



Health Extension service

Level-III

Learning Guide-14

Unit of Competence	Perform Community Mobilization and Provide Health Education
Module Title	Performing Community Mobilization and Provide Health Education
LG Code	HLTHES3 M04 LO1-LG-14
TTLM Code	HLTHES3 M04 TTLM 0919v1

LO 1: Train model families



Instruction Sheet	Learning Guide- 14
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This learning guide is developed to provide you the necessary information regarding the following content coverage and topics:

- Training of model families
- Planning and Undertake advocacy on identified health issues

This guide will also assist you to attain the learning outcome stated in the cover page.

Specifically, **upon completion of this Learning Guide, you will be able to:**

- Train model families
- Plan and Undertake advocacy on identified health issues

Learning Instructions:

1. Read the specific objectives of this Learning Guide.
2. Follow the instructions described below 3 to 4.
3. Read the information written in the information “Sheet 1, Sheet 2.and,Sheet 3”
4. Accomplish the “Self-check 1, Self-check and self check 3 on **page 4, 5 & 14.**



Information Sheet-1	Applying Training Model Family
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1.1 Concepts and principles of Women Health Development Army (WHDA)

Concepts and principles of Women Development Army

Health Extension Program (HEP) brings community participation through awareness creation, behavioral change communication, and planned and systematic community mobilization. Community engagement for improved lifestyle was initially based on innovation of diffusion theory, which focuses on model household graduation. Model households go through an intensive vetting for graduation and are publicly recognized by local leaders after completing key health extension practices at the household level. Model households also provide mentorship and act as role models for their neighbors. This has brought about impressive results concerning health outcomes resulting in significant reduction of harmful traditional practices, improved lifestyles and use of health services. However, there was a gap in quality and comprehensiveness. Hence, health development army was initiated in 2012 for engaging everyone in the community through an organized and inclusive manner, particularly the under-served and disadvantaged groups.

The Health Development Army as part of universal coverage for basic health services, a complimentary initiative undertaken by the Ethiopian Government is the establishment of the Health Development Army (HDA), and now renamed as Women Development Army (WDA). WDA is a systematic, organized, inclusive and collaborative movement of the neighboring Households through active participatory learning and actions to practice key health activities. WDA is designed to bring about transformational change in health outcomes and ensuring every household is reached. The WDA provides an effective platform to engage the community in the planning, implementation, monitoring, and evaluation of health and other programs. Women are organized into one to five household networks and groups of 25 to 30 families and are encouraged and engaged in learning, practicing and collaborating with each other to bring significant practical and attitudinal change. In one to five networks, six households are organized based on social and geographic proximity. Among five or six households one will be lead to advise/inform and counsel her team members. And recently, the new initiative called competency based training (CBT) with level I & II has been launched so as to enhance health extension program intervention by improving the skills of WDA one to five members through providing training on basic community health packages.

**Self-Check -1****Written Test**

Directions: Choose the best answers from the given alternative.

1. Concepts and principles of Women Development Army

- A. behavioral change communication B. planned and systematic community mobilization.
C. Community engagement D. ALL

2. a systematic, organized, inclusive and collaborative movement of the neighboring Households through active participatory learning and actions to practice key health activities.

- A. WDA B. SMART C. Advocacy D. ALL

3. The WDA provides an effective platform to engage?

- A. the community in the planning implementation B. monitoring,
C. evaluation of health and other programs. D. ALL

Note: satisfactory rating 2 point unsatisfactory below 2 point

You can ask you teacher for the copy of the correct answers

Answer Sheet

Score _____

Rating _____

Name: _____

Date: _____

Short Answer Question

1. _____

2. _____

3. _____



Information Sheet-2	Identifying Better performing households (Recruitment)
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2.1 Level 1 trainees will be selected from the 1 to 5 network leaders who are willing to attend the training given at the kebele level. And for recruiting level 2 trainees, a committee is led by woreda health office. The members of the committee include: women, youth and child affairs, community representatives, health extension workers, primary Health Care Unit Director, Kebele administrator/ manager. While recruiting the level 2 trainees, the committee has the following main criteria:-

- The most recent score of the WDA leader (“A” and “B” grade)
- Performance of WDA at level 1 may be measured using the WDA score card which includes various criteria– proper written plan, facilitating regular discussion with members, more number of graduated model households, regular participation and involvement in preventive and promotion during health campaigns and environmental hygiene, creating strong relationship among members, proper support and follow up of members.
- Willingness to attend the training and work as WDA
- Minimum educational qualification – basic education. Moreover, given the fact that, level 2 trainees need to pass through the level 1 examination, the eligible trainee for level 2 needs to pass the level 1 competence examination

Self-Check -2	Written Test
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- **Directions: SAY TRUE OR FALSE**

1. Trainees will be selected from the 1 to 5 network leaders who are willing to attend the training given at the kebele level.

2. To identify better performing House Hold The members of the committee include, Women, youth and child affairs, community representatives, health extension workers.



Note: satisfactory rating 2 point unsatisfactory below 2 point

You can ask you teacher for the copy of the correct answers

Answer Sheet

Score _____

Rating _____

Name: _____

Date: _____

Short Answer Question

1. _____

2. _____



Information Sheet-3	Planning, Implementing and evaluating WHDA training
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31-Space, time and modality for WDA training

	Level-1	Level-2
Venue	The training will be provided at the venue selected and prepared by the kebele administration and health extension worker. The venue can be farmers training centers, primary schools, Kebele meeting hall, or health posts depending on the convenience to provide the training.	The health centers at the woreda town will be prepared for the level-2 trainings.
Cohort of trainee	For easy management, training would be organized by batch. Each cohort needs to reside in one zone/cluster of Gotes/Kushets. The trainers would complete one after the other.	The trainees would be pulled from various kebles under each PHCU.
Training modality	Initial training: The class room sessions can be given for two to three days per week for four hours each. In addition, every week one day will be dedicated for cooperative training – an assignment would be given to a trainee to practice the competence in her 1 to 5 network. At the end of the class room training, 3 weeks (3 days/week) will be assigned for cooperative trainings. The trainees exit from the training program once they have completed the chart of competence.	Initial training: The class room sessions can be given for two days per week for four hours each. In addition, every week two days will be dedicated for cooperative training – an assignment would be given to a trainee to practice the competence at household and community levels. At the end of the class room training, 2 weeks (3 days/week) will be assigned for cooperative trainings. The trainees will exit from the training program once they have completed the chart of competence.



Community Attachment

Each attachment will be led by the Health Extension workers and health center staff assigned to each kebele. In addition, the trainees would practice by their own to complete specific assignments provided to them in the class room sessions. Any issues requiring clarification would be presented to the supervisors when they come to re-enforce the skills acquired at site level.

Quality assurance

The quality assurance will be made at multiple stages. The curriculum will be piloted in the demonstration sites and assessed using standard measurement indicators. The feedbacks will be considered to finalize the implementation manual and training plan. Then, the content and modality of the training will be reviewed based on their relevance and lessons from field for the scale-up. In addition, the capacity of the trainers will be meticulously assessed after completion of the TOT and during the training and necessary action will be taken on the spot and the shortfalls and actions will be documented for future use. Using the checklist (---- Annex-1), the training Quality assurance will also be made by a core team comprising of MOH, RHB, TVET colleges and partners staff and Woreda Health Office.

Identify necessary resources

Depending on the responsibilities of each qualified WDA assumes, the supplies and materials required to carry out those responsibilities may vary. The following table provides the list, which may expand during implementation though.

Table--: list of supplies and materials required by Level-1 and Level-2 WDA

Level-1	Level-2
<ul style="list-style-type: none"> • Family health guide • Village map and d/t stickers-- target identification • Maternal, neonatal, & Child health recording book • Record note book • 	<ul style="list-style-type: none"> • Family health card • Field register book • Demonstration sets (e. g., Nutrition, breast feeding) • Referral Slip



<ul style="list-style-type: none"> • Contraceptives – Condoms and Pills, Injectable, implants, IUCD, 	<ul style="list-style-type: none"> • Contraceptives – Condoms and Pills, Injectable, implants, IUCD,
<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Kit for simple First aid services • IEC/SBBC materials
<ul style="list-style-type: none"> • Digital scale, salter scale • Aqua tab 	<ul style="list-style-type: none"> • MUAC, Digital scale, salter scale • Penile model

The list of materials required for the program are identified and included in the PHCU annual plan and procurement plan. The management would then follow the existing supplies chain management – Integrated Pharmaceutical Logistics System (IPLS) to manage supplies required for the Level I and Level 2 WDAs.

Competence assessment

The competence assessment guide and questions are prepared by the TVET agency in collaboration with Federal Ministry of Health and Partners. While preparing the assessment tools, necessary “material lists” were also identified. As Health extension workers will do the assessment, training on basic skills on assessment would be given to them and the Agency of Competence (AOC)/ Regional Center of Competence (COC) will certify them as an assessor.

After completion of all the competencies for each level, the trainees would be assessed by certified HEWs from other kebeles. While preparing for an assessment, it is the duty of the training facility/Woreda Health Office to prepare the required logistics/materials and expenses before the assessment.

Certification

When the trainee completes each unit of competence, the training institution/woreda health office will provide certificate for completion. But when the trainee completes chart of competences for each level, they are expected to take the qualification examination provided by Agency of Competence (AOC)/ Regional Center of Competence (COC). A copy of the certificate would be presented to the health extension workers and Kebele Administration.

Deployment

Initial placement: Before the actual deployment, the kebele council members and HEWs will do a community sensitization and introduce the role level-1 and level-2 play in the community. Then, after completion of the training, the level-1 and Level-2 WDA will be deployed at their permanent residence. In the first week of their deployment, there will be an introduction session organized for their catchment population and the will be linked to the Health Extension workers and other development team and 1:5 leaders.

Key responsibilities/Service package:



The 18 health extension packages are going to be provided by both the Level-1 and Level-2 WDAs. The Key responsibilities of those trained are derived from the national qualification framework prepared.

Table ----- : Description of key responsibilities of Level 1 WDA interims of the Health Extension Package

Health Extension package			Unit of Competence for Level-1
Health Education			Facilitate Community Mobilization and Communication 1. Conduct communication Facilitate Community Mobilization
Environmental Sanitation	Hygiene	and	Promote Basic Hygiene and Environmental Health Services 1. Promote and implement hygiene and environmental health services 2. Promote basic hygiene and environmental health services
Family Health			Promote Family Planning Services 1. identify Family Planning Targets 2. Promote Family Planning Methods Promote maternal, infant and young child nutrition (MIYCN) 1. Preparation for message dissemination 2. Provide information on MIYCN for mothers Promote key messages on child survival and growth 1. identify target groups for the child survival interventions 2. Promote child survival and growth activities Promote birth preparedness and complication readiness 1. identify a skilled birth attendant and health facility 2. Prepare resources required for birth preparation and complication readiness Promote Post-natal Care Provide information for women on post partum period. Pay a follow up home visits Promote Immunization Services



Health Extension package	Unit of Competence for Level-1
	1. Identify target groups and prepare plan 2. Facilitate the promotion
Communicable and non- disease	Prevent Common Communicable Diseases
	1. Promote key messages to the community on prevention of communicable and non-communicable diseases 2. Identify suspected Cases

Table-----: Description of key responsibilities of Level-2 WDA interims of the Health Extension Package

Health Extension package	Unit of Competence for Level-2
Health Education	Perform Community Mobilization and Communication
Environmental Hygiene and Sanitation	Facilitate and Implement Basic Hygiene and Environmental Health Services
Family Health	Promote Family Planning and Provide selected Family Planning Services
	Promote community based nutrition
	Identify and refer sick child
	Promote ANC services and referral of cases
	Promote Institutional Delivery services
	Promote PNC and Provide selected PNC services
	Facilitate Immunization Services
Communicable disease	Facilitate common communicable diseases prevention and control



Follow up and monitoring

The monitoring and evaluation plan would utilize the existing arrangements and the supervisions made by the health extension workers and staff member of the health centers. However, this new inclusion might require revising the existing reporting tools and supervision checklist to accommodate the data needs of this program.

Table----: Indicator matrix

S.No	Indicator	Definition of Indicator	Method of Calculation		Data collection responsibility	Source of information	Frequency
			Numerator	Denominator			
1	Number of WDA trained by level	Number of WDA who have completed all the unit of competencies	Absolute number		Woreda Health Office	Attendance / List of graduates	Every six months
2	Proportion of WDA who Passed COC by level	Percentage of WDA who took COC and passed the exam out of those who completed trainings by level	Number of graduates who passed COC	Number of graduates	Woreda Health Office	Registers / Qualification Certificate	Every six months
3	Number of Kebeles for the with the program	Number of kebles who have started providing trainings	Absolute number		WOreda Health Office	Woreda Health Office reports	Every Quarter
4	Proportion of WDA who have all the necessary materials at the day of visit	Proportion of WDA who complete set of supplies at the day of visit out of those who have visited by supervisors	Number of WDA with complete set of supplies and materials at the day of visit	Number of Visited WDA at the same day by supervisors	Supervisors	Field visit checklist/report	Monthly
5	Frequency of meetings with HEWs within a month	Frequency of meetings with HEWs at each kebele by level	Absolute number		Health Extension Workers	Report/ Minutes	Monthly
6	Frequency of development team	Frequency of meetings with Level 2 WDA at each kebele	Absolute number		Level 2 WDAs	Report/ Registers	Monthly



S.No	Indicator	Definition of Indicator	Method of Calculation		Data collection responsibility	Source of information	Frequency
			Numerator	Denominator			
	meetings within a month						
7	Proportion of health issues raised during development team meetings with in a month	Health related issues raised during development team meetings	Number of meetings on health related issues	Total number of meetings within a month	Level 2 WDAs	Reports/ Registers	Monthly
8	Updated Family Health Card at each household		Number of household with updated family health care	Number of households supervised	HEWs	Supervision report	Monthly
9	Proportion of model households graduated in a kebele	Households in a kebele which has done the following - 4 th ANC, Facility delivery, modern FP, EPI as per the schedule, Exclusive breast feeding, GMP under two, Latrine construction and Utilization, solid and liquid waste management, proper housing)	Total number of graduated household	Total number of households in each kebele	HEWs	Monthly Report	Monthly
10	Proportion of mothers or family members with appropriate birth preparation in a month	Mothers/ Family members with a knowledge and prepared all the items required as part of birth preparation which are included in the family health card	Number of households who listed and showed the prepared items	Number of households visited in a month	HEWs	Supervision checklists/ Monthly supervision summary sheet	Monthly



S.No	Indicator	Definition of Indicator	Method of Calculation		Data collection responsibility	Source of information	Frequency
			Numerator	Denominator			
11	Proportion of mothers who name all the danger signs pregnancy	Mothers/ Family members with a knowledge all the danger signs of pregnancy	Number of households who listed all the danger signs of pregnancy	Number of households visited in a month	HEWs	Supervision checklists/ Monthly supervision summary sheet	Monthly
12	Proportion of mothers who name all the danger signs labor	Mothers/ Family members with a knowledge all the danger signs of labor	Number of households who listed all the danger signs of labor	Number of households visited in a month	HEWs	Supervision checklists/ Monthly supervision summary sheet	Monthly
13	Proportion of mothers who name all the danger signs newborn	Mothers/ Family members with a knowledge all the danger signs of newborn	Number of households who listed all the danger signs of newborn	Number of households visited in a month	HEWs	Supervision checklists/ Monthly supervision summary sheet	Monthly
14	Households visited with 48 hours by the WDA members after birth in a month	Proportion of newborns visited within 48 hours in a month	Number of households who was visited by WDA with 48 hours	Number of expected births in a month	Level 2 WDA	Supervision checklists/ Monthly supervision summary sheet	Monthly



Self-Check -3	Written Test
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Directions: Choose the best answers from the given alternative.

1. When the trainee completes each unit of competence, the training institution/woreda health office will provide for completion

A. Competence assessment Certification C. Deployment D.ALL

2. The kebele council members and HEWs will do a community sensitization and introduce the role level-1 and level-2 play in the community.

A. Competence assessment Certification C. Deployment D.NONE

3. Guide and questions are prepared by the TVET agency in collaboration with Federal Ministry of Health and Partners

A. Competence assessment Certification C. Deployment D.NONE

Note: satisfactory rating 2 point unsatisfactory below 2 point

You can ask you teacher for the copy of the correct answers

Answer Sheet

Score _____
Rating _____

Name: _____

Date: _____

Short Answer Question

1. _____

2. _____

3. _____

- Ramachandran L. and Dharmalingam. T. 1995. Health education's new approach.
- Randall R. Cottrell, James T. Girvan, James F. McKenzie 2006. Principles & foundations of health promotion and education. Third ed. USA

