

2017



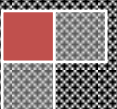
Federal Democratic Republic of Ethiopia
Ministry of Health

Integrated Refresher Training for Urban Health Extension Professionals

TRAINING COURSE OUTLINE



February
2017



Acknowledgement

The preparation and finalization of the integrated refresher training modules for Urban Health Extension Professionals (UHE-ps) has been made possible through a series of consultative meetings and workshops. During this process, the valuable contributions of our partners and program stakeholders have been crucial. This module is meant for UHE-ps in order to improve their attitude, skill and knowledge, which in turn help them provide quality health services to their clients. Therefore, the Federal Ministry of Health (FMOH) acknowledges all organizations for their contributions in the preparation, fine-tuning and finalization of this document.

FMOH is grateful to all partners involved and in particular USAID/JSI/SEUHP, JHU CCP, World Vision, Challenge TB, UNICEF, for the technical support provided to develop this Integrated Refresher Training(IRT) module in a harmonized approach.

Special acknowledgement is made by the FMOH to team of experts from the government and nongovernmental organizations who tirelessly involved in the entire processes of producing the module.

The FMOH also acknowledges the Joint leadership of the Health Extension and Primary Health Services Directorate (HEPHSD) and John Snow Incorporate (JSI) -Strengthening Ethiopia's Urban Health Program (SEUHP) for mobilizing resource and coordinating the development of the training module.

FMOH acknowledges JSI-SEUHP for providing financial support to organize a series of workshops and consultative meetings as well as to print the final version of all training modules.

I. Introduction

Urban Health Extension Program was introduced in Ethiopia in 2009, based on lessons learnt from successful implementation of the health extension program in rural areas. The program is designed with the aim of ensuring health equity by creating demand for essential health services through the provision of health information and basic health services at household level, school and youth centers and improving access to health services through referral to health facilities. Subsequent evaluations conducted on the program implementation have shown that, Urban HEP has contributed for increased health service awareness and utilization among urban dwellers. However, there was a wide disparity in implementation of the program and its achievements among cities. Low competency of Urban Health Extension Professionals (UHE-ps) and lack of integrated and continuous training has contributed for the discrepancy in implementation of the program.

Hence, a training need assessment was conducted to identify the competency gaps of UHE-ps when providing basic services. Therefore, considering the type of competencies that the UHE-ps need to have and identified competency gaps, six modules have been identified and developed based on Competency Based Training approach to provide in-service integrated refresher trainings. In addition, the modules were pre-tested and further refined. These modules are: -

Module 1: Social and Behavioral Change and Communication

It encompasses the health communication component to improve the knowledge and skill of UHE-ps to conduct effective health communication and improve UHE-ps attitudes affecting their performance in provision of health communication activities.

Module 2: Reproductive, Maternal, Neonatal, Child Health and Nutrition

The overall purpose of this module is to improve the attitude, knowledge and skills of UHE-ps to carry out quality family planning, maternal, neonatal, child health and nutrition services as well as enhance the UHE-ps understanding of attitudes affecting their performance in provision of family planning, maternal, neonatal, child health and nutrition services.

Module 3: Water, Hygiene and Sanitation

The overall purpose of this module is to improve the knowledge and skills of UHE-ps to carry out quality Water, Sanitation and Hygiene services as well as enhances the UHE-ps understanding of attitudes affecting their performance in provision of Water, Sanitation and Hygiene services.

Module 4: Major Communicable Diseases Prevention and Control

This module prepares Urban Health Extension professionals (UHE-ps) to provide TB/HIV and malaria-related services including reaching vulnerable populations with key TB/HIV prevention messages, HIV/STI counselling and testing (HCT), TB case detection, TB and HIV/AIDS care and support, referrals to services and malaria prevention and control in malarial areas.

Module 5: Non Communicable Diseases Prevention and Control and Mental Health

The Purpose of the module is to enable the participants (UHEPs) explore and use their Attitude, Skill and knowledge to improve their performances in terms of providing quality health services related to major NCDs and mental health

Module 6: Basic First Aid

The purpose of this module is to improve the knowledge, attitude and skill of UHE-ps to provide quality first aid service and injury management. The module will also consist of

transferring information regarding first aid and injury management to household and communities. This module also includes pre hospital cares.

2. Modules

Integrated Refresher Training (IRT) modules for the course are carefully selected based on the requirements of UHEP and UHEP implementation manual. The following table depicts the categories of the modules (see table 1).

Table 1: category of IRT modules

Name of the Module	Module Number	Type	Number of Units	Number of Sessions	Duration
Social Behaviour Change Communication	1	Facilitator's Guide	3	9	3
		Participant's Manual			
Reproductive, Maternal, New-born and Child Health	2	Facilitator's Guide	4	13	4
		Participant's Manual			
Water, Hygiene and Sanitation	3	Facilitator's Guide	4	12	4
		Participant's Manual			
Major Communicable Diseases	4	Facilitator's Guide	3	14	5
		Participant's Manual			
Non-Communicable Diseases	5	Facilitator's Guide	5	14	4
		Participant's Manual			
Basic First Aid	6	Facilitator's Guide	3	8	3
		Participant's Manual			

2. Module Syllabus

2.1 Social Behaviour Change Communication (SBCC)

2.1.1 Module description

This is a three-day social behaviour change communication (SBCC) training-of-trainers and will refresh participant's ability to train Urban Health Extension Professionals (UHEPs) in interpersonal communication and community mobilization skills. This easy-to-follow guide provides all you need to facilitate each session and help your trainees achieve the specific learning outcomes.

2.1.2 Module goal

At the end of the module, trainees will be better able to equip UHEPs with attitudes, knowledge, and skills that are key to improve performance in conducting SBCC activities.

2.1.3 Module objectives

By the end of this module trainees will be able to:

- Describe SBCC.
- Explain two selected behavior models in social and behavior change communication and how these models can be used to help clients improve their health status.
- Improve interpersonal communication skills.
- Explain community mobilization process and use it to improve community health status.

2.1.4 Facilitation methods and materials

Methods: Question and answer, brainstorm, small group work, plenary discussion, VIPP, true/false exercise, role-play, case scenarios, presentation, and demonstration.

Materials: Flipcharts, LCD projector, marker, laptop, pens, masking tape, VIPP/idea cards.

Module duration: Three days

2.1.5 Module Outline

The following table outlines the SBCC module by units and sessions with corresponding training methods and time (see table 2)

Table 2: Outline of SBCC Module by Unit, Sessions, Training methods and Time

Time	Units and sessions	Facilitation/ Learning Method
270 Min	UNIT 1. SOCIAL BEHAVIOR CHANGE COMMUNICATION	
30 Min	Session one: Concepts of Social behaviour change communication	Small group work
60 Min	Session two: Steps to facilitate behaviour change process	Small group work
180 Min	Session three: Behaviour change models	Gallery walk, Small group work, Plenary discussion Case study
400 Min	UNIT 2. INTERPERSONAL COMMUNICATION	
75 Min	Session one: Introduction to Interpersonal communication skills	Small group work, Presentation
170 Min	Session two: Active listening	Small group work, role- play, plenary discussion
90 Min	Session three: Essential attitudes for effective IPC	Group work, agree/ disagree exercise
65 Min	Session four: Application of key IPC competencies	Small group work
315 Min	UNIT 3. COMMUNITY MOBILIZATION	
60 Min	Session one: The importance of working with the community	Small group work, plenary discussion
255 Min	Session two: Community Action Cycle	Small group work, gallery walk, plenary discussion

2.2 Reproductive, Maternal, New-born and Child Health (RMNCH)

2.2.1 Module description

This module contains theoretical and practical lessons which are intended for improving competencies of the trainees to help them provide quality RMNCH services.

2.2.2. Module goal

Enhance the capacity of the trainees (UHE-Ps) by equipping them with enabling [attitude, skill and knowledge (ASK)] on the basics and practical application of AYRH, FP, MNCH services to their communities

2.2.3 Learning objectives

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

- Explain the AYRH needs, show enabling attitude toward provision of AYRH service and effectively provide AYRH service
- Describe methods of FP and their common features, counsel client on all family planning(FP) methods and provide short term FP methods
- Explain the priority health needs of the mothers, new born infants and children in the communities and demonstrate their ability how to provide effective MNCH services..
- Elucidate the basics of common childhood illness, VPDs and child immunization and show their improved skills on how to provide home- based immediate care for a sick child.

2.2.4 Training methods and materials

Training Methods: Brain storming, Group discussion/ Group work , Plenary discussion, Question and Answer, Agree/ Disagree exercises, Presentation, Role play, Case study and Demonstration

Training materials and equipment: LCD, Video CD/DVD, PC, Flip-chart, Markers, Index cards, Case studies, Images, Social- ecology map, SOPs, flowcharts, algorithms, Note book, Figures and templates, Penile model, FP drugs and equipments, Facilitator/participant handouts, Adult height and weight scale Mid-Upper Arm Circumference (MUAC) tape, Blood pressure apparatus and stethoscope, Pregnancy test kit, Toys/models, Body mass index chart, Fetoscope , Vaccines, Cooking wares and food items (for nutritional demo), Figures and template, referral Slips, UHEP implementation manual(revised) and UHEP Integrated Refresher Training (IRT) facilitator and participants` guide,

2.2.5 Module outline

The following table outlines the RMNCH module by units and sessions with corresponding training methods and time (see table 3)

Table 3: Outline of RMNCH Module by Unit, Sessions, Training methods and Time

Units and sessions	Time in minutes	Training methods
Unit one: Adolescent and Youth Reproductive Health	155	
Session 1: Introduction and Basics of AYRH	90	Group discussion, Brainstorming, group exercise
Session 2: Provision of AYRH	65	Role-play, Brainstorming and Demonstration
Unit two: Family Planning	355	
Session 1: Overview of population and FP	90	Brain storming and group discussion, Group exercise, buzz group discussion
Session 2: Family planning service provision	265	Q&A, Brainstorming , Group activities, "Agree/ Disagree exercise, role-play,
Unit three: Maternal and Newborn Health Care	745	
Session 1: Introduction to maternal and new born health	80	Card exercise, Buzz group discussion, Group Activity
Session 2: Focused Antenatal Care Service(FANC)	180	Class activity, buzz group discussion, role play, demonstration, experience sharing, case study
Session 3: Maternal Nutrition	135	Class activity, brain storming, role play, Demonstration, Gallery walk
Session 4: Prevention of Mother to Child Transmission	120	Group activity, role play, group discussion, group play
Session 5: Delivery and post-partum care	110	Brain storming, group discussion and experience sharing, role- play, group exercise
Session 6: Care for neonates	120	Brainstorming and experience sharing, demonstration and group discussion, case study, group exercise, group activity with case study
Unit four: Child Health	385	
Session 1: Immunization	85	Group exercises, demonstration
Session 2: Identification and care of sick child	90	Case study
Session 3: Child nutrition	210	Demonstration, case study, brainstorming, class exercise, group discussion

2.3 Water, Hygiene and Sanitation (WASH)

2.3.1 Module description

This module contains theoretical and practical lessons to give trainees the knowledge, skills, and attitude to plan, implement, and monitor hygiene and environmental health interventions in households, youth centers, and schools. It focuses on causes and potential health effects associated with poor hygiene and sanitation. It provides understanding and demonstration of proper urban latrine construction, utilization, and management approaches; household water management and food hygiene practices; solid and liquid waste management; and personal hygiene including menstrual.

2.3.2 Module Goal

The goal of the module is to enable participants to cultivate attitudes, skills, and knowledge to improve their ability to promote hygienic behavior and demonstrate proper hygiene and environmental health services based on the defined packages and competencies.

2.3.3 Module Specific Objectives

At the end of the training the participants will be equipped with the necessary knowledge, attitude and skills and will be able to;

- Understand and demonstrate proper latrine construction, utilization and management approaches in urban setup
- Understand and demonstrate proper household water management and food hygiene practices
- Understand and demonstrate proper personal hygiene, a healthy living environment and practices
- Understand proper solid and liquid waste management approaches at household, youth center and school level

2.3.4 Training methods and Materials

Methods: Brainstorm, Facilitator presentation, Role play, Discussion (general and group), Practical activities (demonstration), Field visit and Case study

Materials required: Facilitator's guide and UHE-p resource on WASH, Flipchart, VIPP cards, Markers, Flipchart and Masking tape, LCD/projector (optional), Water treatment chemicals and Dish washing equipment

2.3.5 Module Outline

The following table outlines the WASH module by units and sessions with corresponding training methods and time (see table 4)

Table 4: Outline of WASH Module by Unit, Sessions, Training methods and Time

Unit and Sessions	Time	Methods
Introduction	5 Minutes	Brain storming and PPT
Unit 1: latrine construction, utilization, management, and technology options		
Session 1: latrine construction and factors that needs to be considered for latrine construction	120 Minutes	Brainstorming and PPT
Session 2: latrine utilization	185 Minutes	Brainstorming and PPT, Group work, case study
Session 3: latrine operation and management	155 Minutes	Brainstorming and PPT, case study, role play
Session 4: latrine technology options	165 Minutes	Brainstorming and PPT, Group work/card sort, Gallery walk
Unit 2: food hygiene and safe water treatment and storage		
Session 1: food hygiene	190 Minutes	Brainstorming and PPT, group work, case study, agree/disagree exercise
Session 2: household water treatment and safe storage	115 Minutes	Brainstorming and PPT, gallery walk, Agree/disagree, PPT
Unit 3: personal hygiene and healthy homes		
Session 1: personal hygiene	170 Minutes	Brainstorming and PPT, Buzz group, group discussion
Session 2: healthy house	170 Minutes	Brainstorming and PPT, group discussion, individual exercises
Unit 4: Solid and liquid waste management		
Session 1: understand solid and liquid waste , its management and their public health importance	115 Minutes	Brainstorming and PPT, group discussion, case study
Session 2: Sources of Solid waste and its management approaches and processes	215 Minutes	Brainstorming and PPT, group discussion, card sort, case study
Session 3: Sources of liquid waste and its management	95 Minutes	Brainstorming and PPT, group discussion, VIPP card
Session 4: Understand urban WASH sector actors coordination mechanism	75 Minutes	Brainstorming and PPT, group work

2.4 Major Communicable Diseases (MCD)

2.4.1 Module description

This five day training module will enable the urban health extension professionals to deliver community based prevention and control of HIV/AIDS, Tuberculosis and malaria services as per national implementation guideline. The intended course will fill the gaps that were found on the training needs assessment and include the current initiatives that are included in the implementation guideline.

2.4.2 Module Goal

The goal of the module is to improve the knowledge, attitude and skills of urban health extension professionals on the implementation of TB, HIV and malaria services.

2.4.3 Module objectives

At the end the course the participant will be able to:-

- Acquire the knowledge, attitude and skills to implement community based TB prevention and control services
- Acquire the knowledge, attitude and skills to implement community based HIV/AIDS prevention and control services
- Acquire the knowledge, attitude and skills to implement community based malaria prevention and control services

2.4.4 Training methods and materials

Training Methods: Brain storming, Group discussion/ Group work , Plenary discussion, Question and Answer, Agree/ Disagree exercises, Presentation, Role play, Case study and Demonstration

Training materials and equipment: LCD, Video CD/DVD, PC, Flip-chart, Note book, Figures and templates, Facilitator/participant handouts, nutritional demo), Figures and template, referral Slips, UHEP implementation manual(revised) and UHEP Integrated Refresher Training (IRT) facilitator and participants` guide

2.3.5 Module Outline

The following table outlines the MCD module by units and sessions with corresponding training methods and time (see table 5)

Table 5: Outline of MCD Module by Unit, Sessions, Training methods and Time

Time	Objectives/Activities	Facilitating /Learning Methods
880 Min	UNIT ONE: HIV/AIDS AND STI	
120 min	Session one: Basic facts and epidemiology of HIV/AIDS	Slide presentation, Group Work, Plenary discussion
130 min	Session two: HIV prevention interventions	Brain storming, group discussion, plenary discussion,
360 min	Session three: provide home based HIV Counselling and Testing	Group work, Role Play, Case study, Demonstration and brainstorming
195 min	Session four: HIV treatment, care and support	Brainstorming, Group discussion, Role play, plenary discussion
75 min	Session five: Basics of common STIs and relation with HIV/AIDS	Brainstorming, slide presentation case scenario , plenary discussion
500 Min	UNIT 2: TUBERCULOSIS PREVENTION AND CONTROL	
70 Min	Session one: Basic Facts and Epidemiology of Tuberculosis	Slide presentation, Group Work, Plenary discussion
125 Min	Session two: Presumptive Tb Cases Identification and Referral	Group discussion, Plenary discussion, brain storming
120 Min	Session three: Diagnosis and Treatment of Tuberculosis	Paired discussion and reflection, Brain storming, group discussion, plenary discussion,
75 min	Session four: Community Tb Care	Group work, Role Play, Case study, Demonstration and brainstorming
70 Min	Session five: Introduction to Tb/HIV Co-Infection	Brainstorming, Group discussion, Role play, plenary discussion, Mini lecture
45 Min	Session six : Introduction to MDR TB	Brainstorming, slide presentation case scenario , plenary discussion
405 Min	UNIT 3: MALARIA PREVENTION AND CONTROL	
105 Min	Session one: Basic Facts and Epidemiology of Malaria In Ethiopia	Slide presentation, Group Work, Plenary discussion
90 Min	Session two: Major malaria prevention and control interventions	Buzz group discussion, Brain storming, group discussion, plenary discussion,
210 Min	Session three: Malaria Diagnosis and treatment	Group work, Role Play, Case study, Demonstration and brainstorming

2.5 Non- Communicable Diseases (NCDs)

2.5.1 Module description

This four-day training module contains theoretical and practical lessons to give trainees the knowledge, attitudes, and skills pertaining to non-communicable diseases (NCDs) (cardiovascular diseases, diabetes mellitus, cancer, mental health, and eye health including cataract, refractive error, and glaucoma).

2.5.2 Module goal

Equip the participants with improved knowledge, attitudes, and skills needed to screen, counsel, refer, and follow up NCDs at household, youth center, and school levels.

2.5.3 Learning objectives:

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

- Promote healthy lifestyle in the household, school, and community at large.
- Screen, identify, refer, and follow up of major non-communicable diseases.
- Create awareness of the benefits of early detection and treatment of breast cancer.
- Create awareness, promote, identify, and follow up of mental health.
- Increase awareness of benefits at community and household levels to seek early diagnosis and treatment of common eye health problems and refer them.

2.5.4 Training methods and materials

Methods: Brainstorming, Group work/ discussion, Small group work/ discussion, Pair discussion, Mini lecture, Presentation, card sorting, Demonstration, "Agree" or "disagree" exercise, Illustration, Case study, Role play

Training materials and equipments: NCD, emergency care, and mental health blended learning module for Urban Health Extension Program (UHEP), National comprehensive guideline for clinical and programmatic management of major NCDs, UHEP Integrated Refresher Training (IRT) facilitator guide, UHEPIRT participant guide, UHEP implementation manual(revised), LCD projector (Optional), Flip charts, Markers, Laptop computer, Plaster, Colored paper, WHO cardiovascular risk assessment charts, Video and Video tape.

2.5.5 Module outline

The following table outlines the NCD module by units and sessions with corresponding training methods and time (see table 6)

Table 6: Outline of NCD Module by Unit, Sessions, Training methods and Time

Time in minutes	Unit and sessions	Training methods
80	pre-test and introduction to the module	
140	Unit 1. Introduction to NCD	
30	Session 1. Basics of NCDs	Mini lecture, brain storming
110	Session 2. NCD risk factors and healthy lifestyle	Group discussion, Demonstration, role play
420	Unit 2. Major NCDs	
300	Session 1. Hypertension	brain storming, group work, demo, card sorting, role play, mini- lecture
120	Session 2. Diabetes mellitus	brain storming, group work, demo, role play, mini- lecture, pair discussion
210	Unit 3: Cancer	
50	Session 1: Introduction	brain storming, mini- lecture
30	Session 2: Risk factors for cancer	Group discussion
100	Session 3: Breast cancer	brain storming, demo, mini- lecture, illustration
30	Session 4. Palliative care for patients who have advanced cancer	Discussion, mini- lecture
350	Unit 4. Mental Health	
170	Session 1. Common mental illnesses and risk factors	Group discussion, group work, mini- lecture
180	Session 2. The role of UHE-ps in prevention, control, referral, and follow-up of mental illness,	Role play, Agree or disagree exercise
360	Unit 5: Eye health	
60	Session 1. Introduction to eye health	Plenary discussion, group discussion
120	Session 2. Cataracts	Group work, role play
90	Session 3. Glaucoma	Group work, role play
90	Session 4. Refractive error	Brain storming, case study
60	Post test and closing	

2.6 Basic First Aid

2.6.1 Module description

This three-day training module contains theoretical and practical lessons which aimed at improving trainees' competencies in terms of understanding basics of accidents and first aid; preventing accidents/ injuries and managing accidental injuries and other medical emergencies.

2.6.2 Module goal

Enhance the capacity of the trainees (UHE-Ps) by equipping them with enabling [attitude, skill and knowledge (ASK)] on the basics and applications of first aid; and as a result, to help them improve their performances in terms of providing effective first aid services to their communities

2.6.3 Learning objectives

By the end of this training, participants will be able to:

- Outline basic concept, principles and legal aspects of first aid including prevention of accidents
- show enhanced skills and knowledge to describe and practice Basic Life Support (BLS)
- Demonstrate the improved skills on how to manage injuries and other medical emergencies skills.

2.6.4 Training methods and materials

Training Methods: Brainstorming, Group work/ discussion, Small group work/ discussion, Buzz group discussion, Questions and answers, Mini lecture, Demonstration/ re demonstration, Guided practice, Simulation Video show, Illustrations, Case study and Role play

Training materials and equipment:

- Urban Health Extension Program (UHEP) IRT facilitator guide
- UHEP IRT participant manual
- UHEP implementation manual(revised)
- Pre- and post-tests
- Checklist for role-play
- Exercise sheets
- Flip chart and markers
- LCD projector
- Laptop
- First aid kit
- Video
- Mannequin
- Splints
- Personal protective equipment
- Stretcher
- Hardboard

2.6.5 Module outline

The following table outlines the Basic First Aid module by units and sessions with corresponding training methods and time (see table7)

Table 7: Outline of Basic First Aid Module by Unit, Sessions, Training methods and Time

Time in minutes	Unit and sessions	Training methods
30	pre-test and introduction to the module	
300	Unit 1: Introduction to First aid, Medico- legal aspects of First aid and injury prevention	
120	Session 1. Session 1: Introduction to first aid	Mini lecture, brain storming, simulation video,
120	Session 2. Accidents/ injury prevention	Group discussion, mini lecture
60	Session 3. Medico- Legal aspects of first aid	Mini lecture, brain storming, Group work
300	Unit 2. Basic Life Support (BLS)	
60	Session 1. Essentials of BLS	Brain storming, Buzz group discussion Questions and answers, mini- lecture
240	Session 2. Cardio-Pulmonary Resuscitation (CPR)	Demo, mini- lecture, simulation video, guided practice
500	Unit 3: First aid for accidents and common medical emergencies	
90	Session 1: Triage in Mass Causality Incident (MCI)	Brain storming, mini- lecture, Case study, Role play
270	Session 2: First aid for injuries	Demo, mini- lecture, Brain storming, guided practice
140	Session 3: First aid management of common medical emergencies	Demo, mini- lecture, Brain storming, guided practice, Case study

3. Methods of Assessments

The course will be assessed using different assessment tools; These tools include; pre-test and post-test of the modules, practical and continuous assessment of the trainees through self and peer feedback mechanisms, ELC and facilitated discussions during modular training sessions. All the assessments should be according to the attainment of the learning outcomes with reference to performance criteria indicated in the course objectives. Accordingly, pre and post training assessment questions are prepared for each module (see Annex 1: 1a- 1f); daily course evaluation questionnaire is developed as well as end course evaluation question guide is included (Annexes 2 and 3). As the course has been developed based on CBT approach, each module contains a number of methods that enable the participants do self assessment and peer feedback during the course of the training.

4. Opening of The Training

The first half of the starting day can be occupied with introductory sessions. These include; climate setting session, overview of CBT and UHEP implementation Manual. These sessions are included in SBCC module

4.1 CLIMATE SETTING

4.1.1 Purpose

The main purpose is to enable participants to get to know each other and develop realistic expectations of the course.

4.1.2 Specific objectives:

By the end of this session, participants will be able to:

- Know each other's professional background.
- Articulate realistic expectations of the course.
- Develop agreements to ensure an environment conducive to learning.

4.1.3 Training methods and materials

Methods: Drawing and telling; brainstorm; discussion

Materials: A4 size paper sheets, Markers of different colours, Course agenda and objectives, Flipchart paper, tape and copies of the participant's pre-course self-assessment

4.1.4 Climate setting total time: see SBCC module

4.1.5 Activity

Activity 1: Participants introductions; expectations; reviewing the objectives of the course; agreements; course management.

The main purpose is to begin to create an environment in which participants take responsibility for their learning and feel safe and comfortable to do so.

- Welcome the participants. At this stage facilitators introduce themselves only by providing their names.
- Provide an A4 paper sheet and a marker to each participant. Explain that they will introduce themselves in the following way:
- Everyone, including the facilitators, will draw something representing how they feel at the beginning of this course and particularly their expectations: What do

they hope to gain from this course? They can draw anything they want. It can be figurative or abstract, small or large. Ideally it will contain no words. The exercise is not about judging anyone's drawing ability and there is no right or wrong to be worried about.

- Allow 5 minutes for drawing. Ask the participants to arrange their chairs to form a circle and bring their drawings with them. Model the introduction process by showing your drawing; introduce yourself by explaining who you are, your place of work and professional role, and finally explain how your drawing represents your expectations (e.g. learning about how to improve the course).
- Invite each participant to do the same. Write the participants' expectations on a flipchart.
- Still in a circle: review the objectives of the course and facilitate a discussion to identify which participants' expectations are realistic and which are outside of the parameters of this course.
- Ask the participants to review the Menu of Agreements (please refer to the Resources section). You may want to copy the menu on a flipchart or to photocopy and distribute it. Each participant can suggest three agreements of which at least one has to be selected from the Menu. Participants can select all three items from the Menu if they prefer.
- Write the agreements on a flipchart as they are suggested. Ask the participants to explain briefly why these agreements are important. Stress that they constitute rules that everyone commits to uphold for the entire duration of the course as a marker of respect for each other.
- Briefly review the course agenda. For each day of the course, identify who among the participants will be responsible for daily recap sessions as well as for any other tasks that you may want to negotiate with the group e.g. time keeping, ice breakers and energizers, daily evaluations, etc.

5. Annexes

Annex I Pre- Post test Questions

Annex Ia SBCC Pre-Post test MCQ and answers

Choose the correct answer

1. Social ecology usually consists of the following layers, except
 - a) International environment
 - b) Individual/ family
 - c) Community
 - d) Organization
 - e) All of the above
2. In social ecology analysis, issues like shortage of FP drugs or lack of midwives in the HC may refer to _____.
 - a) individual factor
 - b) Policy issues
 - c) International conventions
 - d) Organizational factor
 - e) All of the above
3. which of the following sequence shows typical stages of behavioral change ?
 - a) Action, maintenance, Relapse, contemplation
 - b) Preparation, contemplation, maintenances, Action
 - c) Pre-contemplation, contemplation, preparation, action, maintenance
 - d) All of the above
 - e) All except b
4. While changing unwanted behavior, a person can relapse at any time during and after the stages.
 - a) True
 - b) False
5. One of the following doesn't represent a good listening skill
 - a) Lean forward.
 - b) avoiding eye contact.
 - c) Nod/shake head..
 - d) Encourage dialogue
 - e) None of the above
6. All of the following can affect active listening, except
 - a) Attitudes about the client's character, education, ability to express one self
 - b) expression of sympathy
 - c) Noise, movement in surrounding area.
 - d) All of the above
 - e) None of the above
7. Attitudes are personal biases, preferences, and subjective assessments that predispose one to act or respond in a predictable manner.
 - a) True
 - b) False
8. Attitudes lead people to:

- a) like or dislike something,
- b) consider things good or bad,
- c) Label things important or unimportant
- d) all of the above
- e) a and c

9. For a professional like you, which of the following attitude should be discouraged

- a) being honest
- b) being respectful
- c) sympathy
- d) being judgmenta
- e) c and d
- f) a and d

10. Health-related community mobilization involves:

- Developing an ongoing community dialogue about health issues.
- Creating or strengthening community organizations aimed at improving health
- Creating an environment in which individuals can address their own and the community's health needs.
- Promoting community members' participation in ways that recognize diversity and equity, particularly of those who are most affected by the health issue.
- all of the above
- all except a

Answers

1	2	3	4	5	6	7	8	9	10
a	d	c	a	b	b	a	d	c	e

Annex 1b RMNCH Pre-Post test T/FQ and answers

Read the following statements carefully. Answer "T" if the statement is true and answer "F" if the statement is false in the provided space

No	Question	Answer T/F
1.	Young people are not among the priority target groups for reproductive health services	
2.	Adolescents and youth get a lot of information from different sources and can keep themselves safe. There is no need to worry about their sexual and reproductive health issues	
3.	Parents should always be informed when their adolescent children encounter reproductive health problem?	
4.	Showing confidence during adolescent counseling will help to establish trust	
5.	Excessive eye contact during counseling will scare adolescents	
6.	You should avoid telling young people disapproval of their action to ensure good Counseling	
7.	Condom is one of the effective methods to prevent HIV and other STIs	
8.	Family planning is having small number of children for the wellbeing of the family	
9.	It is the responsibly of women to use contraceptive methods and avoid unwanted pregnancy	
10.	Family planning has benefit for the mother, children, family as well as the economy.	
11.	Understanding and analyzing the social ecology factors for family planning use will help providers give tailored family planning services based on the individual need	
12.	Natural methods of contraception are as effective as artificial methods	
13.	All hormonal methods are recommended for all women as long as their breastfeeding practice is taken into consideration and the women are advised properly	
14.	All barrier contraceptive methods are effective in the prevention of HIV and STIs	
15.	A woman can use oral contraceptive method throughout her reproductive life	
16.	Oral contraceptive pills do not cause birth defects or multiple birth	
17.	Informed choice of family planning is when a woman/couples make their choice after getting information on all possible methods including benefits and side effects	
18.	Anemia during pregnancy is among the major cause of maternal mortality	
19.	UHE-ps have significant role in identification and prioritization of households with pregnant mothers and neonates	
20.	Interventions to reduce neonatal mortality often seen high level technology and are expensive	
21.	The best time to start ANC is as soon as the woman suspects pregnancy	
22.	In FANC there are 4 essential visits recommended that the woman can make whenever she has time	
23.	Blurred vision is one of the danger signs of pregnancy	
24.	The nutritional status of a girl child will be always reflected on her future children	
25.	MUAC is one of the simplest ways of assessing nutritional status of pregnant women.	

No	Question	Answer T/F
26.	Pregnant and lactating mothers with MUAC less than 23.5cm are considered as malnourished.	
27.	UHEPs do not have any contribution in the national PMTCT program	
28.	PMTCT care and treatment services decrease the transmission of HIV from mother to child significantly	
29.	Primary prevention of HIV is the key for prevention of mother to child transmission of HIV	
30.	Like any other women in the reproductive age, women living with HIV have the right to decide on her fertility related issues	
31.	All women should be advised on replacement feeding regardless of their contexts for the sake of the child	
32.	During child birth, if the placenta is removed safely we can consider the mother to be safe and focus our attention on the child only	
33.	It is important to discuss about family planning as soon as possible after a woman gives birth	
34.	Keeping the baby in the skin-to-skin contact with the mother protect the newborn from hypothermia	
35.	Women with low education can't really understand the importance of good newborn care.	
36.	Men can't be expected to share responsibility for newborn care	
37.	Sometimes babies get thirsty and it is ok to give them some drops of boiled water	
38.	We should limit the number of times the baby is breastfed as excessive feeding may cause obesity	
39.	Both high and low body temperatures are danger signs among newborns and should lead to immediate referral for care at health facility	
40.	Currently in Ethiopia a total of 10 childhood illnesses are targeted by the national EPI program	
41.	Tetanus is one of the EPI targeted diseases globally targeted for eradication	
42.	Convulsion is one of the general danger signs of a sick child	
43.	A child with danger sign should be managed at home before referral	
44.	A child with MUAC measurement of 11.2 cm is in good nutritional status	
45.	Weight for age is the most common index used in growth monitoring	
46.	All under five children should be measured for their length while lying on their back	

Answers

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
F	F	F	T	F	T	T	F	F	T	T	F	T	F	T	T	T	F	T	F	T	F	T

24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46
T	T	F	F	T	T	T	F	F	T	T	F	F	F	F	T	T	F	T	F	F	T	F

Annex 1c: WASH Pre-Post test Questions

Read the following questions and give your answer on the answer sheet

1. As profession working in this sector, what are the roles and responsibilities of UHE-ps in latrine construction of the households in the community they are working?
2. What are the main requirements for the properly designed/constructed latrine?
3. What is improved latrine?
4. List the critical times for hand washing?
5. List at least two reasons why urban community members didn't use latrines or people defecate openly?
6. Write the following words next to their correct definitions in the table below; biogas latrine; cistern-flush toilet; ecosan latrine; improved latrine; pour-flush latrine; urine-diverting latrine; VIP latrine.

	a type of latrine that separates urine and faeces
	a type of latrine that generates a fuel gas
	a latrine where there is no contact between the user and the excreta produced
	a type of toilet where a water supply is needed for operation
	a type of latrine where the faecal matter is composted
	a modification of the simple pit latrine where the problems of odour and flies have been addressed
	a type of latrine where the user has to move the excreta along using water

7. Write at least three major components of personal hygiene?
8. Write the most common misconceptions on hand washing?
9. Poor housing is associated with a wide range of diseases. Write at least four communicable diseases due to poor housing include?
10. What are the major pros and cons of community led total sanitation and hygiene (CLTSH) promotion approach?
11. Describe the various types of food borne diseases
12. Describe sources of drinking water contamination and method of prevention of contamination
13. Describe the major sources and types of solid and liquid waste

Annex Id: MCD Pre-Post test MCQ and Answers

Choose the correct answer

1. Which of the following groups are most at risk population in Ethiopia?
 - a) pregnant women, military personnel, divorced women and discordant couple
 - b) University students, widowed women, bachelors
 - c) Teenagers, traders, waitress, musicians
 - d) FCSWs, track drivers, daily laborers
 - e) a and d
2. As a provider, which of the following items do you need to carry out HIV testing?
 - a) HIV test kit, gloves, microscope, timer, syringe and needle
 - b) HIV test kit, marking pen and bleach
 - c) Lancets, pipette, SOP and sharp disposal bin
 - d) All except 'a'
3. A successful HIV treatment requires adherence of
 - a) 75-80 %
 - b) > 95%
 - c) 100%
 - d) none of the above
4. Adherence to ART can be defined as ability of a person to strictly follow a treatment plan; take medications at right times and frequencies but not necessarily follow some restrictions on food and other medications
 - a) True
 - b) False
5. One of the following HIV prevention services is not being provided by the Urban Health Extension - Professionals (UHE-Ps)
 - a) Targeted HTC
 - b) Home based HTC
 - c) Adherence counselling and defaulter tracing
 - d) CD4 Count and ART
 - e) Referral linkage to ART and care and support
6. One of the following is not part of comprehensive management of STI
 - a) Effective case management
 - b) Condom promotion and supply
 - c) Offering PIHTC
 - d) Health education / individual risk reduction counselling
 - e) Partner tracing
 - f) None of the above
7. Tuberculosis (TB) can be transmitted through:
 - a) Contaminated water
 - b) Ingestion of raw milk
 - c) Inhalation of aerosolized droplets from coughing, sneezing and spitting by people with active pulmonary TB
 - d) All of the above
 - e) b and c
8. A person who infected with TB stays infected for life and may develop the disease at any time in the future
 - a) True
 - b) False
9. cough is the most important symptom of extra- pulmonary TB

- a) True
 - b) False
10. TB can be caused by a bacterium called Mycobacterium bovis
- a) True
 - b) False
11. While visiting your clients, suppose, you realized that one of the family members has had persistent cough for more than 2 weeks but no other worrying signs and symptoms. What would be your first action to help the person according to National TB Case Finding Policy?
- a) Take history, document his case and refer him to the Health Center as soon as possible
 - b) Treat him with cough syrup
 - c) Encourage him to do aggressive physical exercises to get rid of coughing
 - d) All of the above
 - e) None of the above
12. Which of the following is/ are cause of urethral discharge in Ethiopia?
- a) N. gonorrhoea
 - b) C. Trachomatis
 - c) M. genitalum
 - d) All of the above
 - e) None of the above
13. TB suppresses a person's immunity which facilitates transmission of HIV infection
- a) True
 - b) False
14. Pregnant women, children under five and travelers from non-malarious areas are the most vulnerable and affected segment of the society to develop complicated form of malaria.
- a) True
 - b) False
15. The common sign and symptoms of uncomplicated malaria include:
- a) Dizziness, sneezing, diarrhea and heart burn
 - b) Headache, fever, shivering, joint pain, vomiting and signs of anemia
 - c) Cough, abdominal cramps, high blood pressure and coma
 - d) All of the above
 - e) None of the above
16. The role of the UHE-Ps is often limited to malaria-prevention and control activities. Therefore, they are not expected to do RDT
- a) True
 - b) False
17. _____ accounts for more than 60 % of all malaria cases and the most deadly species in Ethiopia
- a) Plasmodium vivax
 - b) Plasmodium ovalae
 - c) Plasmodium falciparum
 - d) a and b
 - e) All of the above
18. Counselling for STI control include all except,
- a) Counselling for treatment adherence
 - b) Counselling for correct and consistent use of condoms
 - c) Counseling for partner treatment
 - d) counselling for HIV testing
 - e) All of the above
 - f) None
19. The following body parts can be affected by TB infection except,

- a) Lungs
 - b) Large intestine
 - c) Skin
 - d) Glands and lymph nodes
 - e) None
20. One of the following is not result of poor adherence to ART
- a) Disease progression
 - b) Emergence of resistant viral strains
 - c) Complete viral suppression
 - d) Continuous destruction of CD4 cell

Answers

1	2	3	4	5	6	7	8	9	10
d	d	b	b	d	f	e	a	b	a
11	12	13	14	15	16	17	18	19	20
a	d	b	a	b	b	c	e	e	c

Annex 1e: NCD Pre-Post test MCQ and Answers

Choose the best answer.

1. Which of the following is a false statement according to WHO's 2014 report?
 - A. Cardiovascular diseases, diabetes, obstructive lung disease and cancers are on the increase all over the world except in low- and middle-income countries.
 - B. Non-communicable diseases are the leading cause of ill-health and death, accounting for more than 60% of all deaths.
 - C. Worldwide, 285 million people are estimated to be visually impaired.
 - D. Mental health conditions account for 8.8% of the deaths and 16.6% of the total burden of disease in low- and middle income countries.
2. Which of the following is *not* an area for risk factor assessment?
 - A. Cigarette smoking
 - B. Nutrition/diet
 - C. Overweight/obesity
 - D. Physical inactivity/sedentary lifestyle
 - E. None of the above
3. Which of the following is a normal blood pressure?
 - A. Diastolic 70 mmHg
 - B. Systolic 140 mmHg
 - C. Diastolic 90 mmHg
 - D. All are normal
4. Which of the following is *not* a risk factor for hypertension?
 - A. Low cholesterol
 - B. Diabetes mellitus
 - C. Kidney disease
 - D. High BMI
 - E. All are risk factors
5. Which of the following is *not* a risk factor for diabetes mellitus?
 - A. Family history of diabetes
 - B. Hypertension
 - C. High BMI
 - D. Gestational diabetes mellitus
 - E. All are risk factors
6. Which of the following is *not* among the top five organs in which fatal cancers develop?
 - A. Lungs
 - B. Stomach
 - C. Liver
 - D. Breast
 - E. Cervical
7. Which of the following is a secondary prevention strategy for cancer?
 - A. Health promotion
 - B. Early diagnosis and treatment
 - C. Prevention of exposure
 - D. Prevention of disease
 - E. None
8. Which of the following is *not* a **modifiable** risk factor for breast cancer:

- A. Radiation exposure
 - B. Estrogen exposure
 - C. Smoking
 - D. Family history of breast cancer
 - E. Obesity
9. Which pair of risk factors for mental illness in the social ecological model is correct?
- A. Loneliness – individual factor
 - B. Low self-esteem – individual factor
 - C. Poor access to basic services – social factor
 - D. Low income and poverty – environmental factor
10. Which is not a correct combination for prevention of mental illness?
- A. Explain how people can reduce their risk of developing mental illness – primary prevention.
 - B. Explain why it is important to identify people with mental illness – secondary prevention
 - C. Discuss the treatments for mental illness – tertiary prevention
 - D. All of the above are correct combinations

Answers to pre-/post-test

1.A, 2.E, 3.A, 4.A, 5.E, 6.E, 7.B, 8.D, 9.B, 10.D

Annex If: Basic First Aid Pre-Post test MCQ and Answers

Choose the best answer.

1. Which is the first priority to approach emergency patients?
 - A. Call
 - B. Check safety
 - C. ABC assessment
 - D. Move patient to hospital
2. Which one is true about the objective of first aid?
 - A. Preserve life
 - B. Prevent further injury
 - C. Promote recovery
 - D. All
3. When do you start CPR?
 - A. If no central pulse
 - B. If no breathing
 - C. If a patient can't talk
 - D. A and B
4. How do you stop external bleeding?
 - A. Direct pressure
 - B. Elevate
 - C. Head tilt
 - D. A and B
5. Which is immediate first aid for choking?
 - A. Abdominal thrust
 - B. Head tilt
 - C. Jaw thrust
 - D. Direct compression
6. As a first aider, which is important for fractured patients?
 - A. Call ambulance
 - B. Immobilize
 - C. Check ABC
 - D. All

Answers for the pre/post-test questions

1. B, 2. D, 3. A, 4. D, 5. A, 6. D

Annex 2: Daily and end module evaluation form

- How useful is this training to help you reflect on your current knowledge and experience to identify how you can improve what you do in your work?

Very useful Useful Partially useful Not useful

- How useful is this training to help you identify how to re-orient your attitudes to better do your job?

Very useful Useful Partially useful Not useful

- How useful is this training to help you identify and analyse broader social factors that may affect different clients and groups you are meant to reach?

Very useful Useful Partially useful Not useful

- How useful is this training to help you expand knowledge and identify how to use it with different clients and groups you are meant to train?

Very useful Useful Partially useful Not useful

- How useful is this training to help you improve your skills to apply CBT approach in providing services to your clients?

Very useful useful Partially useful Not useful

- How relevant are the methods in addressing ASK and ELC?

Very relevant relevant Partially relevant Not relevant

- **other comment**

Annex 3: After Action Review (Question Guide)

1. What did we set out to do?
2. What did we actually do? What were the results?
3. If there were any differences, what caused them?
4. What went well? (and why?)
5. What did not go well? (and why?)
6. What can be done differently next time?