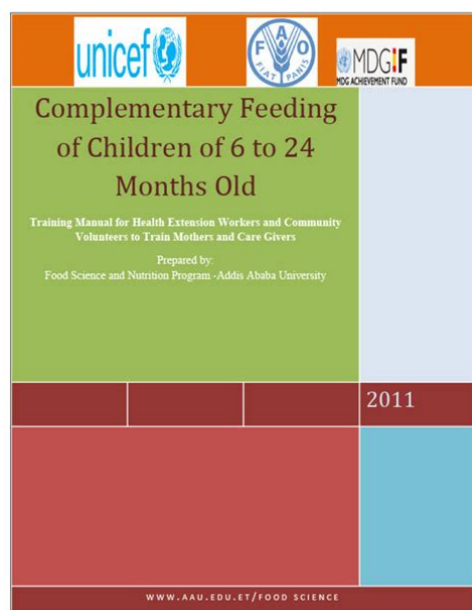




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community health extension workers training manual

The training manual provides an overview of the roles and responsibilities of CHWs in meeting the health needs of the population, as well as key information and skills the CHWs require. Each chapter includes sections on background, things to know, things to do and key points. The training manual also addresses key skills for CHWs, such as basic assessment and diagnosis, referral, communication, community mapping, household surveys, and basic drug administration. The topics are based on the Basic Package of Health Services, the Community Based Health Worker Policy and the National Health Policy of Afghanistan. By continuing to navigate this site, you agree to allow us to collect information using cookies. Learn more about how we care for your data in our privacy notice. PATH and our partners are responding. The manual was developed with funding from the US Agency for International Development. It is available as one large file or as 17 smaller files. Produced in collaboration with the Ethiopia Public Health Training Initiative, The Carter Center, the Ethiopia Ministry of Health, and the Ethiopia Ministry of Education. Important Guidelines for Printing and Photocopying Limited permission is granted free of charge to print or photocopy all pages of this publication for educational, not for profit use by health care workers, students or faculty. All copies must retain all author credits and copyright notices included in the original document. Except as expressly provided above, no part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without written permission of the author or authors. This material is intended for educational use only by practicing health care workers or students and faculty in a health care field. <http://dumainfotech.com/userfiles/cartier-santos-100-instruction-manual.xml>

- **community health extension workers training manual, 1.0, community health extension workers training manual.**

Recognizing the importance of and the need for the preparation of the lecture note for the Training of Health Extension workers THE CARTER CENTER TCC ETHIOPIA PUBLIC HEALTH TRAINING INITIATIVE EPHTI facilitated the task for Alemaya University to write the lecture note in consultation with the Health Extension Coordinating Office of the Federal Ministry of Health. PHC Primary Health Care. IEC Information Education and Communication. ORS Oral Rehydration Solution. KAP Knowledge Attitude and Practice. TBAs Traditional Birth Attendants EPI Expanded Program of Immunization TB Tuberculosis In many parts of Ethiopia, large numbers of families have still no access to health care or are not covered by the health system. Recently, strengthening the primary level of health care delivery is however given attention by designing a program of Health Extension Package for training Health Extension Workers who will be assigned at kebele level. This new program is believed to have importance in the efforts of extending services in a community. People will get services at their home as the Health Extension Workers assign in each kebele. This increases the health service coverage. The training of Health Extension Workers is therefore, valuable for the proper delivery of health services at the grass root level. If we rely on recorded information of health workers who are working in health institutions such as hospitals, health centers, etc on risk factors, disease and change in the course of disease, we will probably fail to get complete and accurate information. The reason behind In order to solve such problems, recording should start at community level where the root of the problem might also be identified for an appropriate solution. Therefore, recording at the community level by health extension workers give solution for some of the problems. This lecture note is divided in to six duties, which are further

classified in to different tasks. <http://www.mpksieradz.pl/upload/cartier-tank-manual.xml>

Duty one is dealing with methods of preparing a map of a locality and divided it in to twentyday blocks. In this duty trainees will also learn on preparation of questionnaire and how to conduct interviews in their house to house visit. The focus of duty two is on analysis of data for the purpose of utilizing the available information in order to address the health needs of the community and sending reports to the next higher level. Trainees will also be acquainted with the basic principles of statistics and presentation of analyzed data. Duty three is dealing with maintaining registers and records. Here the different types and purpose of records are described in detail. The five steps in planning are presented in detail which will enable the trainee to appreciate priority setting as one step and an important part of planning. In duty five, trainees will learn monitoring and evaluation of activities based on their action plan. The last duty duty 6 focuses on maintaining stock. Here trainee will practice on how to register stocks and periodically updating stock and also they will develop skills of requesting adequate stock both annually and periodically. While giving this course, much time should be allotted for practical aspects than the theory part in each topic. Based on this, the material is prepared in a way that theoretical backgrounds are presented first and followed by exercises which will be done during the practical hours. The new program of Health Extension Package avoids the traditional approach of health service delivery system by which the service will take place at community level with full This condition gives an opportunity for the community to participate on issues of their health or plays a major role on the planning, implementation and evaluation concerning their own health. The main objective of giving this course is to enable the trainees to appropriately document all health related information in the kebele.

Community often is defined by its geographic boundaries and thus is called a geographic community. Geographic maps include large areas and consequently must be to small scale they show important land marks, such as river, swampy areas, schools, mosques, churches, etc. In community health, it is useful to identify a geographic area as a community. A community becomes a clear target for analysis of health needs and easily mobilized for action. Groups can be formed to carry out intervention and prevention efforts that address needs specific to that community. And thus, all health extension workers should be familiar with the methods and technique used in map and topographic drawing. On mapping a village or kebele, the Health Extension Workers HEWs should know the following three points 1. Identify a defined area village limited by convenient natural boundaries from which data can be collected. See the example indicated below. Before examining the steps in designing a questionnaire, we need to review the type of questions used in questionnaires. Depending on how questions are asked and recorded, we can distinguish two major possibilities; open ended questions and closed questions. The respondent is not given any possible answers to choose from. For example, can you describe exactly what the traditional birth attendant did when your labor started. Closed questions offer a list of possible options or answers from which the respondents must choose. Closed questions are useful if the range of possible responses is known. For example 1. What is your marital status A. Single B. Married C. Divorced D. Widowed E. Others 2. Have you ever gone to the local village health Steps in designing a questionnaire In the first draft we should concentrate on the content. In the second, we should look critically at the formulation and sequencing of the questions. Then we should scrutinize the format of the questionnaire.

<http://eco-region31.ru/bosch-she44c05uc-manual>

Finally, we should do a testrun to check whether the questionnaire gives the information we require and whether both the respondents and we feel at ease with it. Usually the questionnaire will need some further adaptation before we can use it for actual data collection. When developing the questionnaire, you should reconsider the variables you have chosen, and if, necessary, add, drop or change some of your objectives at this stages. Example, the objective of designing the questionnaire

is to assess the socioeconomic status of the community. Therefore, some of the variables are ethnicity, income, educational status housing conditions etc. Step 2 Formulating questions Formulate one or more questions that will provide the information needed for each variable. A question is leading if it suggests a certain answer. Example, socio economic survey questions after passing the five steps. 1. Sex of respondent A. Male B. Female In this unique setting you are permitted in to the most intimate of spaces we, as human beings, have. A home visit is conducted to visit clients where they live in order to assist them to achieve as high a level of wellness as possible. Sampling method Sample may be defined simply as a part of a population. Suppose our population consists of the weight of all the elementary school children enrolled in a certain village. If we collect the weights of only a fraction of these children, we have only a part of our population of weights, that is, we have a sample. Sampling involves the selection of a number of study units from a defined population. The population is too large for us to consider collecting information from all its If the whole population is taken there is no need of statistical inference generalizing of sample data to the total population. Usually, a representative subgroup of the population sample is included in the assessment. A representative sample has all the important characteristics of the population from which it is drawn.

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If we have to draw a sample, we will be confronted with the following questions 1. What is the group of people population from which we want to draw a sample 2. How many people do we need in our sample 3. How these people will be selected. This method can not claim to be representative of the entire population. All units of the population should have an equal or at least known chance of being included in the sample. Generalization is possible from sample to population. Types of probability sampling methods 1. Simple random sampling SRS This is the most basic scheme of random sampling. Each unit in the sample frame has an equal chance of being selected. Representativeness of the sample is ensured. However, it is costly to conduct SRS. Moreover, minority subgroups of interest in the population may not be present in the sample in sufficient numbers for study. For example, a systematic sample is to be selected from 1200 students of a school. The sample size is decided to be 100. Hence the sample interval is 12. The number of the first student to be included in the sample is chosen randomly, for example by blindly picking one out of twelve pieces of paper, number 1 to 12. If number 6 is picked, every twelfth students will be included in the sample, starting with student number 6 until 100 students are selected. The numbers selected will be 6,18,30,42 etc. Systematic sampling is usually less time consuming and easier to perform than simple random sampling. It provides a good approximation to simple random sampling. Demerits of this sampling method are, if there is any sort of cyclic pattern in the ordering of the subjects which The population is first divided in to groups strata according to a characteristic of interest example, sex, geographic area, prevalence of disease, etc. In this sampling technique the representativeness of the sample is improved. But, sampling frame for the entire population has to be prepared separately for each stratum.

<https://eytam.com/images/byteshooter-user-manual.pdf>

The sampling unit is a cluster, and the sampling frame is a list of these clusters. It is preferable to select a large number small clusters rather than a small number of large clusters. Preparing plan of action The greatest barrier to a successful family health visit is a lack of planning and preparing. A visit is not success just because the health professionals enter a home or other setting where clients are present. A successful family health visit takes much planning and preparation, involves many aspects while with the family, and requires accurate documentation and followup. In addition, safety measures must be followed, not only while traveling in the neighborhood but also in the home. Depending on the type of variable and objective of the study different data collection methods can be employed. Data collection techniques allow us to systematically collect data about our objects of

study people, objects and phenomena and about the setting in which they occur. In the collection of data we have to be systematic. If data collected haphazardly, it will be difficult to answer our community health problem questions in a conclusive way. Face to face interviewing is one of the commonest data collection techniques. Therefore, designing good "questioning tools" forms an important and time consuming phase in community diagnosis or research. Once the decision has been made to use these techniques, the following questions should be considered before design our tools. 1. What exactly we want to know, according to the objectives and variables we identified earlier. Is Studies with many respondents often use shorter, highly structured questionnaires, where as smaller studies allow more flexibility and may use questionnaires with a number of openended questions.

In interviewing using questionnaire, the investigator appoints agents known as enumerators or data collectors, who go to the respondents personally with the questionnaire, ask them the questions given there in, and record their replies. They can be faceto face or telephone interviews. Faceto face and telephone interviews have many advantages. A good interviewer can stimulate and maintain the respondent's interest, and can create understanding and conducive atmosphere to answer the questions. If anxiety aroused, the interviewer can allow. In faceto face interviews, observations can be made as well. Observation Observation is a technique that involves systematically selecting, watching and reading behaviors of people or other phenomena and aspects of the setting in which they occur, for the purpose of getting gaining specified information. It includes all methods from simple visual observations to the use of high level machines and measurements. It is important to outline the guidelines for the observation prior to actual data collection. Importance of getting correct information Before looking at any type of information, it is important to recognize that information is rarely, if ever, completely accurate. Information provides a means of presenting a view about the real world. Such views can differ not only in terms of distortions or Inaccuracy but also, more fundamentally, as a result of genuinely different perceptions. Example of factors affecting accuracy of information In carrying out a survey of a village population, one might imagine that to obtain the number and age distribution of inhabitants was fairly straight forward. Information in health service organization should full fill the following characteristics. 1. Appropriateness Does the information relate to the work and objectives of the organization Does it represent a true picture of what is happening with in the organization 3.

Timeliness Is the information recent and represent what is occurring now with in the organization or is it out of date and of little use 4. Quantity Is there sufficient information available that will lead to accurate conclusions. The technical accuracy of data depends largely on the skills and motivation of the data collectors. Many information systems suffer through insufficient attention being paid to these important aspects of information systems, on the automatic presumption that data are being collected accurately. Task 5 Involving a consultative group for validation of information There is a variety of methods of collecting information. The choice of method for any type of information will depend inter alias, on the level of accuracy required. Methods of collecting information are frequently biased. Information can be collected by different methods such as survey, vital registration, treatment records, notifiable In addition to this, one of the importances of meetings is to validate the information collected by other techniques like faceto face interview. Meetings are necessary of health work, especially when the work is with rural communities. Meetings are of many kinds and can have many different purposes. Small meetings may be held with community leaders to try to identify health problems and needs. There may be meetings with special groups such as patients, community leaders or mothers for community based health activities. Statistical data means numerical descriptions of things. These descriptions may take the form of counts or measurements. Even though the statistical data always denotes figures numerical descriptions it must be remembered that all numerical description are not statistical data. Statistical activities must be prepared to be able to interpret or communicate the results to some one else as situation demands.

The numbers in statistics contains information.

Thus the purpose of statistics is to investigate and evaluate the nature and meaning of this information. Namely i Nominal data consists of two or more different categories of data values. Example, sex M and F Sex is a variable, where as "M" and "F" are data values. Example, the progress of a certain disease over time can be categorized by ordinal data as follows. High improvement Moderate improvement No change Moderate deterioration There are also two types of quantitative data. Example, weight, height or age or a child. The weight may be between 1 and 2, say 1.55Kg. Presentation of Data Data collected from survey or other method is called raw data. This raw data can not convey clear and precise information. So that this unsorted data must be arranged purposively in order to bring out important points clearly. This organized data displayed in different techniques like order array serial arrangement of numerical values in ascending or descending orders, tables, diagrams and figures, etc. The charts prepared in the way that the chart can accommodate information needed. Collected data need to be organized in such a way as to condense the information they contain in a way that will show patterns of variation clearly. Precise methods of analysis can be decided up on only when the characteristics of data understood. Once the date is collected must be analyzed so that the meaningful interpretation can be made. Statistical procedures simply reduce a great amount of information to smaller one that can be easily interpreted when deciding an appropriate analysis. It is important to know statistical analysis. 1. Descriptive statistics describe in mathematical or numerical terms of the data collected. Such as, mean average, deviation, percentage, etc which are reported in written or graphic forms, rate and ratio. 2. Inferential statistics which enable one to determine the extent to which change of differences observed.

Average implies a value in the distribution around which the other values are distributed. It gives a mental picture of central value. There are several kinds of averages Example, Average number of students found in a class is 48.5. 2. The Median To obtain the median the data is first assigned in ascending or descending order then the middle value is taken. If the data number is even it is calculated by taking the average of the two middle values. It is not influenced by extreme values and more representatives than the mean and nearer to The exact location is uncertain and is often not clearly defined. Therefore, it is not more commonly used in medical statistics. Example, score in physics for eight students is as follow 70, 65, 70, 87, 95, 71, 70, 87 Then the mode is 70 Here the fraction of the pictures can be used to represent smaller values of he whole symbol otherwise, it is similar to bar chart. Fig 2. Showing number of doctors in proportion to the number of people in different countries. 2. Preparing bar chart It is a proper type of graph for nominal or ordinal scales. The graph has vertical y direction and horizontal x directions.. The category labels values usually are put in some systematic way. The vertical bars are drawing to represent the frequency or percent in each category. There should be a space between the bars. Here the spacing and the width of the In addition the title of the figure which is placed under the figure should answer questions what, when, where, how. Rows are horizontal and columns are vertical assessments. It is constructed first by assigning tabulating data into 0 2 0 4 0 6 0 8 0 100 A B C D E F SECTION No of Students Numerical entities of zero should be explicitly written rather than indicated by a dash. Dashed are reserved for missing for an observed data. The table should be as simple as possible and self explanatory and the title written above the table answers questions like, what, when, where, how.

The total should be shown either in the top row last column or in the last row first column. Each sector is proportional to the frequency. The full circle 360 degree represents 100%. The titles of the figure are written under it and the numbers needed. Its construction is the same as bar chart. But, what makes it different is, between the bars there is no space, it is continuous to show the continuity of the variables. Figure 5 shows an example of histogram. Rate is a proportion of an event at a time element, i.e. in which occurrences are quantified over a period of time. 0 5 10 15 20 25 30 NUMBER

OF CHILDREN Number of childrens Total number of children under 5 in the same area in a year 2. Morbidity Rates Morbidity refers to the community status respect to disease. They are an important tool to monitor an activity. The reports can be oral, written or given by Medias. The report consists statistical information on birth, death and morbidity, or comments or problems on programs. A standard report format printed and distributed in advance to the health units or village health workers with the aim of keeping the uniformity and quality of data to have the same information from the reporters. The report, which is filled using a standard report format is easy to analyses and compare by higher officials. The report form printed in different color and distributed to different units accordingly. Exercises 1. Discuss the following rates briefly and write the corresponding abbreviation for each. Crude birth rate Crude death rate General fertility rate. Maternal mortality rate Neonatal mortality rate. Post neonatal mortality rate. Age specific and cause specific mortality rate. Prevalence and incidence rate 2. In rural village, which is found around Harrar town, there are a total of 120 cases of tuberculosis in 1992. After one year 40 cases were recovered and 26 new cases were found. A. What is the prevalence of tuberculosis in this village B.

What is the incidence rate of tuberculosis in this village Death due to malaria 25,000 1500 9,000 4000 5000 950 150 200 120 200 250 4. Calculate the following rates for village "X" based on the data given above. A. Infant mortality rate B. Maternal mortality rate C. Crude birth rate D. General fertility rate E. Crude death rate Describe a method of record keeping or design a record form for use for different activities at health post level. List the principle of designing survey records. Maintain registers and records properly and correctly. Enter data into the respective registers and records. Update data in the respective registers and records. Records are usually written information kept in notebooks or fills; they may also be kept on to be computerized. Records should be accurate, accessible, and available when needed, and contain information that is useful to management, Information should not be recorded unless it is known to be accurate and unless there is a use for it. Accurate records help Health Extension Worker to follow the activities of a program continuously, according to need plan. Forms which differ from region to region, are often prepared and can be adapted to local circumstances. These forms will help the health staff recording the information required, make it easier to standardize the information collected, and save time for all concerned. There are different formats prepared by the regional Activity recording formats at Primary Health Care Unit PHCU include 1. Registering daily attendance 2. Registering births and deaths information about every baby borne in the locality and every death in the locality. 3. Growth monitoring charts for recording children's weight gain or loss 4. Monthly reports on all work done at the kebele health services 5. TB and leprosy patient follow up records 6. Environmental health activity recording formats 7. EPI services recording formats 8. Family planning follow up records 9.

Others These all recoding formats are used to retain information which is collected in the form of process data and stored for the next used. The storage of these formats needs to be in a way to make them accessible when ever one needs to use them. Following this different filing systems will be described. Performances of a community health activity, based on collection, analysis and interpretation of data finally prepared to be reported and documented. Activity performances and all types of pieces of papers; including letters, receipts, invoices, reports, patients' record cards, minutes of meetings, pamphlets, leaflets, and drug prescriptions needs be kept in a filing system. Sometimes documents are piled on desks so that it is difficult to find anything. Important documents are often placed in unknown files and are therefore lost. To make sure that any paper can be found whenever it is needed, a filing system must be set up. A good filing system should have the following qualities. There must be a place for every type of paper normally found in the health unit an inclusive system. It must be simple, so that staff members can maintain it a simple system. Filing arrangements filing categories There are several methods of filing used so far. Often two or more systems may be used together. Alphabetical filing The files are arranged in alphabetical order, according to the first letters of the main name of the file. This system is used when there are large

numbers of papers on similar subject. In health services it is the most useful for staff files. Each staff member has an individual file. It includes personal particulars, employment and salary details, increment dates, and any correspondence relating to personal problems. However, a crossreference file is needed in case, for example, patients lose their number cards. Filing by subject Filing by subject is the most useful system for general purposes in small health units. All papers, documents, letters, etc.

A file should then be established for each subject category. An example of such a list follows

Correspondence Correspondence about patients copies of referral letters Correspondence with supervisor or administrator e.g. district or regional office at a higher level than the health unit All other correspondence staff correspondence, in staff members' files This is particularly useful for supervising district work, such as mobile clinics or home visiting. Arranging and indexing a filing system Filing does not always achieve its main objective, which is to allow any paper to be found any time it is needed, because papers are often placed in the wrong file, or files are not arranged in any order, or files are not indexed. An index is a list usually alphabetical that refers to the place where an item or article may be found. For example, a book has an index at the back, which refers A filing index refers to the name or number of the file or register where certain topics are recorded. Such a list can be typed and placed on a wall, board in an office. An example of a healthunit office index is shown below;

Information Location Administrative and other letter Files, top shelf Cash book Righthand drawer of desk Clinical records Box in outpatient department Discharge forms Ward table Inventories Store cupboard Issue vouchers Store cupboard Leprosy cards Box in outpatient department Monthly reports File, second shelf Pettycash vouchers Righthand drawer of desk Receipts Store cupboard Requisition forms Store cupboard Stock ledger Store cupboard Tuberculosis cards Box in outpatient department Village information By name, third shelf A number of items are recorded in large books usually called registers or ledgers.

<http://www.raumboerse-luzern.ch/mieten/bosch-she44c05uc-manual>