions and community case management.
- Ensure all community health activities are channelled via the community health workers.
- Coordinate activities with DHMT and other partners to ensure EFFECTIVE coverage of interventions and avoidance of duplications.
- Submit and agree on plans for implementation with MoHS and relevant DHMTs
- Ensure that content of all key messages, training and supervision packages are in line with MoHS Directives and Guidelines
- Report activities and data as defined by MoHS in HMIS compatible format in timely and complete manner.
- Ensure quality of services according to national treatment guidelines

### UN Family

- Provide technical support, guidance and financial support to MoHS.
- Technical guidance on execution, monitoring and evaluation of CHW implementation.
- Support quality assurance of all aspects of implementation, including quality of services according to national treatment guidelines and ensure within the scope of BPEHS

### University and Research Institutions

- Play key role in the coordination and implementation of M&E
- Carry out essential operational research that will improve on existing interventions and support their delivery mechanisms
- Maintain constant dialogue with partners to ensure that results are communicated adequately and that the research agenda is reflecting the implementation needs.

### Local Councils

Work in collaboration with the District Health Management Team (DHMT), other stakeholders and communities to:

- Participate in the selection of community members to be trained as Community Health Workers.

- Undertake community sensitization on the roles and responsibilities of CHWs and ensure compliance.
- Formulate by-laws governing provision and use of health care services in the communities.
- Conduct advocacy and resource mobilization for training, support, motivation, and incentive schemes for CHWs.
- Conduct monitoring of the work of CHWs, identify gaps and challenges and recommend solutions.

### **District Health Management Team**

- Ensure the effective coordination of the CHW policy and practice guide at District level within the context of the BPEHS
- Advocate to garner support for the implementation and expansion of the policy in the District.
- Ensure that all community based health activities are channelled via the CHWs
- Ensure that ALL CBO, CSO and NGO partners submit their plans and budgets for inclusion in the Local Council Health Plan, and that District health priorities are addressed, and gaps filled.
- Maintain a register of CBOs/CSOs/NGO's operating in the District and their activities.
- Maintain a register of CHWs in the district by location and trainings undertaken
- Select supervisors using defined selection criteria
- Map villages covered by each health facility and to which each CHW is attached.
- Train CHWs and ensure norms, standards and quality assurance
- Ensure that CHW activities address the disease burden in their villages
- Collate monthly and quarterly data, analyse, summarise and disseminate
- Provide feedback to supervisors, volunteers and health facilities and the community.
- Document lessons learned and communicate these to ensure improvement in quality of CHW implementation

### **The Community**

Families, individuals and their organizations (e.g. women groups), leaders (political and religious) and health and social structures (Village Development and PHU Management Committees) are crucial partners in implementation by:

- Prioritising, promoting and/or providing prompt and adequate treatment, particularly for high-risk groups and immediate referral in case of non-response or danger signs;
- Prioritising preventive measures to protect family as well as community with special emphasis on the risk groups;
- Providing oversight of community health workers.

### **The Community Health Workers (CHWs)**

***Any and all persons appropriately trained and providing health care or distributing health,***

***nutrition, hygiene and sanitation commodities at community level is hereby officially referred to as a Community Health Worker (CHW).***

### **Definition**

A Community Health Worker is a community member who is selected by the community and will be trained to provide basic essential health services and information at community level. CHWs are not transferable to other villages unless formally endorsed by the Ministry of Health and Sanitation. The basic package that he/she can provide has been defined by the Ministry of Health and Sanitation.

Sierra Leone has many types of community members working under different names and labels. These include Traditional Birth Attendants (TBAs), Community Drug Distributors (CDDs), Community Based Distributors of contraceptives (CBDs), Community Based Providers (CBPs), Blue flag volunteers, Red Cross Volunteers and Community Owned Resources Persons (CORPs). These community members perform specific but different roles that are all linked to health.

In order to achieve recognition as CHWs they will all need to undergo a basic 10 days standardised CHWs training programme as specified in chapter three of this policy and practice guide.

### **Selection**

One Community Health Worker will be selected to serve a population of between 100-500 people. The Community Health Worker is selected by the community that he/she serves led by Village Health Committees, and should reflect the linguistic and cultural diversity of the population served. The selection process must ensure gender parity.

He/she must fulfil the following criteria:

- Should be exemplary, honest, trustworthy and respected
- She/he should be willing to serve as a volunteer
- Must be a resident of the village and willing to work with the community
- Should be available to perform specified CHW tasks
- Should be interested in health and development matters
- Should be a good mobiliser and communicator
- May already be a CH Volunteer, TBA, condom distributor or youths trained in life skills
- Ideally, should be able to read and write at least the local language
- Permanent member of the community aged 18 years and above
- Physically, medically, mentally and socially fit to provide the services
- Ideally has been involved in community projects in the past

## **Key Duties, Roles & Responsibilities**

### **Conduct community sensitization and advocacy for:**

- Mobilising communities for appropriate environmental sanitation and hygiene practices.
- Mobilising communities to set up and support community owned emergency referral system including setting up a fund.
- Adolescent Sexual and Reproductive Health.
- Child protection issues
- Use of scheduled outreach services to the communities
- Linking up with Village Development Committees (VDCs).

### **Conduct home visits to promote:**

- Use of Insecticide Treated Mosquito Nets (ITNs)
- Household water treatment
- Hand washing with soap at the household.
- Appropriate hygiene and sanitation practices, including: food hygiene, disposal of excreta + for child, etc.)
- Birth preparedness for pregnant women
- skilled Post natal care for both mother and new-borns.
- Initiation of breastfeeding within first hour of delivery and appropriate temperature management for the newborn
- Exclusive breastfeeding for children 0-5 complete months
- Adequate nutrition 6-11 months
- Timely utilization of immunization services
- Build capacity of the family members to appropriately take care of newborns, U5 children, pregnant women and other vulnerable persons.
- Build capacity of the family members to recognize and act on danger signs (especially for newborns, pregnant/postnatal women and U5 children)

### **Provide:**

Oral Rehydration Therapy and Zinc for diarrhoea management

Artemisin-based Combination Therapy for malaria

Antibiotics for U5 pneumonia

Screening services for acute malnutrition, including MUAC measurements

Growth monitoring to identify early referrals

Family planning methods including condoms and oral contraceptive pills

Fefol, deworming tablets, Vitamin A, ORS, Ivermectin



Defaulter tracing for Immunization, Vitamin A, Severe Acute Malnutrition treatment

**Report:**

- Vital events such as births, deaths including possible maternal deaths, outbreak or epidemics, persistent cough, passing of frequent stools
- Their (CHWs) activities in the community.

## CHAPTER 2

### Supervision and Reporting of Community Health Workers

#### Structure, Supervision and Reporting

- Each CHW will be attached to the nearest PHU with a trained supervisor.
- The PHU will keep a list/register of active CHWs and the trainings they have undertaken
- The DHMT will keep an updated list of CHWs from all health facilities that will include former CBDs, CBPs, Blue flag volunteers, Red cross volunteers, and CORPS
- Each PHU and the DHMT should display a map of catchment villages with CHWs. This should be updated quarterly.
- The map should include information on distance, terrain, population of the community and services available
- The local council should provide a supportive environment for supervision.

#### Reporting

- Each village will have a simple Register.
- Each CHW will also have a Register. They will report activities carried out during the month, commodities distributed and treatments given.
- The CHW will report his/her activities during the month, births and deaths, and the sick they have treated. This will be in a standard format. For those CHWs in geographically hard to reach areas, districts and partners will find innovative methods such as SMS reporting to ensure reports of a minimal standardized data set is received complete and on time.
- Those CHWs receiving commodities and drugs will sign the PHU commodity register on receipt and will account for supplies received monthly.
- The PHU will report Key CHW activities and coverage monthly to the DHMT.
- NGO's supporting CHW activities will submit copies of reports to linked PHU to be included in monthly data.

#### Supervision

Supervision is crucial for maintaining correct performance and motivation of CHWs. It is important to prioritize and focus on those activities and tasks that are the most important for CHWs and the health of the communities they serve. The tasks or items that need to be supervised are likely to change over time. Supervision is geared to help CHWs provide better services to their communities and build their skills and knowledge and to assess and improve the quality of CHW implementation.

#### Periodicity of Supervision

- CHWs will be supervised by the in charge of the PHU to which they are linked once per month.
- Trained peer supervisors selected from trained existing CHWs will supervise CHWs and report to PHU based supervisors
- Zonal supervisors will also provide additional supportive supervision to CHWs and their PHU

based supervisors

- Supervisors will visit CHWs in the community at least quarterly.
- Additional supervision will be provided at quarterly meetings at Chiefdom level.
- The council will also provide additional supportive supervision through its chief level structures.

A supervisor should ensure that all CHWs have the necessary support they need in order to implement a quality CHW implementation and accomplish activities.

This support includes:

- Adequate supplies of essential equipment, supplies, materials.
- Resources for regular supervision.
- A functional system for distributing essential materials and supplies.
- An adequate budget for routine activities.
- Clear guidelines on routine activities and any reporting requirements.

### **Selecting who will conduct supervision**

- Zonal supervisors
- Supervisors will mainly come from PHU to which the CHWs are attached
- Supervisors with experience of working with CHWs
- All supervisors should receive training on how to conduct supportive supervision using standardized supervisory skills checklist.

### **Timing of Supervisory Visits**

When developing a schedule for CHW supervision visits, DHMTs and supervisors should take into account a number of factors to help prioritise when visits are done:

- Results of previous supervisory visits as CHWs identified as having problems should be visited more regularly, to give them support and guidance
- Newly trained CHWs need more frequent follow-ups.
- Availability of supervisors. Supervision can only take place when supervisors are available and able to devote sufficient time to assess all areas to give feedback and solve problems.
- Availability of CHWs. CHWs are volunteers. Therefore, supervision should be planned when CHWs are available.

### **Availability of Resources**

Lack of finances for supervision affects the regularity and frequency of visits and will eventually affect the quality of care provided by the CHW. It is essential that District Health Management Teams budget and plan for supervision in their annual Local Council Health Plans. There is need for the plans to provide a budget line for DHMTs supervision of CHWs

### **Strategies for effective use of resources for supervision**

- Supervise CHWs once per month when they come to the PHU or assist with Outreach.
- Use every opportunity when a CHW comes to the PHU for other reasons or if the Health worker goes to the community.

### **Methods**

1. Supportive supervision to be used in all aspects of monitoring.
2. Observation of practice.
3. Talking with CHWs helps assess their knowledge. It also allows supervisors to understand how CHWs see their activities, their difficulties and what they see as possible solutions.
4. Review of records.
5. Community discussion with key informants about how they perceive services offered by the CHWs.
6. Use a combination of some of these methods.

### **Enabling incentives, motivation and retention**

Motivations for Community Health Workers are both monetary and non-monetary. CHWs are Volunteers. However, MoHS recommends that they ALL receive a standard minimum motivation package.

The MoHS has defined this minimum motivation package to include, for purposes of identity, standardised T-shirt, badge, caps; and for cultivating a sense of achievement, certificates/awards and letters of recognition. The package includes the following:

- > Basic requirements to carry out CHW function (Standardised uniform, ID, Standardised bag and kit using MoHS CHW logo, Registers and IEC materials.
- > Lunch and travel allowance whilst carrying out outreach and visits to health centre.
- > Health worker supervision and mentoring – technical support
- > Activity and performance related incentives may be paid. Decision on payment of incentives, amount and modalities to use will be decided by local authority structures and community.
- > Recognition by Authorities and their own communities.
- > Access to Government programs, income generating schemes and other microfinance and credit schemes
- > Community reward – such as community digging, seeds, livestock
- > Free treatment for the CHW and immediate family.
- > Competitions with prizes for the best performing CHWs.

It is also recommended that Districts/Councils and implementing partners incorporate appropriate and affordable motivating and enabling factors and activities into their implementation plans.

Partners must assure provision of appropriate core supplies and equipment to ensure CHW functionality.

Certification/Recognition by the MoHS and community members after training allows for visibility and quality assurance. Opportunities for professional development and acquisition of skills are very strong motivators, and these include opportunities for career mobility (becoming a supervisor) and professional development, such as opportunities for continuing education, professional recognition, and opportunities of access to educational and training scholarships and exchange visits by CHWs to see best practices.

CHWs will be provided with the means of transport in the form of fares or in some cases a bicycle. In hard to reach areas the MoHS recommends that if funding allows, CHWs are loaned a motorbike. If they cease to act as a CHW, the motorbike will be passed on to the new CHW taking over his/her role. Those CHWs working in hard to reach areas, will be given the means of communication especially Cell phones and/or credit, as this will also facilitate referral.

### **Monitoring and evaluation of CHWs work**

The MoHS recommends that monitoring

- Must be done continuously.
- Collects information on CHW activities implemented and the results of those activities.
- Will be used to make immediate programmatic decisions.
- Data will be used to improve or correct activities that are not working – and to know when to continue activities that are working.

It is important to track whether activities that were planned are actually carried out. This information should be recorded and provided to the DHMT for activities such as training courses conducted, supervisory visits made, medicines and supplies distributed, counselling materials distributed, counselling sessions done, and home visits made.

Records and reports of supervisory visits should provide information on activities completed and indicators measuring availability, access, demand and quality (such as supplies available, health workers trained, supervisions conducted, observations made during supervisory visits). Financial indicators assess to what extent the budget planned for certain activities has been disbursed.

### **Monitoring methods**

The MoHS recommends that the following methods be used:

#### **Record review**

This includes CHW registers, monthly summary reports, PHU based morbidity and mortality data, data on referrals, training attendance reports, training post-tests, reports from follow-up after training, medicines stock data, project status reports, and reports of supervisory visits. Training and

drug management records are used for determining numbers of CHWs trained and medicine availability.

Administrative reports provide information on resource availability (e.g. numbers of health workers for supervision, CHWs still active, funds, equipment and spending). Project reports may provide information on activities completed.

In PHU facilities, record review indicating the number of cases by classification, including a summary of the number of cases seen by each CHW and how they were managed. Facility-based data on family planning, antenatal care, HIV/AIDS and postnatal care should also be reviewed.

Hospital-based records may allow review of the management of severely ill children and pregnant women and tracking of changes in the number and type of referrals over time.

The CHW records births, deaths, including possible maternal deaths, attendance at antenatal and postnatal checks, the place of delivery and outcome for both the mother and infant.

### Reports of supervisory visits

These should describe activities that are going well, problems, and whether problems have been resolved. There will be data on supply management, meeting with community groups and health education sessions, etc. To avoid variability in the quality of supervision, DHMT should give standardised monitoring checklist, and report forms together with clear instructions to supervisors, for using them. All supervisors should be trained in how to use them.

### Routine reporting systems

Routine community based reporting systems are already in use in Sierra Leone and are used to collect data regularly from all health facilities for community activities. With the introduction of Integrated Community Case Management (ICCM) and community based new-born care, the reporting forms will be updated so that information from CHWs on the number of cases of sick children seen and referred can link directly into HMIS.

Monitoring data should be collected and analysed quarterly. DHMTs should review training reports to see whether courses were conducted as planned and to record the number of people trained and their names in the CHW register. If the course was not conducted or there were significant problems, the DMO should investigate and try to solve the problem before it impacts future courses. Monitoring should follow closely the plan of activities. Routine reports should be reviewed as soon as they are available.

Monitoring of implementation is coordinated by the DHMT and DPHC in Collaboration with the Directorate of Planning

Monitoring data is often collected and **NEVER** used. The most important step at district and national levels, is to review the data, interpret it, and use the information to improve the CHW Implementation (**INFORMATION FOR ACTION**)

To ensure that monitoring data will be used, DHMTs should have a clear plan for recording, summarizing, analysing, reviewing and interpreting the monitoring data regularly according to sched-

ule. It should be simple, feasible with local resources and skills, and should not require too much time to complete. ALL data collection for different programme areas carried out by CHWs should be linked.

The MoHS recommends the following data recording tools for the CHW:

- Village register
- CHW treatment Register
- Summary Sheets from PHUs and Districts.
- A computerized database, in which data are entered into a spread sheet programme.

<b>Standards for CHWs</b>
All CHWs must keep source of clean water for washing hands
All CHWs should construct a latrine or similar facility at their home
ALL CHWs should have LLIN hanging and used every night
ALL CHWs must know Key Health messages (Key family practices)
<b>Standards for CHW Kit</b>
All CHWs will receive a standard Kit on completion of basic training
ALL Partners will supply the same minimum kit
The Kit will comprise T-shirt, cap, badge, Bag Register, Health Promotion Flip charts, Standardised IEC materials and Job Aids, Soap
<b>Standards for CHW Training</b>
All CHWs will have 10 days standard training in health promotion, including interpersonal communication, which conforms to agreed norms and standard content, duration and ratios of CHWs to facilitators)
Additional modular training will be given for additional roles and responsibilities (family planning, CIM-NCI, CLTS, CMAM, TTC, etc).
Clear selection criteria will be used for selecting the most appropriate CHW for the additional training
Quality assurance will be applied for norms and standards of additional training
<b>Minimal skills required by CHWs for Core Functions</b>
Knows roles and responsibilities
Able to fill out CHW register
Knows Key Messages (Key Family practices)
Knows which diseases to report on
Knows how to read MUAC tape/strap
Knows how to check for oedema
Knows basic simple first aid techniques
<b>Necessary tools and Equipment for CHWs</b>
Every CHW has a Job aid for identifying children, new-born and women with danger signs available and immediately accessible in CHW kit.
Every CHW will have a standardised Colour Coded MUAC tape/strap with standardised MoHS/WHO cut offs for Malnutrition and severe malnutrition
Every CHW carrying out ICCM has a means of counting respiratory rate which is immediately available (respiratory timer, watch with second hand, mobile phone with timer function)

<b>Availability of essential drugs</b>
<b>Community case Management</b>
Essential drugs for ICCM (ACT in 2 strengths, 1st line antibiotic for pneumonia in appropriate strengths, zinc and ORS,) are always available and free of charge to the family.
The defined Essential drugs are available in the CHW drug Kit and drugs are not expired and all recommended strengths present. Other essential drugs and supplements include Vitamin A and de-worming.
All stock out will be documented and counted
<b>CHW Core Activities</b>
<b>Social mobilization activities</b>
Mami en Pikin Welbodi Wik- <b>6 monthly</b>
Child Health Campaigns - <b>6 monthly</b>
Other mass campaigns as necessary
Outreach <b>monthly</b>
Health promotion talks (individual and group talks covering areas identified during community mapping) - <b>monthly</b>
Active case finding and defaulter tracing
<b>Early Warning and Community Surveillance Activities</b>
For reportable diseases - <b>Continuously</b>
<b>Registration</b>
Pregnant women, Immunisation, births and deaths as necessary at least <b>monthly/weekly?</b>
<b>Home Visits</b>
For update of village CHW register - <b>Annually</b>
Pregnant women <b>4 times</b> during pregnancy and <b>4 times</b> post partum
Newborns <b>3 times</b> in first week of life
Follow-up of Severe Acute Malnourished children receiving treatment at PHU
Follow up discharged patients <b>as directed</b> by health workers
Direct observation of treatment <b>as directed</b> by supervisor
<b>REPORTING</b>
<b>Reporting By CHWs</b>
Diseases under surveillance - <b>Immediately</b>
CHW Activities - <b>Monthly</b>
SAM in community - <b>Immediately</b>
Births and deaths - <b>Monthly</b>
Children in school - <b>Quarterly</b>
Village register - <b>Annually</b>
<b>Reporting By Partners</b>
Quarterly to DHMT
<b>Reporting By Districts</b>
CHW Quarterly to National level
HMIS according to national requirements monthly
<b>Supervision</b>
All CHWs will be supervised by PHU <b>monthly</b> meeting when registers and reports will be checked and on job training and supervision will be carried out
All CHWs will attend <b>quarterly</b> supervision meeting
CHWs will receive supportive supervision in the community at least <b>once per year</b>



<b>Review Meetings</b>
Districts will hold quarterly CHW review meetings where data from CHW implementation, including from NGO/CBO, CSO partners will be presented.
National task force will hold biannual review meetings. These meeting will assess coverage, completeness and timeliness of reporting from districts, quality and lessons learned for implementation to be applied.
<b>Monitoring</b>
All levels will have a monitoring and evaluation plan for CHW implementation. Targets will be set, reviewed and adjusted annually
<b>Integrated Community Case management</b>
Only CHWs who have completed basic health promotion training followed by Case management training will be allowed to treat members of the community following the training guidelines.

## CHAPTER 3

### Guidance on Standardised Training of Community Health Workers

#### Training of CHWs

The Training Strategy for CHWs is to retrain ALL CHWs regardless of whether they have been trained in the past. They will go through a 10 day basic training course.

Training will be in accordance with the norms and standards set by the Ministry of Health and Sanitation, and using materials with standardised key messages that meet MoHS standards. Each training session shall train no more than 30 CHWs per group. Training will be phased into a Training of national Facilitators (TOF), Training of district Trainers (TOT), Training of PHU Supervisors and finally training of CHWs.

Partners are directed NOT to start training until they can ensure that ALL essential supplies are available for the CHWs to immediately start implementation.

CHWs will receive integrated refresher training twice every year in addition to monthly support supervision and On the Job Training (OJT).

The basic 10 days' training will be made up of 6 modules. The training will start with a pre-test and end with a post test. In addition, there will be end of training evaluation. Successful participants will be issued with a standard certificate of participation. Each module provides an outline that includes:

- The title
- A brief introduction to the module
- Objectives
- Total time needed to cover objectives
- Module overview that covers cost effective and high impact interventions and approaches
- Materials needed for training. The materials need to be illustrative/ practical
- Any recommended handouts
- Preparation needed before conducting the training and,
- Expected outcome of the module.
- End of module assessment/evaluation

The expected outcome of the module effectively translates policy on training as it relates to the module into CHWs practice once working for their communities. Any needed further training will be specified alongside the expected outcomes.

## **Module 1: Introducing Participants to the Standard CHWs Training Programme**

### **Introduction:**

Improving the health of the nation is one of the key priorities of our Government. Considerable progress has been made in reducing the high infant and maternal mortality rates, increasing immunisation coverage rates and increasing the use of insecticide treated bed nets. Nonetheless, women continue to die at childbirth and too many children die of easily preventable diseases for which cost effective interventions exist. Much remains to be done with regard to tackling ill health related to poverty.

The Government has launched the National Health Sector Strategic Plan which guides the Ministry of Health and Sanitation (MoHS) and its partners in attaining the health related Millennium Development Goals (MDGs). It reflects the Ministry's fundamental belief that health is a basic human right. In this regard, therefore, health services should be made available, accessible and affordable to all people without discrimination.

This module introduces the 10 days standard CHWs training programme and gives practical details on how the programme will be delivered for both participants and facilitators.

### **Objectives:**

- To allow participants and facilitators to get to know each other.
- To allow participants to state their workshop expectations and any fears and agree together how they will be managed
- To agree ground rules for the whole programme
- To summarise the public health policy guiding the CHW programme in Sierra Leone
- To recognise and understand the valuable role that Community Health Workers will play in improving the health and wellbeing of their communities
- To share the training programme and training manual with the participants, ensuring that all participants are aware that full attendance is required in order to complete the programme.
- To explain how the training programme will be conducted
- To administer a pre-test.

### **Time: 2 hours**

### **Module overview:**

- Welcome, introductions and getting to know each other.
- Ground rules and participants expectations.
- Policy overview and role of the community health worker.
- The 10 days training programme in detail.

- Wrap up and deal with any final queries.
- Administer pre-test.

### **Materials**

- Flipchart paper, marker, pens, name tags, pre-test questionnaires and copies of training programme.
- Illustrative visual aids

### **Hand outs**

- CHW policy
- CHWs training manual

### **Preparations**

- Ensure all required materials and handouts are available and enough.
- Visit the training venue and ensure sitting arrangements are in order.
- Meet all facilitators and organisers to ensure that all logistics, funding and food provisions are taken care of.

### **Outcome of the module**

- Know their roles and responsibilities
- All participants and facilitators know each other's names and where they are from
- Participants can describe the role of the Community Health Worker and how it will contribute to improve health, by giving specific examples
- Ground rules are written down and agreed for the whole programme
- Participants fears and expectations have been discussed and agreement reached on how they will be managed
- All participants agree to attend the whole training programme

## **Module 2: Working Effectively with Communities and Households**

### **Introduction**

Communication for behaviour change is a skill that Community Health Workers (CHWs) will need in order to effectively serve their communities. Communicating for behaviour change (also called BCC – Behaviour Change Communication) is important for the adoption of high impact interventions at the household and community levels.

### **Objectives**

- To build the capacity of participants to better apply the basic principles of communication for behaviour change.
- To improve participants' skills in the selection and appropriate use of IEC (information education communication) materials to support health promotion activities.
- Build CHWs capacity on correct interpretation of IEC materials
- Train CHWs on household mapping, identification of vulnerable and marginalized households and availability of relevant support services.

**Time:** 6 (six) hours

### **Module overview**

- Basic communication and behavioural change
- Selection and appropriate use of IEC materials
- Household mapping and identification of vulnerable and marginalized households including child labour and child abuse
- Practicals on mapping, referral and identification

### **Materials**

Flip chart, markers, starch, rope, paper, stick, masking tape, blackboard and chalk

### **Handouts**

IEC materials, hand bills and posters

### **Preparation**

- Ensure that training materials and handouts are prepared and ready for use
- Identify some vulnerable households to use for practicals and obtain their consent

### **Outcome of the module**

- CHWs can effectively communicate and positively change community and household behaviours in support of health promotion activities.
- CHWs can conduct household mapping.
- CHWs can identify vulnerable and marginalized households and groups.
- CHW can facilitate access to services by vulnerable groups.

## **Module 3: Water, Sanitation and Hygiene**

### **Introduction**

Diarrhoea is one of the leading causes of deaths in children under the age of five in Sierra Leone. The preventive measures against diarrhoea are simple, practical and possible in all Sierra Leonean homes. This module aims at preparing Community Health Workers to tackle water, sanitation and hygiene related problems, including emergencies in their communities.

### **Objectives**

- To increase participants' knowledge of improved water sources and household water treatment.
- To increase participants knowledge of improved sanitation, proper food hygiene practices and personal hygiene.
- To build participants' capacity to promote household hand washing with soap and water.
- To build participants' capacity for emergency preparedness and response.

**Time: 6 hours**

### **Module overview**

- Household water treatment and access to improved water sources
- Use of improved sanitation and proper food hygiene practices
- Hand washing with soap
- Emergency preparedness and response for disease outbreaks

**(note: oral Rehydration Therapy and Zinc for Diarrhoea management is covered in session 6.2)**

### **Materials**

Flip charts, Markers, Pencils, Soap and water (preferably flowing water, e.g. bucket with attached tap)

### **Handouts:**

CHWs manual

### **Preparations**

- Ensure physical availability of all materials listed above
- Identify locally available sources of water for field visits

### **Outcome of the module**

- CHW will be an agent for behaviour change in their communities towards: use of water from safe sources; household water treatment; use of improved sanitation and food hygiene practices; and safe disposal of refuse and other human waste.
- CHW will be a change agent for hand washing with soap and water.
- CHW can initiate community based emergency preparedness and response to disease outbreaks in general.

## **Module 4: Maternal and Newborn Health**

### **Introduction:**

Sierra Leone has one of the highest proportions of women and newborn dying during pregnancy, childbirth and the immediate period thereafter. Many of the women die from bleeding, malaria, fits, infection, unsafe abortion and prolonged labour. Many babies die in the mothers' womb or before they reach 1 month (neonate) because of infection, failure to breathe at birth, low birth weight (<2.5 kg) and being born too early (< 37 weeks). This module aims to provide CHWs with the skills to implement proven community level interventions that can help reduce these deaths.

### **Objectives:**

- To train participants to sensitise their communities on the importance of: at least four (4) focused antenatal care visits during pregnancy; clean assisted delivery in recognized health facilities; skilled attendance during the first 24-48 hours after delivery; community based essential newborn care and timing, spacing and limiting of pregnancies.
- To train participants on the recognition of danger signs in pregnancy, during and after delivery for both mother and baby that should be immediately referred.
- To train participants on the provision of FREE: IPT, Ferrous and Folic acid and Multivitamins to pregnant women; Post-Partum Vitamin A to the mothers and; community based family planning services.

**Time: 6 hours**

### **Module overview**

- Focused Antenatal Care and provision of FREE IPT, Ferrous and Folic acid and Multivitamins to pregnant women.
- Skilled attendance during delivery in Health Facilities.
- Skilled attendance during first 24-48 hours post partum period and provision of Post Partum Vitamin A.
- Essential neonatal care, including Initiation of breast feeding within first hour of delivery and temperature management.
- Danger signs and early referrals of mother/baby
- Community Based Family Planning by CHW

### **Materials**

CHWs training manual; flipcharts and posters showing pregnant women, child birth, neonatal care; FP methods and job-aides; checklist for provision of FP methods by CHWs; Vitamin A; SP for IPT; FeFol; LLITN; and reporting tools for FP, Vitamin A, SP, FeFol, LLITN, etc.

### **Preparations**

- Ensure all required materials and handouts are available and enough.

### **Outcome of the module**

- Participants can sensitise their communities on importance of at least four (4) focused ante-natal care visits during pregnancy; clean assisted delivery in recognized health facilities; skilled attendance during the first 24-48 hours after delivery; community based essential newborn care; and timing, spacing and limiting of pregnancies.
- Participants can recognize danger signs in pregnancy, during and after delivery for both mother and baby that need immediate referral.
- Participants can provide FREE: IPT, Ferrous and Folic acid and Multivitamins to pregnant women; Post-Partum Vitamin A to the mothers and; community based family planning services.
- CHWs able to refer sick members of the community appropriately.
- CHWS able to undertake follow-ups and ensuring at least 4 focussed post natal care visits.



## **Module 5: Infant and Young Child High Impact Preventive and Treatment Interventions**

### **Introduction**

Community Health Workers can play an active role in promoting good nutrition, growth and protection of the infant and young children against preventable diseases and to ensure that each time a child is seen in the clinic for treatment, the visit is not a missed opportunity to immunize the child or address a nutrition problem.

### **Objectives**

- To train CHWs on skills and knowledge that are needed for them to effectively mobilize communities and mothers to adopt exclusive breastfeeding and age appropriate complementary feeding.
- To train CHWs on skills needed to identify and refer severe acute malnourished children, mobilize communities for the uptake of de-worming and vitamin A supplementation, carry out defaulter tracing for immunization, CMAM and Vitamin A supplementation

**Time: 4 hours**

### **Module overview**

- Exclusive breastfeeding for children 0-6 months;
- Breastfeeding for children 6-14 months and age appropriate feeding thereafter, including home fortification to improve quality of complementary food.
- Immunization, de-worming and Vitamin A.
- Community-based Management of Acute Malnutrition, starting with identification of cases

### **Materials**

Counselling cards, posters, dolls, Towel/blanket, MUAC tapes, Under-five cards, flip charts and markers

### **Handouts**

CHWs manual, Counselling cards, posters, MUAC tapes

### **Preparation**

- All materials needed for the training are available.
- Identify cases of acute malnutrition in advance to explain clearly to the CHW.

### **Outcome of the module**

- CHWs can mobilize communities and mothers to adopt exclusive breastfeeding and age appropriate complementary feeding and use home fortification to improve complementary food.
- CHWs can carry out defaulter tracing for immunization and mobilize communities for the uptake of de-worming and vitamin A supplementation.

## **Module 6: Community Integrated Management of Newborn and Childhood Illnesses, Including Neglected Diseases**

### **Introduction**

The main killers of under five years old children in Sierra Leone include Malaria, Diarrhea, Acute Respiratory Infections, neonatal infections, birth asphyxia and low birth weight. For most of these conditions, malnutrition is a compounding factor.

Malaria is a very serious disease that starts with fever. It is common in Sierra Leone throughout the year, but infection is higher at the beginning and end of the rainy season. Malaria is the number one killer of under five years old children in Sierra Leone. Malaria is transmitted by the bite of an infected female Anopheles mosquito. When an infected mosquito bites a person, it injects the malaria parasite into the person's blood. Only the female anopheles mosquito spreads malaria. Mosquitoes breed in stagnant waters. Everyone in the family can get malaria. However pregnant women and children under five years are the most vulnerable to malaria. Many lives can be saved by preventing malaria and treating it early. Children and their family members have the right to quality health care for prompt and effective treatment and malaria prevention.

Community based high impact interventions against these conditions and diseases exist, hence the purpose of this module in building the capacity of Community Health Workers in Community Integrated Management of Newborn and Childhood Illnesses (C- IMNCI).

Apart from Malaria, ARI and Diarrhoea (see previous modules) there are other communicable diseases that can result in sickness and death. This module aims to provide CHWs with information and skills to implement proven community level interventions that can prevent and/or reduce these sicknesses and deaths.

### **Objectives**

- To increase participants knowledge on malaria prevention and control.
- To build participants skills in promoting consistent and correct use of Insecticide Treated Mosquito Nets for pregnant and lactating women and children under the age of five.
- To sensitise participants on community based management of malaria.
- To train CHWs on Community Integrated Management of Newborn and Childhood Illnesses (C-IMNCI).
- To train CHWs on the identification of general danger signs and timely referral of newborn and other under five children to the appropriate health facilities for treatment.
- To train CHWs on the identification of acute malnutrition, defaulter tracing for malnutrition and appropriate referral.
- To train CHWs on identification of LBW (low birth weight) and Kangaroo Mother Care (KMC) method.
- To train participants to sensitise communities on prevention and control of other communica-

ble diseases (STIs, including HIV and AIDs; Tuberculosis (TB); Lassa fever and Yellow fever; Onchocerciasis (oncho); Meningitis (neck stiffness); Worm infestations (including schistosomiasis); Anaemia and Skin infections).

- To train participants to deliver essential services to communities (Ivermectin for Oncho, condoms for STIs/HIV, de-worming tablets).
- To train participants to identify people with other communicable diseases and refer them appropriately.
- Sensitize community health workers on neglected diseases within the context of Sierra Leone

**Time: 6 hours**

### **Module overview**

- Acute Respiratory Infection
- Oral Rehydration Therapy and Zinc for Diarrhoea management
- Malaria in under five year children.
- Severe Acute Malnutrition
- Low birth weight
- Malaria prevention and control-1 hour
- Long Lasting Insecticide Treated Mosquito Nets (LLITNs) – 1 hour
- An overview of Community Case Management for malaria using ACT- children, pregnant women, adults (refer to CIMNC for details)-1 hour.
- STIs, including HIV and AIDs
- Tuberculosis (TB)
- Lassa fever and Yellow fever
- Onchocerciasis (oncho)
- Worm infestations (including schistosomiasis)
- Anaemia
- Skin infections
- Malaria, ARI, Diarrhoea (see the other modules)

### **Materials**

Counselling cards, Posters, Dolls, Towel/blanket, MUAC tapes, Under-five cards, Flip charts and markers, Sample antibiotics, ACT, ORS and Zinc

### **Handouts**

CHWs manual, Counselling cards, Posters, MUAC tapes

### **Preparation**

- All materials needed for the training are available.

- Identify cases of acute malnutrition in advance to explain clearly to the CHW.
- Identify easily accessible mosquito breeding grounds (stagnant water, containers holding water, clogged drains).
- Assemble training materials
- Ivermectin, de-worming tablets, condoms, wooden penis, sample of TB and HIV treatment,
- Reporting tools for oncho, de-worming, condoms etc.

### **Outcome of the module**

- CHW can identify acute malnutrition and refer to the appropriate facilities for treatment, conduct defaulter tracing for malnutrition and carry out home visits.
- CHWs can identify LBW and train mothers/care givers on Kangaroo Mother Care (KMC).
- CHW can identify general danger signs and refer under five children to the appropriate health facilities for treatment.
- Undertake FREE Community Case Management for Malaria, Pneumonia and Diarrhoea.
- Other communicable diseases
- Neglected diseases
- **Information Education and Communication (IEC)**
  - > Mobilize communities to drain stagnant waters, remove water receptacles and clear bushes around residential places.
  - > Mobilize households on correct and consistent use of LLITNs.
- **Identification of danger signs and referral**
  - > Early identification of fever presentations and refer to PHU in cases where fever is accompanied with danger signs for further diagnosis and treatment.
  - > Early identification of non response to malaria treatment and refer to PHU for review.
- **Provision of service**
  - > Administer ACT to fever presentation at community level.
  - > Provide Directly Observed Treatment (DOTs) for SP for pregnant women.
- Participants are able to sensitise communities on prevention and control of other communicable diseases (STIs, including HIV and AIDs, Tuberculosis (TB), Lassa fever and Yellow fever, Onchocerciasis (oncho), Worm infestations (including schistosomiasis and anaemia), Skin infections).
- Participants are able to identify people with other communicable diseases and refer them appropriately
- Participants are able to deliver essential services to communities (Ivermectin for oncho, condoms for STIs/HIV, de-worming tablets).
- Increased awareness among community health workers of other communicable diseases and neglected diseases.

## **Module 7: Adolescent Sexual and Reproductive Health Rights**

### **Introduction**

Adolescence refers to the period of a young person's life between the ages of 10 and 19. During this transition to adulthood, adolescents develop biologically and psychologically and move towards independence. Because adolescents encounter health risks and often exhibit risk-taking and experimental behavior, counselors and care providers need to understand the stages of adolescence and to be able to help adolescents attain a desired state of general and reproductive health. It is also important for service providers to acknowledge the reproductive rights of adolescents as a key foundation for service provision.

### **Objectives**

To help providers understand the importance of adolescent reproductive health, the stages of adolescent development, the desired state of general and reproductive health, and the reproductive rights of adolescents

**Time: 4 hours**

### **Module overview**

- Nature of adolescence
- Adolescent vulnerabilities, risk taking behaviours and consequences
- Communicating with adolescents
- Safer sex and protection for adolescents
- Available adolescent friendly reproductive health services

### **Materials**

Counselling cards; posters; flip charts and markers

### **Handouts**

CHWs manual, Counselling cards and posters.

### **Preparation**

- All materials needed for the training are available.  
Identify cases of acute malnutrition in advance to explain clearly to the CHW.

### **Outcome of the module**

By the end of the module, participants will be able to:

1. Explain the rationale for undergoing special training on adolescent reproductive
2. health.
3. Identify biological and psychosocial changes that occur during adolescence.
4. Discuss desirable health status for adolescents.
5. Identify the reproductive rights of adolescents.

## **Module 8: Sexual and Gender Based Violence**

### **Introduction:**

This module will provide community health workers with the necessary survivor-centered skills and tools to improve referral systems and care and support to survivors of GBV in their communities. It will also help them understand key concepts related to GBV and apply basic engagement skills that promote the safety and well-being of survivors.

### **Objective:**

- To introduce participants to basic concepts related to working with survivors, including gender, GBV, and multi-sectoral programming;
- To review possible bio-psycho-social consequences of violence and survivors' related needs;
- To provide all participants with practical methods for communicating with survivors that increase survivor comfort and facilitate survivor coping skills.
- To provide all participants a thorough understanding of the dynamics and the physical and psychosocial consequences of sexual violence. To provide all participants the tools to use in survivor-centered skills when engaging with survivors, including with child-survivors.
- To practice survivor-centered skills in context-specific roles.
- To provide all participants with information on the different roles and responsibilities of all actors engaging with survivors of sexual violence.
- To provide information about protection activities and justice mechanisms involving survivors of sexual violence.

**Time:** 2 days

### **Module Overview:**

- Review of basic concepts related to GBV
- Nature and scope of GBV
- Understanding of how GBV affects individuals, families and communities
- Discussion on consequences of GBV for children
- Review of multi-sectoral and multi-level models for addressing GBV
- Overview of survivor-centered communication skills
- Review of basic information about psychological needs of survivors
- Review of key issues related to engaging with survivors
- Basic techniques for interacting with survivors
- Introduction to and practice with the Gather Model
- Understanding your goals and roles
- Practicing survivor-centered communication skills

- Self-care for participants
- Introduction to the medical modules
- Discussion on the role of CHWs
- Explaining care and obtaining consent
- Psychosocial support and treatment for survivors
- Care of the child survivor

### **Materials:**

Flip charts, Projector, laptop, Name tags, Coloured markers, Coloured paper - A4 size, Plain white paper - A4 size, note cards (small size) in various colours , A4 size note pads, pens, tape, highlighter pens, sticky note pads, handouts for all participants.

### **Preparations:**

Ensure all required materials and handouts are available and enough.

### **Outcome:**

By the end of this module, participants will be expected to be able to practically apply the knowledge and skills acquired and to have a survivor-centered attitude towards the survivors of sexual violence they meet in their communities.

### **Knowledge**

- Demonstrate a comprehensive understanding of the dynamics of sexual violence.
- Identify the consequences of sexual violence for the survivor, his/her family and community.
- Understand the importance of guiding principles for helping survivors of sexual violence and of the related survivor-centered skills.
- Identify the various roles and responsibilities needed to support survivors of sexual violence.
- Understand the goals and limitations of protection work involving survivors of sexual violence
- Have a basic understanding of international human rights provisions relating to gender-based crimes, including sexual violence; identify national legal and justice mechanisms and services to protect and provide remedy to survivors; and implications for interviewing and referring survivors.
- Demonstrate components of the assessment and evaluation of women, girls and boys who experience sexual violence.

### **Attitude**

To develop a survivor-centered attitude towards survivors of sexual violence.

### **Skills**

- Be able to demonstrate a survivor-centered attitude and use survivor-centered skills when engaging with survivors. This includes:
  - ⇒ ensuring the safety of the survivor

- > ensuring confidentiality
  - > respecting the wishes, needs and capacities of the survivor
  - > treating the survivor with dignity
  - > adopting a supporting attitude
  - > providing information and managing expectations
  - > ensuring referral and accompaniment
  - > treating every survivor in a dignified way, independent of her/his background, race, ethnicity or the circumstances of the incident(s).
- ⇒ Be able to fully apply the rules around confidentiality
  - ⇒ Be able to ask for consent of survivors
  - ⇒ Be able to understand, discuss and inform survivors about available services while respecting the survivors' right to choose
  - ⇒ Be able to apply survivor-centered skills with children
  - ⇒ Recognize the potentially stress-inducing impact of dealing with survivors of sexual violence and practice self-care strategies.

A summary of the programme with an indicative timing is shown in the table below.

**Proposed 10 days training agenda for CHWs**

Timing	8.30am-10.30am	Tea Break	11.00am-1pm	Lunch	2pm-4pm
<b>Week 1</b>	2 hours		2 hours		2 hours
Monday	Opening/ Introductions- Pre-test Module 1		Module 1		Module 2
Tuesday	Module 2		Module 2		Module 2
Wednesday	Module 3		Module 3		Module 3
Thursday	Module 4-include adolescents		Module 4		Module 4
Friday	Module 5		Module 5		Module 5
<b>Week 2</b>	<b>2 hours</b>		<b>2 hours</b>		<b>2 hours</b>
Monday	Module 6		Module 6		Module 6
Tuesday	Module 6		Module 6		Module 6
Wednesday	Module 6		Module 6		Module 7
Thursday	Module 7		Module 7		Module 8
Friday	Module 8		Module 8		Post test-CLOSURE, Award of certificates