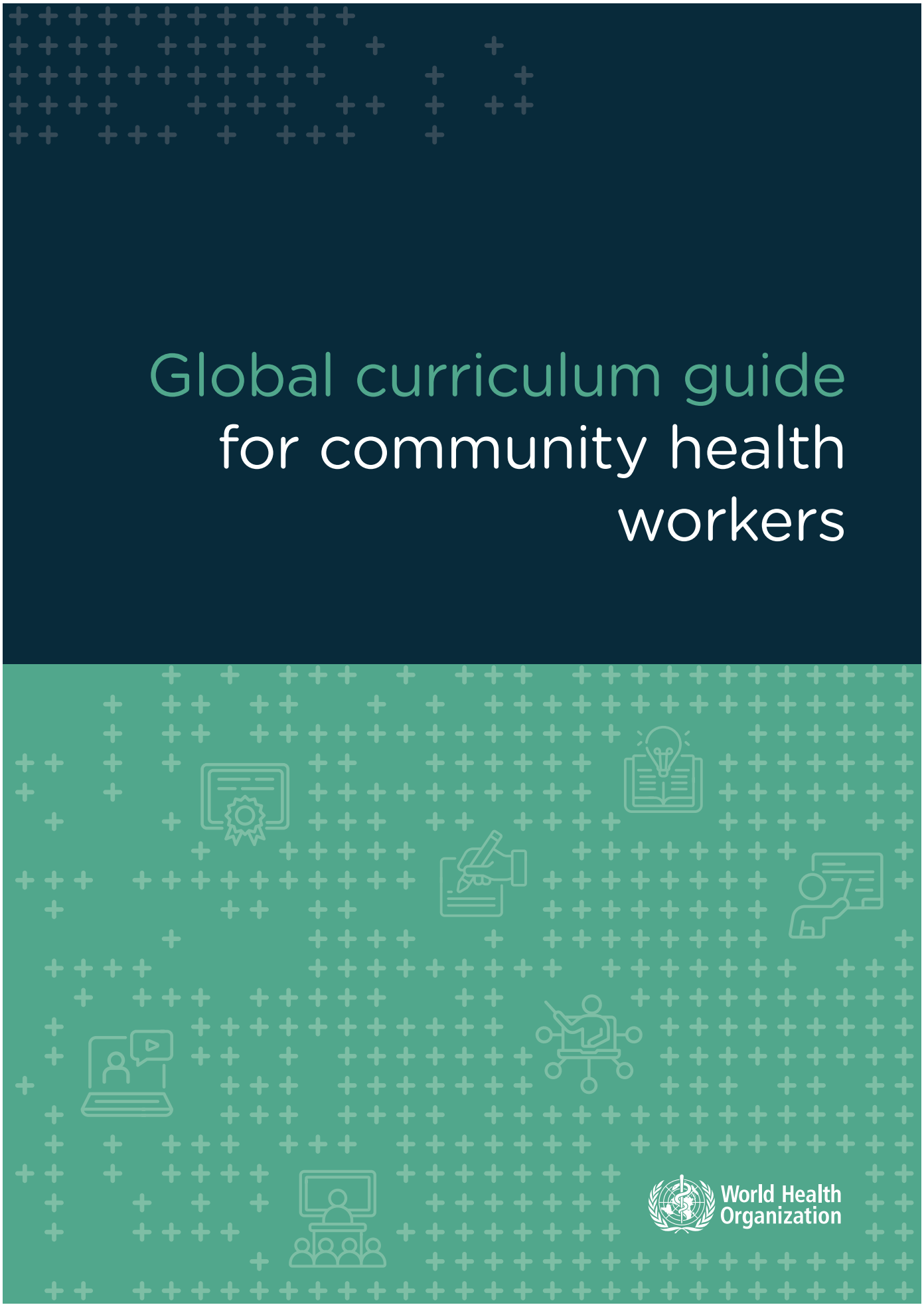
Global curriculum guide for community health workers



World Health Organization

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Abbreviations

ART	antiretroviral therapy
ASHA	accredited social health activist
CBE	competency-based education
CHW	community health worker
COPD	chronic obstructive pulmonary disease
COVID-19	coronavirus disease
CPR	cardiopulmonary resuscitation
DOTS	directly observed treatment, short course
ENT	ear, nose and throat
HIV	human immunodeficiency virus
HPV	human papillomavirus
ILO	International Labour Organization
ISCO-08	International Standard Classification of Occupations 2008
LGBTQI+	lesbian, gay, bisexual, transgender, queer, intersex and other gender-diverse (people)
LO	learning objective
MUAC	mid-upper arm circumference
NCD	noncommunicable disease
NTD	neglected tropical disease
PPE	personal protective equipment
STI	sexually transmitted infection
TB	tuberculosis
WASH	water, sanitation and hygiene
WHO	World Health Organization
WISN	Workload Indicators of Staffing Need

Glossary

andragogy. The art and science of helping adults to learn. It encompasses a set of adult learning principles, including (a) the learner's need to know; (b) self-concept of the learner; (c) prior experience of the learner; (d) readiness to learn; (e) orientation to learning; and (f) motivation to learn.

assessment (formative). Formative tests are diagnostic and enable teachers to determine what learning is taking place to make any necessary adaptations to their teaching programmes. Formative assessments take a variety of forms, including homework, quizzes, projects and presentations.[1]

assessment (summative). Summative assessment take place at the end of the module, after the completion of learning activities, and is used to assess competence to perform the practice activity.

attitude. A person's feelings, values and beliefs, which influence their behaviour and the performance of tasks.

behaviour. Observable conduct towards other people or tasks that expresses a competency. Behaviours are measurable in the performance of tasks.

community health worker. A person who provides health education and risk communication, referral and follow-up, case management, basic preventive health care, community engagement and home visiting services, and surveillance to specific communities.[2]

community-led monitoring. A mechanism by which community members themselves systematically collect, analyse and use data to improve service delivery and accountability.

competence. The state of proficiency of a person to perform the required practice activities to the defined standard. This incorporates having the requisite competencies to do this in a given context. Competence is multidimensional and dynamic. It changes with time, experience and setting.

competencies. The abilities of a person to integrate knowledge, skills and attitudes in their performance of tasks in a given context. Competencies are durable, trainable and, through the expression of behaviours, measurable.

competency-based education. An approach to preparing health workers for practice that is fundamentally oriented to outcome abilities and organized according to competencies. It de-emphasizes time-based training and facilitates greater accountability, flexibility and learner-centredness.

curriculum guide. A foundational educational resource that provides an overarching introduction and structure to the elements of a full curriculum. It serves as a basis for the local adaptation and possible expansion of its learning content, activities and other contextual elements to achieve specific learning goals, and to identify learning resources or develop teaching materials.

disability. Disability results from the interaction between health conditions or impairments (for example, cerebral palsy, Down syndrome or depression) that a person experiences and societal and environmental barriers (for example, negative attitudes, inaccessible transportation and public buildings, or limited social support) that hinder their participation in society on an equal basis with others.

discrimination. Any unfair treatment or arbitrary distinction based on a person's race, sex, gender, sexual orientation, gender identity, gender expression, religion, nationality, ethnic origin, disability, age, language, social origin or other similar shared characteristic or trait.[3]

health literacy. The cognitive and social skills that determine the motivation and ability of individuals to gain access to, understand and use information in ways that promote and maintain good health.

in-service education. Any structured learning activity for persons already employed in a service setting.

learning activity. Deliberate activity in which an individual participates with the intention to learn.

learning assessment. The use of a wide range of methods and tools used to evaluate, measure and document learning outcomes and learning progress.

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1 https://learningportal.iiep.unesco.org/en/issue-briefs/monitor-learning/learning-assessments#:~:text=Formative%20assessments%20take%20a%20variety,the%20required%20knowledge%20and%20skills.

2 Adapted from International Labour Organization: International Standard Classification of Occupations.

3 Source: United Nations Strategic Action Plan on Antiracism, internationally agreed language (inter alia, International Convention on the Elimination of All Forms of Racial Discrimination).

learning objective. The specification of learning to be achieved during the process of an educational or learning activity. Learning objectives tend to reflect the instructional objectives, formulated as the incremental component knowledge and skills, usually leading to the defined learning outcome.

learning outcome. The observable and measurable learning that an individual is expected to master upon successful completion of an education programme. Learning outcomes describe what an individual is able to do as a result of the sum total of educational or learning activities in the programme, and as such they provide the structure to the curriculum.

module. As applied in this document, the term "module" refers to a single health topic or a collection of related health topics that are grouped to enable classification, organization and direction of teaching.

motivational interviewing. A person-centred, goal-oriented style of communication with particular focus on expressions of change.[4]

pedagogy. The art and science of teaching, as a professional practice and as a field of academic study. It encompasses not only the practical application of teaching but also curriculum issues and the body of theory relating to how and why learning takes place.

practice activity. A core function of health practice comprising a group of related tasks. Practice activities are time limited, trainable and, through the performance of tasks, measurable. Individuals may be certified to perform practice activities.

pre-service education. Any structured learning activity that takes place prior to and as a prerequisite for employment in a service setting.

right to health. The right to health and other health-related human rights are legally binding commitments enshrined in international human rights instruments. WHO's Constitution also recognizes the right to health. Every human being has the right to the highest attainable standard of physical and mental health. Countries have a legal obligation to develop and implement legislation and policies that guarantee universal access to quality health services and address the root causes of health disparities, including poverty, stigma and discrimination.

shadowing. A learning experience that occurs through first-hand observation of a competent practitioner.

social accountability of individuals. The commitment to respond as best as possible to the priority health needs of the community, region or nation that they have a mandate to serve.

social accountability of institutions. The obligation of institutions to direct their education, research and service activities towards addressing the priority health concerns of the community, region or nation that they have a mandate to serve.

stigmatization. The process by which an attribute, condition or circumstance possessed by a person or group is regarded as undesirable or discrediting.[5]

supervision. The provision of guidance and support in learning and working effectively in health care by observing and directing the correct and safe execution of tasks or activities. Supervision should be supportive, striking the right balance between its function to ensure monitoring and accountability and the aim of accompanying the community health worker in a path of progressive professional growth and development through a mentorship approach.

task. Observable unit of work within a practice activity that draws on knowledge, skills and attitudes. Tasks are time limited, trainable and measurable.

topic. As applied in this document, a "topic" is the smallest teachable segment under a module that outlines the tasks that will enable the learner to competently provide services upon completing their learning. Two or more related topics make up a module.

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[4] Bischof G, Bischof A, Rumpf H-J. Motivational interviewing: an evidence-based approach for use in medical practice. Deutsches Arzteblatt International. 2021;118(*7*):109–15.

[5] Source: UNICEF Glossary of terms related to diversity, equity and inclusion; internationally agreed language, including Declaration of Commitment on HIV/AIDS (A/RES/S-26/2).

Executive summary

Community health workers (CHWs) play an important role in many countries in the delivery of essential health services and in accelerating progress towards universal health coverage. Their contribution and performance can be optimized through appropriate health workforce integration and health system support and by ensuring that they are equipped with the requisite competencies as related to their specific role.

Notwithstanding, there are wide variations, across and within countries, in the scope, duration, delivery methodology and quality of CHW pre-service education and in-service training. This guide was developed to assist in the conceptualization, design and implementation of CHW curricula with a view to strengthening delivery of essential services at community level as an integral part of primary health care. This curriculum guide is designed mainly for CHWs, who are formally integrated into the health system after a structured education pathway, and who are awarded a contract with appropriate remuneration and who can benefit from the requisite health system support .

The main target audience for this document comprises CHW educators as well those developing CHW curricula. However, the guide can also assist regulator and accreditation agencies in identifying the health education institutions that have the necessary capacities to deliver pre-service and in-service education for CHWs. It can also inform the design and delivery of training for CHW tutors and faculty. Finally, secondary target audiences may include CHW managers and supervisors, whose role includes ensuring that CHWs possess and apply the identified competencies; health service managers, who integrate CHW contributions within the health workforce and health system; and development partners who support primary health care programmes that include CHWs.

Considering the wide variance of CHWs' roles across countries and settings, the competencies they require to deliver services are highly context specific. This CHW curriculum guide should be adapted to the needs of different countries, health systems, programmes and contexts. The first section of the curriculum guide comprises competencies that all health workers, including CHWs, should possess, albeit with a variable degree of proficiency based on roles and educational pathway. The second section of the guide comprises modules with materials that all CHWs need to know and be able to practise, hence labelled "universal modules". The modules in the third section, on the other hand, cover an extensive range of service-specific and population-specific areas. These may or may not be part of the CHW's role and responsibilities in a given context; therefore these are referred to as the "role-specific modules".

The users of this guide are advised to tailor the scope, contents, delivery modalities and assessment methods for their CHW curricula and education programmes to the socioeconomic and health system needs, service delivery profiles, and contextual factors of their specific settings, adapting the competencies and universal practice activities and adopting only the role-specific practice activities and tasks that are relevant in their settings.

INTRODUCTION TO CURRICULUM GUIDE

1. Introduction

There is growing consensus on the value of comprehensive system support for and the progressive formalization of community health workers (CHWs), who play a critical role in providing primary health care. At the Global Conference on Primary Health Care, Astana, 2018, the *WHO guideline on health policy and system support to optimize community health worker programmes* (CHW guideline) was launched *(1)*. In 2019, at the Seventy-second World Health Assembly, Member States adopted resolution WHA72.3 on "Community health workers delivering primary health care: opportunities and challenges" *(2)*. The CHW guideline consolidates evidence and best practice on selection, certification and training; management and supervision; community embeddedness and system support; and enablers of implementation.

Employment of CHWs can provide economic opportunities, contributing to women's financial independence and economic security, and to human capital development. CHW education can equip women with skills and knowledge that can improve their livelihoods and the livelihoods of their families. CHW employment can contribute to women's social empowerment and challenge traditional gender norms by promoting women's agency and leadership.

However, the inclusion of CHWs in primary health care programming in countries has continued to face several challenges, including multiple priorities competing for CHW time; fragmented coordination and sometimes imperfect alignment of donor-funded programmes with ministry of health priorities and community needs; inadequate remuneration; funding shortages; and a lack of standardization or significant variance in education and training quality. Competency-based education (CBE) is a critical part of the measures needed to strengthen integration of CHWs, equipping them with the knowledge, skills and competencies needed to deliver essential services. Given the variability of CHWs' roles across settings, the requisite competencies required to deliver services are context specific.

This competency-based CHW curriculum guide is designed to be adapted to the needs of different health systems, programmes and contexts. The first section of the curriculum guide comprises competencies that all health workers, including CHWs, should possess, albeit with a variable degree of proficiency based on roles and educational pathway. The second section contains modules with material all CHWs need to know and be able to practise; these are labelled "universal modules". The modules in the third section cover a range of service-specific and population-specific areas that may or may not form part of the CHW's role and responsibilities; these are labelled the "role-specific modules". For the role-specific activities, programme managers or CHW educators are advised to select only the relevant modules appropriate to their health system.

1.1 Rationale for a global CHW competency-based curriculum guide

The World Health Organization (WHO) CHW guideline *(1)* aims to assist national governments and partner organizations in the design, implementation, performance optimization and evaluation of the role and integration of CHWs in primary health care programmes. This curriculum guide provides a tool to operationalize several of the guideline's policy recommendations to optimize the design and performance of CHW programmes, including:

- determining duration of pre-service (and in-service) education in the local context based on competencies required according to role, pre-existing knowledge and skills, and expected conditions of practice;
- including, in the contents of pre-service training, health promotive and disease preventive services, diagnostic and curative services where relevant, and interpersonal communication and community mobilization and engagement skills;
- balancing theoretical and practical pre-service training, and blending face-to-face and e-learning where feasible,

with adequate attention to a positive training environment and faculty;

- using competency-based formal certification for CHWs who have successfully completed pre-service education.

As many countries are progressively moving towards a greater level of formalization and integration of CHWs, with some even assigning diploma and first degree-level health workers at the community level, this guide is more directly aimed at informing education of CHWs with relatively more advanced levels of skill and knowledge, and eventually having the potential to be salaried and certified health workers working at community level and serving as a bridge between the health system and community services.

In addition to the CHW guideline, this curriculum guide is also derived from and complements the Global Competency and Outcomes Framework for Universal Health Coverage *(3)*, which provides guidance to strengthen education design and delivery for a wider range of health workers, aligning efforts to achieve universal health coverage. That framework focuses on the design of education and training programmes for health workers to develop the necessary competencies to deliver quality health services. It emphasizes the importance of health care that is effective, efficient, equitable, inclusive, integrated, people centred, safe and timely. The content of the Global Competency and Outcomes Framework for Universal Health Coverage is designed for health workers with a pre-service education pathway of 12 to 48 months; however, the principles of CBE have also guided and informed the design of this curriculum guide, which can be used for CHWs with a shorter duration of pre-service education.

1.2 Objective and target audience

The objective of this global competency-based curriculum guide for CHWs is to inform the conceptualization, design and implementation of CHW education and training curricula in order to ultimately strengthen primary health care and delivery of essential services at community level. This curriculum guide is designed primarily for formal CHWs who are integrated into the health system, who have a structured education pathway and a contract, and who are appropriately remunerated and supported. Most volunteer CHWs, or those working only a few hours a week, cannot reasonably carry out all the universal practice activities expected of all CHWs in this framework.

The primary target audiences for this document are CHW educators and those developing regional, national and subnational CHW curricula within intergovernmental, governmental and nongovernmental organizations and educational institutions. An ancillary potential use of this guidance is to provide elements that can assist in identifying the institutions that have the required capacities to deliver pre-service and in-service education for CHWs. It can also inform training for CHW tutors and faculty in relation to the competencies and tasks expected of learners undergoing a CHW education programme.

Secondary target audiences include CHW supervisors and managers, who ensure that their teams possess the identified competencies and support ongoing training initiatives; health and care workforce and health service planners and managers, who align CHW contributions within the health system and conduct supportive supervision; and international actors and development partners who aim to support effective CHW integration in primary health care, thus improving health at a global scale.

1.3 Methods

The design of this curriculum guide was informed by an appraisal of global evidence, which included a scoping literature search of peer-reviewed publications, a targeted grey literature search, and iterative consultation and validation with experts and relevant stakeholders, including CHWs working in a range of settings.

The scoping review covered the existing body of peer-reviewed literature on CHW education. Research questions on CHW education and training, informed by WHO CHW and education guidance documents, were developed for rapid evidence synthesis. In total, 236 peer-reviewed articles were extracted for inclusion in the scoping review *(4)*.

An additional targeted search focused on the content of CHW curricula in countries across regions and income levels. This search included grey literature from 16 countries, representing all WHO regions and a range of income levels (three from low-income, five from lower-middle-income, five from upper-middle-income, and three from high-income countries).

The role-specific practice activities were identified based on evidence of safety and effectiveness of CHW delivery-related services, as reflected in the WHO CHW guideline and additional thematic guidance produced by WHO.

1.4 Iterative consultation and expert validation

A Technical Advisory Group was established by WHO through an open call for expressions of interest with the aim of providing technical guidance and feedback to ensure a globally relevant competency-based curriculum guide for CHWs. Members were selected based on proven expertise and included technical experts and national policy-makers who had extensive experience and expertise in designing CHW systems, policies and curricula. Further, WHO subject matter experts from across all relevant WHO departments and regional offices participated in the conceptualization and review process for this guide and in the review of guidance for alignment with published evidence and existing WHO guidance.

The drafts of the curriculum guide were shared with the WHO Technical Advisory Group in June 2023, October 2023, June 2024 and February 2025 for iterative consultation and validation of successive drafts. Feedback was integrated by the WHO Secretariat and the research team, and modifications were approved by the Technical Advisory Group.

In parallel, CHWs from a range of geographical and income settings also reviewed the draft curriculum. This consultation included in-person, virtual and written consultations. In-person consultations were conducted with government-employed CHWs in Karnataka and Jharkhand, India (known as accredited social health activists, or ASHAs) and Addis Ababa, Ethiopia (known as health extension workers). Feedback was received during these discussions on the competencies that were perceived to be the most useful, as well as targeted feedback and input on specific programmatic areas, including integration. In addition, written feedback was received on the guide from CHWs in Oregon, United States of America; these CHWs had previously been involved with developing competency-based CHW trainings in the United States. Finally, verbal feedback was received through online focus group discussions held with over 20 CHWs in Kenya, Sierra Leone, Togo and the United Republic of Tanzania. All outcomes of the CHW consultations were embedded in the iterative drafting, consultation and validation of the curriculum guide.

The WHO Global Competency and Outcomes Framework for Universal Health Coverage is the foundation for the development of the CHW curriculum guide *(3)*. It guided the identification of competencies and behaviours, practice activities and tasks, and curricular content (knowledge, skills and attitudes) underpinning the curriculum guide for the health services provided by CHWs.

This curriculum guide was designed from the existing available evidence and iteratively refined through stakeholder consultations. Global mapping and analysis of existing CHW competency-based curricula, standards, and roles and responsibilities provided the evidence to support the formulation of its contents. Evidence from the published, grey, and case study literature considered relevant was integrated into this competency-based curriculum guide.

1.5 Principles of competency-based education (CBE)

This CHW curriculum guide adopts the principles and structure of competency-based education (CBE). CBE aims to prepare learners for practice that is oriented to outcome abilities, with less emphasis on time-based training and increased attention to mastery of knowledge, skills and competencies for practice, as well as accountability, flexibility and lifelong learning *(5)*. CBE can also advance women's economic empowerment and gender equality by promoting the selection, training and accreditation of CHWs based on their ability to learn and deliver effective services over factors such as prior qualifications, particularly in contexts where gender inequality already negatively affects access to education. Building on the Global Competency and Outcomes Framework for Universal Health Coverage *(3)*, facilitation of learning in this curriculum guide is oriented to the provision of practice activities within the CHW scope of practice, with the underlying competencies underpinned by foundational knowledge, skills and attitudes.

CBE is a form of outcome-based education. The five core components of CBE programmes are *(6)*:

- defined competency-based outcomes oriented to health needs;
- progressive sequencing of learning;
- learning experiences tailored to competency-based outcomes;
- teaching tailored to competency-based outcomes;
- programmatic assessment of the achievement of learning.

Figure 1. WHO competency model



1.6 WHO competency model

The WHO competency model for learning outcomes and learning objectives underpins this curriculum guide. As depicted in Figure 1 *(3)*, the model adopts a holistic definition of competence as the summative learning outcomes of education programmes leading to practice. This encompasses a dual focus on both (a) the practice activities and tasks to be provided; and (b) the competencies and behaviours of the individual, underpinned by foundational knowledge, skills and attitudes.

Practice activities are widely used for workforce planning, for example in the Workload Indicators of Staffing Need (WISN) tools *(7)*, and for classifying occupations, as in the International Standard Classification of Occupations 2008 (ISCO-08) of the International Labour Organization (ILO) *(8)*. Practice activities are the core functions of health practice, comprising groups of related tasks, such as mapping households for CHW visits, or helping an individual connect to the services they need. Competencies are an individual's abilities to integrate knowledge, skills and attitudes in their performance of tasks *(3)*. Competencies are durable, trainable and measurable through behaviours, for example, engaging in collaborative practice in a health care team or providing culturally sensitive, compassionate and respectful care. Together, the practice activities, encompassing the relevant tasks and the competencies needed to perform them, are the learning outcomes within this curriculum guide.

Knowledge, skills and attitudes are essential foundations for the performance of competency-based practice activities. Within this curriculum guide, the learning objectives represent the component knowledge and skills of the practice activities, and the milestones in developing competence to perform the practice activity.

The provision of health services by CHWs entails more than the performance of discrete or sequential tasks. It also requires the ability to adapt practice, make judgements, interpret findings, communicate effectively, navigate health systems, and collaborate with individuals, households, communities, community-based organizations, and other health workers. Education programmes must strive to enable learners to develop both the knowledge and skills for the performance of individual tasks for practice; and the competencies to adapt and sequence those tasks, navigating the complexities of the context. A person's competencies enable them to integrate the interrelated knowledge, skills and attitudes and apply them to the practice activity at hand. Table 1 illustrates the key characteristics of competencies, behaviours, practice activities and tasks.

Table 1. Characteristics of competencies, behaviours, practice activities and tasks

	Competencies	Behaviour	Practice activity	Task
Definitions	The abilities of a person to integrate knowledge, skills and attitudes in their performance of tasks in a given context. Competencies are durable, trainable and, through the expression of behaviours, measurable.	Observable conduct towards other people or tasks that expresses a competency. Behaviours are measurable in the performance of tasks.	A core function of health practice comprising a group of related tasks. Practice activities are time limited, trainable and, through the performance of tasks, measurable. Individuals may be certified to perform practice activities.	Observable unit of work within a practice activity that draws on knowledge, skills, and attitudes. Tasks are time limited, trainable and measurable.
Examples	• Builds and maintains trusting partnerships	• Maintains ethical boundaries with other members of the health team • Proactively engages with other health workers, community members and community-based organizations across cultural and sectoral boundaries, and with individuals, households, and communities, as partners	• Assesses and prioritizes community health needs	• Establishes an oversight group • Implements methods to identify needs • Proposes options to address the findings of the assessment
Characteristics	• Continuous, ongoing abilities • May develop or erode over time • Enables performance of multiple practice activities • Competencies are attributes of a person, demonstrated in the context of performance • Competencies are multifaceted and interrelated • Competencies can be demonstrated through several different behaviours • Behaviours are the measurable expression of a competency • Performance is measurable as a judgement on a scale of frequency (never, sometimes, always)		• The practice activity describes the common goal of a group of tasks; tasks in isolation are abstract and can be defined as skills • Time-limited, discrete actions, observable from start to finish • Tasks are attributes of a practice activity or job, but not of a person • The standard of proficiency is anchored in behaviours that demonstrate the competencies • The practice activity can be considered as a unit of summative assessment, certification or regulation • Performance is measurable on a dichotomous scale against a predefined standard (yes or no)	
	When the CHW navigates the set of tasks needed towards the goal of the practice activity for the context, they are drawing on their competencies to do so. The emphasis of competency-based education and proficiency for practice is competency-based performance of practice activities.			

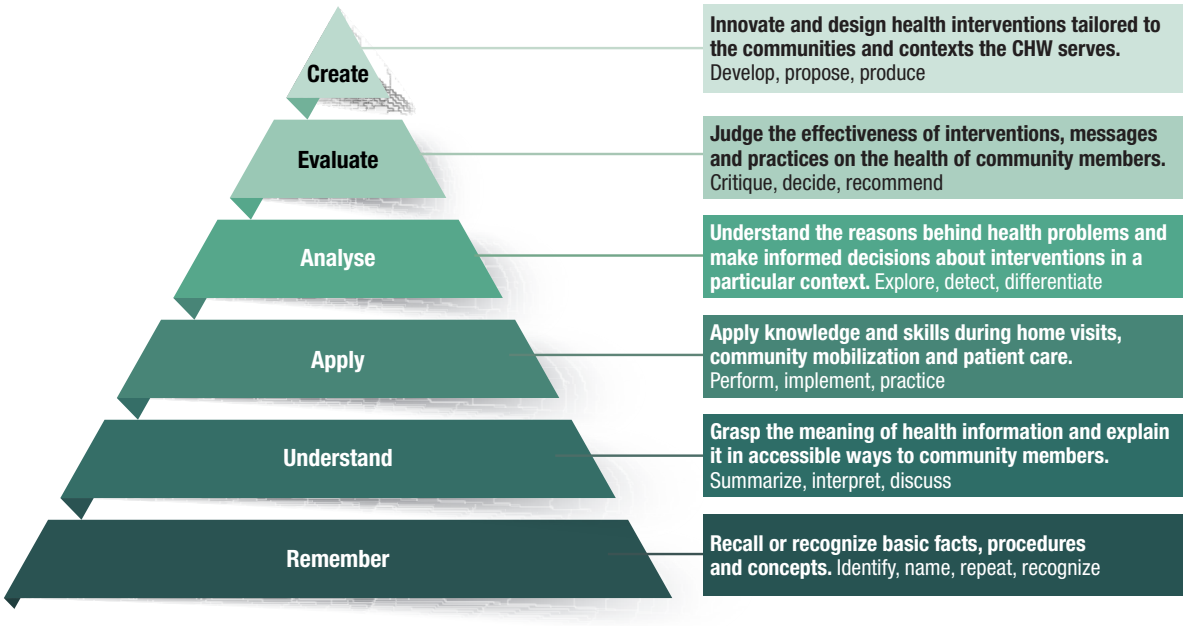
2. Learning and assessment

A key tenet of CBE curricular design is constructive alignment, whereby learning activities and assessment of learning are oriented to the defined learning objectives and learning outcomes.

This curriculum guide incorporates learning activities and assessment of learning oriented to the achievement of both the learning objectives and the module learning outcomes – the practice activity.

In this curriculum guide, the taxonomy of learning and assessment builds on Bloom's *Taxonomy of educational objectives (9, 10)*. It has been used to structure curriculum learning outcomes, assessments and learning activities. The learning objectives are the basis of assessment and are aligned to the level of learning and complexity in the adapted Bloom's taxonomy in Figure 2. For example, in the first two levels of the pyramid, learners are expected to remember and understand knowledge, with higher orders of the model progressively building on the preceding cognitive processes into more complex skills of applying, analysing, evaluating and creating knowledge. The learning outcomes in this curriculum guide are positioned at the upper levels, typically reflecting the practice activity and the creation of knowledge. The incremental learning objectives guide the learner through the understanding and recall of knowledge, through application and analysis, to incrementally develop the content and cognitive skills needed for practice. The sequence of learning activities is thus designed to enable CHWs to develop the requisite knowledge and skills defined by the modular learning objectives towards reliably performing the practice activities.

Figure 2. Taxonomy of learning and assessment



Source: Adapted from Bloom *(10)*.

Learning activities are suggested throughout the modules, oriented to the learning objectives and achievement of the module learning outcome. These include a range of individual, small group and shadowing learning experiences to collectively build the knowledge, skills, attitudes and competencies for practice. In CBE, learning is considered as a process of acquiring the requisite knowledge, skills, attitudes and competencies for success in authentic situations and the performance of practice activities. This means that learning should be personalized, and linked to the learner's needs for further learning; it is anchored in authentic situations, making it more meaningful; and learning is active, whereby learners are expected to apply knowledge, not just absorb it. In CBE, the role of the tutor evolves into that of a facilitator rather than an individual who imparts knowledge. This builds on constructivist learning theories, which propose that learners construct their own understanding based on their own experiences. As such, the curriculum guide outlines approaches to creating authentic learning environments, scaffolding learning through learning activities, and creating opportunities through learning activities and formative assessments for collaboration, feedback and reflection.

Through this curriculum guide, learning activities are proposed to enable learners to be engaged in some type of exercise or hypothetical scenario in which real-life circumstances are simulated, seeking authentic learning experiences as far as possible. These learning activities provide opportunities for CHWs to gain competencies in a safe and supportive environment, with ample opportunity to make mistakes and learn from peers. In other learning activities, learners might engage in practice in the field, incorporating reflection on module content. Tutors (that is, trainers or supervisors) can use a range of learning activities aligned to the learning objectives as relevant to the context and availability of materials (for example, digital or paper based).

Both formative and summative assessments of learning are outlined for each module.

+ **Formative assessments** (assessments for learning) should take place during the learning process, providing ongoing feedback to guide learning. They often relate to a milestone towards competence in the practice activity (module learning outcome), or assess the acquisition of a subset of learning objectives (component knowledge and skills, or a subset of tasks, for example). Formative assessments are important in the learning journey for the learner to identify progress towards learning outcomes and any additional learning needs. They also enable the tutor to guide or redirect any additional learning needs. Often, formative assessments are considered "low stakes" in that performance does not impact learning progression or transitions to practice, as the focus is more on providing feedback. For formative assessments, peer-to-peer feedback can be very valuable, but it is also important for the tutor or trainer to provide feedback to the learner and, where appropriate, to guide further learning relating to the learner's identified performance gaps.
+ **Summative assessments** (assessments of learning) should be administered at the end of a learning period to measure overall learning achievements and determine the level of mastery reached in relation to the competency-based performance of the practice activity – that is, the module learning outcome. Summative assessments are linked to progression decisions on readiness for practice, as defined by the passing standard for competence, and so these are considered "high stakes" assessments. As such, greater importance is placed on these assessment formats being valid, reliable and robust, and performance based. Because of this, they are often more costly to administer.

Particularly for summative assessments, linking learning objectives across the different modules can enable assessment of a learner's integration and application of knowledge, skills, attitudes and competencies for practice. For CHWs, this can help promote a more holistic understanding of their various roles and allow them to draw from their expertise across subject matter and combine different knowledge and skills. This process can foster a deeper grasp of the material, encourage critical thinking, and facilitate the application of knowledge in diverse contexts, preparing CHWs to tackle complex real-world challenges. Moreover, consolidating assessments streamlines the work of tutors. It is essential for tutors to thoughtfully integrate assessments in a logical manner, prioritizing coherence for learners.

In organizing the delivery of an education programme, it is recommended that tutors group together both learning activities and assessments based on the specific needs of the health systems and the roles undertaken by CHWs in their own context. For instance, if CHWs are tasked with providing maternal and child health services and monitoring

noncommunicable diseases (from the role-specific practice activities), tutors can strategically integrate and harmonize diverse learning activities and assessments relating to common tasks in the relevant modules. For example, a case study can be designed to require learners to develop and implement a follow-up care plan for a pregnant woman with gestational diabetes, focusing on both maternal and child health adherence outcomes and the prevention of diabetes as a noncommunicable disease. This approach ensures alignment with CHWs' daily responsibilities, facilitating the integration of learning across various universal and role-specific practice activities for a more comprehensive and effective learning experience and the provision of people-centred care in practice. Below is a brief illustrative list of assessment activities from various modules that can be applied in different learning activities across a wide variety of learning content.

Illustrative summative assessment activities

- Creation of an information resource that is designed to address relevant health services. This can be accompanied by a presentation and discussion (see module 8).
- CHWs examine a case emphasizing an individual's circumstances and needs. CHWs present the services, resources, and the health and care workers to whom they could refer the individual (see module 3).
- Group presentation including information about the activities carried out during a home visit to implement a health management plan integrating services for the entire household (see module 1).

Time durations are proposed for the learning activities and assessments in the modules, though these should be adapted to suit the needs of the learners. Learning activities and assessment strategies should promote active discussion, practice, problem solving and engagement in activities that are authentic to the work of CHWs. Monitoring of progress in achieving learning outcomes should take place also in the context of these learning activities and formative assessments, rather than simply relying on summative assessments after or instead of learning activities. If learning activities are thoughtfully designed, CHWs will engage in self-assessment, self-directed learning and peer teaching throughout their programme of learning. It is crucial to emphasize that ensuring that CHWs acquire and maintain the knowledge, skills and attitudes required for optimal performance of practice activities relies not solely on summative assessments on completion of training, but also on access to continuous training, supportive supervision, and follow-up engagement.

3. Global curriculum guide for CHWs: introduction

3.1 Overview of the CHW curriculum guide

There are three parts to this curriculum guide.

+ **Competencies.** These are relevant to all CHWs. They will be developed through the universal and role-specific modules and demonstrated through summative assessments.
+ **Universal modules.** These modules are relevant to all CHWs, with contextualization. They form the basis of any curriculum that is developed or adapted from this guide. There are 11 modules oriented to practice activities, and one module relating to the common basic science knowledge required for practice.
+ **Role-specific modules.** These guide the specification of module learning outcomes and practice activities that relate to the specific roles of CHWs in different contexts, supplementing and providing context for the learning of the practice activities in the universal modules. Role-specific modules encompass a range of tasks and services relating to the provision of health services that CHWs can deliver safely and effectively according to published evidence and existing normative guidance. These areas include maternal and newborn health, human immunodeficiency virus (HIV) and sexually transmitted infections (STIs), tuberculosis (TB), malaria, noncommunicable diseases (NCDs), neglected tropical diseases (NTDs), and health emergency preparedness and response. No CHW can carry out all of the practice activities and tasks outlined in the role-specific modules in this framework. Taken as a whole, the activities exceed what one person can provide to hundreds or thousands of care recipients and their communities; rather, they reflect the range of practice activities that CHWs in at least one context can and do provide. Content from the role-specific modules should therefore be selected based on the needs of the population and the scope of practice of CHWs in a given context.

Figure 3 illustrates the overview of the competencies, universal modules and role-specific modules that form this curriculum guide. The content is organized into six competency domains, 12 universal modules (11 practice activities plus one module of basic science knowledge), and four role-specific modules, comprising 28 role-specific topics organized under the four modules.

Table 2 presents a summary of the content of the curriculum guide.

Figure 3. Overview of the CHW curriculum guide

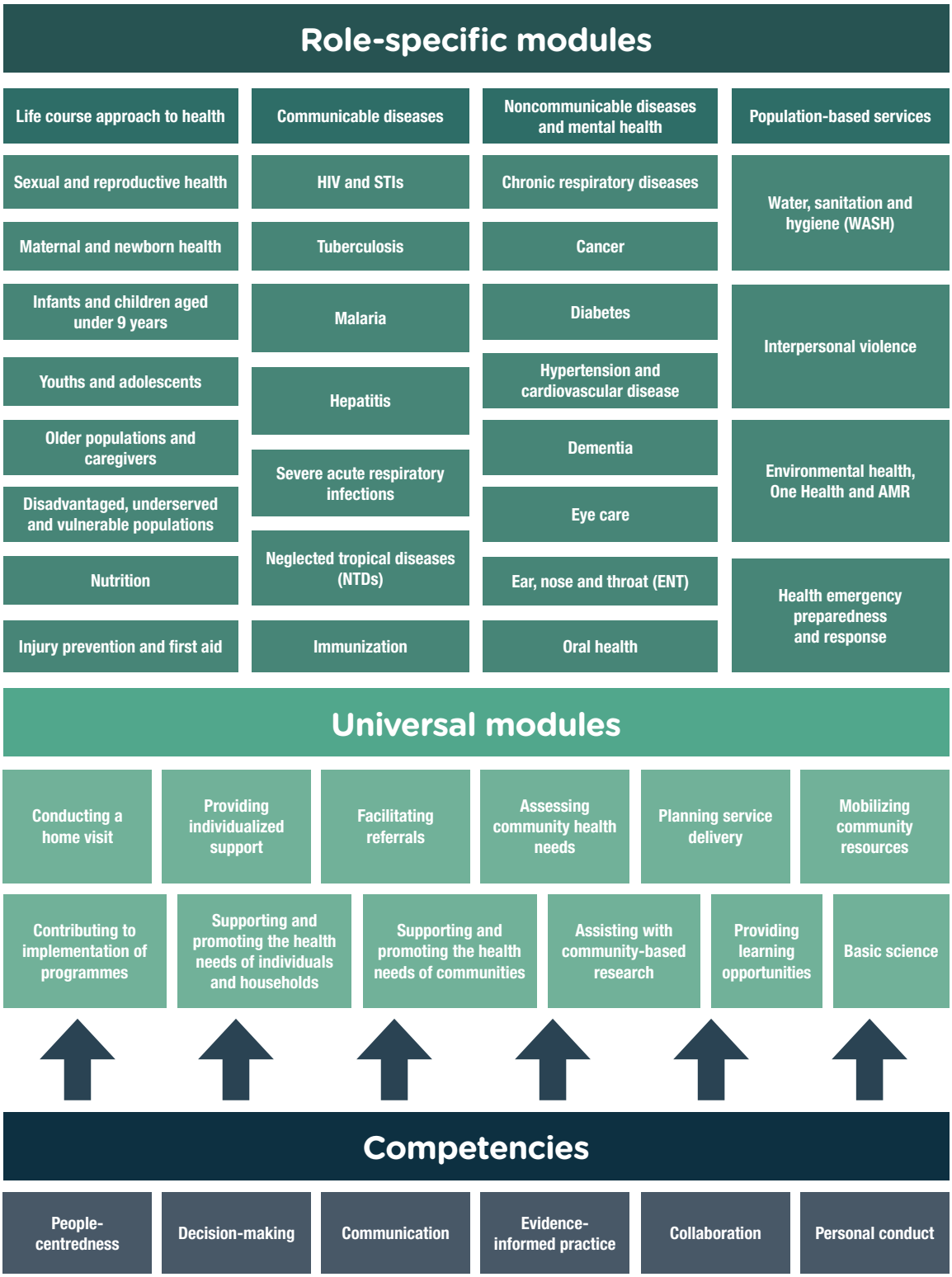


Table 2. Summary of content of curriculum guide

Section 1. Competencies	
I.	People-centredness
II.	Decision-making
III.	Communication
IV.	Collaboration
V.	Evidence-informed practice
VI.	Personal conduct
Section 2. Universal modules	
1.	Conducting a home visit
2.	Providing information and support to impact individual health behaviours
3.	Facilitating referrals, transitions and access to health services in other parts of the health system
4.	Assessing community health needs
5.	Planning service delivery for households and communities
6.	Mobilizing communities and resources
7.	Contributing to the implementation of programmes and other initiatives
8.	Supporting and promoting the health needs of individuals and households
9.	Supporting and promoting the health needs of communities
10.	Collecting and using data to support community-based research
11.	Providing learning opportunities for other community health workers
12.	Basic science: introduction to biology, anatomy, physiology and pathology
Section 3. Role-specific modules	
13.	Life course approach to health (8 topics)
14.	Communicable diseases (7 topics)
15.	Noncommunicable diseases and mental health (9 topics)
16.	Population-based services (4 topics)

3.2 Components of the CHW curriculum guide

3.2.1 Competencies and behaviours

A table of competencies and associated behaviours is provided (Table 1). These competencies underpin all practice activities, and so the design of the curriculum both enables and requires learners to develop and demonstrate these competencies through their practice. Competencies are developed incrementally through the series of universal and role-specific modules across a range of relevant settings, and are not learned or developed in a single module. In each of the practice activities in the universal modules 1–11, the priority competencies are highlighted; this means that for the summative assessments, the behaviours demonstrating those competencies should be observed and assessed. These behaviours should inform standard setting – that is, they form the performance criteria for the pass mark or measure of competence.

3.2.2 Practice activity module components

Each of the practice activities in the universal modules 1–11 and role-specific modules 13–16 includes the following components.

- **Module learning outcome or outcomes.** These comprise the practice activity or activities covered in the module. Universal modules are oriented to a single practice activity; role-specific modules are oriented to multiple practice activities relevant to a particular service area (for example, module 1: Conducting a home visit).
- **Rationale.** This provides a description of the importance of the practice activities included in the module for CHWs' practice, and the links to service provision.
- **Tasks.** These comprise the range of tasks that CHWs might be expected to do, depending on the context, related to the practice activity. Tasks are observable units of work within a practice activity that require knowledge, skills and competencies. Tasks are time limited, trainable and measurable. The tasks provided in the curriculum guide may not be exhaustive or sequential and should be contextualized to the national context and CHW policies and roles. For example, within module 1, Prepare self and materials for home visit.
- **Priority competencies.** These are the priority competencies developed in the module. By design, group activities contribute to development of collaboration and communication competencies, and all practice is rooted in the application of evidence. The learner will develop the range of competencies through learning activities and must demonstrate them during assessments. For example, for module 1, competency 1: Places people at the centre of all practice.
- **Learning objectives.** These are the clear, concise statements of the learning that a learner can be expected to achieve during a given module or session. The learning objectives are oriented to the tasks, and may include an integration of knowledge, skills and competencies. For example, for module 1, learning objective 1: Explain the contents, components, processes and preparations necessary for conducting a home visit.
- **Learning activities.** Learning activities are proposed that are structured and semi-structured learning experiences aligned to the learning objectives. Tutors (that is, trainers or supervisors) can adapt the learning activities as relevant to the context and availability of materials (for example, digital or paper based). The learning activities are scaffolded to enable learning for competence development for the practice activity. The learning activities are organized sequentially, providing a logical grounding for learners to develop the different learning objectives through reflection and group and individual learning activities, supplemented with role play and shadowing a CHW in practice to bring together these aspects in safe practice settings. The essential sequence of learning activities is presented, but inclusion of other sequencing steps is possible. For example, for module 1, tutor presentation followed by group discussion to develop ideas about the contents, components, processes and preparations necessary for conducting a home visit in the community.
- **Assessments.** A formative assessment is indicated usually after the first session of the module. The assessment aims to assess and provide feedback on the learner's achievement of the first set of learning objectives. The summative assessment should take place at the end of the module, after the completion of learning activities, to assess competence to perform the practice activity or activities. Assessment methods are aligned to the specified learning outcomes. For example, for module 1, a formative assessment is proposed whereby pairs engage in role play of the processes of obtaining informed consent and building rapport with individuals and families as part of a home visit.
- **Suggested time.** The suggested time duration of the learning activity or assessment is given. For example, for the formative assessment in module 1, 1.5 hours is suggested.

3.3 How to use the curriculum guide

The competencies and practice activities outlined in this curriculum guide can underpin learning programmes at different junctures in a CHW's learning trajectory, encompassing pre-service education, in-service and

continuing education, educational assessment and education programme evaluation.

This guide is designed to facilitate design and implementation of CHW curricula, and is not intended to be interpreted as rigid or prescriptive. The modular nature of this curriculum guide recognizes the heterogeneity of CHW roles and responsibilities, encompassing different practice activities, given scope of practice, level of experience and health system context. Therefore, content should be customized based on the country context, disease burden, health priorities, and the CHW role and task expectations.

However, a selective scope of practice for CHWs should not entail a selective scope of care for health service recipients. Curriculum and service delivery planning for CHWs should be considered as part of integrated primary care teams, with each health worker serving within a complementary scope of practice – together providing comprehensive quality care.

The universal and role-specific modules relate to the range of practice activities within the scope of practice, as well as module 12, which outlines the underpinning basic science. Each module oriented to practice activities includes a description of the corresponding practice activities, tasks, priority competencies, learning objectives, and learning activities and assessments, with a suggested time duration.

The following sequential steps are recommended to help facilitate national or subnational adaptation:

1. identify prioritized health needs based on sociodemographic and contextual needs, causes of morbidity and mortality affecting the country, districts, populations or communities to be served by the CHWs, and identify the scope of practice and services that CHWs are expected to carry out;
2. ensure alignment of CHWs' scope of practice with the minimum package of health services (or equivalent national document);
3. ensure consistency of CHWs' scope of practice with national policies on distribution of roles and responsibilities and referral pathways among integrated primary health care teams;
4. review the universal modules in the curriculum guide and identify areas that may need to be modified or further described, based on the CHW integration context (for example, level of formalization, remuneration, scope of practice);
5. review the role-specific modules in the curriculum guide, and choose only the relevant practice activities and tasks for the CHW cohort;
6. review existing CHW curricula and other service standards or role requirements;
7. refine the learning outcomes based on the selected modules, integrating the competency-based standards for performance of the practice activities;
8. identify the learning activities, assessments of learning outcomes and resources needed for practical delivery of the curriculum, including tutors' supervision, community-based training, and facilities for learning and assessment;
9. develop, consult, validate and finalize a context-appropriate curriculum in a participatory manner through consultation with government authorities, CHWs, CHW educators, employers and other relevant stakeholders, using an iterative and consultative process to ensure that the curriculum is valid, acceptable and usable;[6]
10. consider introducing, if not already in place, a certification process for CHWs completing their training and an accreditation mechanism to assess and regulate education institutions offering CHW education and services – these should be aligned with and embedded in existing national regulatory mechanisms and structures;
11. deliver, evaluate and update the new curriculum as regularly as needed (indicated by programme evaluation) or periodically, for example at least every 5–10 years.

There are many different models of CHW responsibilities and scopes of practice *(11–15)*. Education programmes should be tailored to what CHWs should do in their day-to-day practice; for instance, CHWs whose job description is to advocate health rights and ensure local health system accountability require different educational contents from CHWs whose primary role is to provide social mobilization for vaccines *(16)*. Whilst it is expected that all CHWs learn the content for the breadth of the universal modules, it is important to note the need for learning for the role-specific modules relevant to their scope of work.

Curriculum developers and trainers should anticipate revising curricula delivered dynamically, based on demographic and epidemiological population profiles, level of urbanization, community member literacy, technology access and integration, and other contextual determinants that shape health system and population health needs. The recommended learning outcomes must remain dynamic and responsive to the evolving needs of the population. As demographic and epidemiological profiles shift, and clinical guidance evolves, CHWs may require updated competencies

[6] Specific guidance and tools for this process can be found in the fourth chapter of the Global Competency and Outcomes Framework for Universal Health Coverage *(3)*.

and further training to effectively respond to the changing needs of the communities they serve. Consequently, it is suggested that countries and health systems, and especially officials with responsibility for CHW education policy, engage in a process of reviewing and revising curriculum content at regular intervals or at least within a 5–10-year time frame.

3.4 Process considerations in contextualizing the CHW curriculum guide

The use of this curriculum guide requires its tailoring to the health system and CHW programme. This contextualization work may benefit from the following recommended steps and processes.

3.4.1 Establish a curriculum review group

The process of adapting, updating or designing a curriculum is most effective when conducted in partnerships involving tutors, community members, practising CHWs and employers, as well as any regulatory organization or umbrella education organization that is relevant. Appropriate linkages should be made with relevant departments of ministries of health and education to ensure the curriculum references updated national or international guidelines on clinical practice and domestic education policies.

The following sections provide initial guidance for the process of designing a curriculum. This process should not be done by tutors or authorized officials alone; it should be conducted in collaboration with CHWs, and in conversation with a range of programmes.

3.4.2 Review the modules

First, review the entire curriculum, assessing the organization of the modules and the components of each module and session included in the curriculum.

+ **Review universal modules**, considering how they may be adapted to the national or local context.
+ **Review role-specific modules**, identifying which practice activities and topics are relevant for the role of CHWs in the primary health care programme in question. This will be a subset of the modules as a whole. Note that it is not expected that CHWs should perform all tasks described in these highly specialized, role-specific modules. The topics within modules may also be used individually, without needing to train in the module as a whole.

3.4.3 Select the modules

There are multiple options to select and prioritize modules to customize to the needs of the communities.

+ **Guiding by role of CHWs.** Planners, faculty and curriculum developers at education institutions and tutors may have an opportunity to design or adapt a CHW curriculum where one is not in existence or if there is recognition and acceptance of the need to update and adapt it. In these cases where an overarching overhaul may be feasible, the starting point should be to understand the role that CHWs play in the health system and in the context of primary health care teams, and map the competencies and practice activities outlined in this guide against the role that CHWs are expected to perform in order to prioritize and select the most relevant elements to be included in the national or programme-level CHW curriculum being developed. This will probably involve training in all the universal practice activity modules, but only some of the role-specific practice activity modules.
+ **Guiding by skill gaps.** Leaders and tutors may select modules based on identified skill gaps among the CHWs. These skill gaps may be visible through observation in the field, through comparison of current training content and CHW activity, or through other means of workforce and service delivery analysis. When selecting modules based on identified skill gaps, first consider which universal modules best match CHWs' skill needs. Select and prioritize universal modules based on those needs. Then consider which CHW roles or practice activities are appropriate to address those skill gaps. Examine the role-specific modules to select and prioritize topics and tasks.
+ **Guiding by emerging needs.** Health care systems have to respond to emerging conditions, including outbreaks, disasters, health consequences of conflicts, and other factors outside the control of health workers. Leaders and tutors in these situations may need to select CHW curriculum content based on these pressing needs. Guiding training based on pressing needs could involve a more focused analysis of skill gaps and possibly the need for cross-training among CHWs possessing varying skill sets.
+ **Guiding by system change or change management.** Health care systems also evolve over time in response to a variety of social, political and resource factors. Health sector leaders, planners, policy-makers and tutors may use these curriculum modules to deliver training that responds to changes in the health care system, for example, new policies, trending needs, or resource changes. Guiding training based on these emerging needs might involve developing new types of specifically trained CHWs, curtailing outdated training and replacing with these modules, or offering additional training to current CHWs.

3.4.4 Adapt the modules

Although the modules might be delivered as they are described if already fully relevant to the context, tutors are advised to adapt the modules to suit the needs of the CHWs they are training. Here we provide initial guidance on how tutors may adapt the universal modules (numbers 1–12) as well as the role-specific modules (numbers 13–16).

Adapting universal modules 1–12

In order to contextualize these modules to specific groups of learners, curriculum developers should first review the entire module, then focus sequentially on the tasks, learning objectives, learning activities and assessments within the module.

- **Tasks.** Curriculum developers may prioritize tasks within modules 1–11 based on their context and needs vis-à-vis the roles of CHWs in the health system. They may also add tasks, provided they also create additional learning objectives, learning activities and assessments aligned to ensure that all tasks are taught, practised and assessed.
- **Learning objectives.** Each module and session includes simpler and more complex learning objectives. The learning objectives are aligned with the practice activities. Learning objectives are also intentionally broad to lend themselves to a variety of assessment possibilities and contextual factors. If adding tasks, tutors should also add learning objectives that align with those tasks.
- **Learning activities.** Note the number of recommended sessions in the modules and the total suggested time to complete. It is recommended that the time frame not be drastically shortened to ensure adequate opportunity to learn and practise. It is also recommended that adequate time be allowed for rest, reflection and practice, with appropriate pauses between training sessions. Learning activities within the lessons, such as showing video clips or holding discussions, can be varied based on the training environment, resources and participants' needs. If adding tasks, curriculum developers should also add learning activities that align with the new tasks and learning objectives. It is important to note that the allotted times serve to guide developers of teaching materials; however, if learning must be oriented towards competence, they should ensure that learners fully grasp the understanding of a knowledge-based learning objective or are able to perform tasks taught to them, irrespective of how long it takes them to prove it through their assessment.
- **Assessments.** The assessment suggestions in the modules are aligned with learning objectives and learning activities. They are intended to represent a menu of possible assessments and activities, though they are not prescriptive. Curriculum developers should tailor their formative and summative assessments to their CHWs, context and requirements. If adding tasks, tutors should also adapt assessments to ensure all tasks are aligned with specific learning objectives and activities.

Adapting role-specific modules 13–16

Role-specific modules represent a menu of practice activities, tasks and health topics that enable CHWs to address a wide range of health issues. Curriculum developers should begin by selecting only those health topics relevant to their particular context. To choose material from these modules relevant to specific contexts, they should first be familiar with the health system and service delivery requirements, in particular in relation to roles and functions expected of CHWs in their context. Curriculum developers should then review the entire module and select only the topics within the module that are in the scope of CHWs according to their current needs, resources or national guidelines. Curriculum developers should select from the table the training sessions associated with the topics they have selected. They should not attempt to provide training on every task listed in each topic. If a given CHW type is not providing the services covered in a given topic or module, they do not need to be trained on that topic or module. When training on any topic, curriculum developers should examine the basic science, general practice activities and tasks, and topic-specific practice activities. Note that these CHW activity tables are not exhaustive, but they cover common tasks that CHWs carry out. Curriculum developers should select from these lists only the tasks appropriate to the CHWs in a given context. If adding tasks, tutors should also add learning objectives, learning activities and assessments that are aligned.

The nature and type of these adaptations should be appropriate to the needs of the CHWs being trained. For example, in settings where there is a career progression pathway for CHWs (for example, to CHW supervisor or to another occupation following further training), curriculum developers might choose to have a subset of role-specific tasks in the initial training, and then train on additional tasks as CHWs progress. For example, in Ethiopia's Health Extension Programme, CHWs are initially trained in providing tasks and services relating to reproductive, maternal, newborn and child health; hygiene and sanitation; common diseases; social behaviour change communication; and first aid and emergencies. After they have had several years of experience as a CHW, they can upgrade to an advanced level of CHW through a training programme that includes managing commodities, delivering medication, and labour and delivery services. The role-specific modules in this

guide support various stages of such career progression pathways for CHWs.

Countries may need to create materials tailored to different parts of a given country or region. An example is India, which has over a million CHWs, termed accredited social health activists (ASHAs). National bodies, such as the National ASHA Mentoring Group, are crucial for technical oversight, leadership, and setting standards for training strategies, curriculum design, learning methods and evaluation. But each state tailors this training to the needs of ASHAs in a particular state. Effective large-scale CHW training demands well defined processes, dedicated support systems, and infrastructure throughout the training cascade, enhancing human capability and ensuring adequate training sites.

Creating user-friendly learning materials appropriate to CHWs

This curriculum guide is only a pointer or reference to what can be included in CHW trainings. While it proposes learning activities that often draw from presentations, case scenarios or role play scenario cards, it does not contain the learning materials or case studies. CHW learning materials should be in a language and format that is relevant for the CHWs being trained. As recommended in the CHW guideline, teaching should minimize didactic approaches, and include a diverse array of practical and authentic learning methods suited to the unique needs and contexts of the learners. This might include practical or situational learning such as shadowing, role play, peer-to-peer learning, clinical case-based learning, simulation, technical skills practice or supervised community-based learning. Tutors should tailor learning strategies to the needs of the learners, such as literacy levels and availability of other job aids. Tutors are encouraged to develop materials that are attractive and accessible, and can be used in a hands-on way. These materials could be digital, written and illustrated on paper, or oral, for example communicated through songs or informal performances, or some combination of the above, depending on the context and nature of the primary health care programme and role of CHWs therein.

To foster authentic learning, any contextualization of the practice activities in the universal modules should be done with consideration given to the CHWs' scope of practice and the services they will be expected to provide; the health system within which they are practising and the range of health services accessible to individuals and communities; the determinants of health, and health and social issues commonly affecting individuals and communities; community norms, cultures, languages and common beliefs; and the tools and templates that a CHW would be expected to use in executing the tasks within the module. CHWs should be consulted throughout this process, engaged in field testing and providing feedback.

Tutors are also encouraged to start with what people already know. Aside from serving as a useful formative checkpoint, sessions do not need to spend time covering content that learners already know. Starting with what people know builds learners' self-esteem and self-efficacy, serves as an effective "hook" on which to latch additional information, and lowers learners' "affective filter", allowing new information to be learned.

4. Health policy and health system support for CHW integration in primary health care

Educational programmes that are tailored to context and feasible for CHWs to undertake should be supported by appropriate policies to integrate CHWs in the health system. Policies for worker compensation, retention, motivation, support, supervision, supply chain and funding underpin CHW performance. It is critical to situate CHWs within overarching health delivery strategies, providing CHWs with decent working conditions, integration in health systems and collaboration with other health workers *(17–20)*. This level of health system integration has considerable resource implications, which should be supported also through inclusion of capital investments and regular recurrent costs in national budgets. Where external partners' financial support for CHWs plays an important role, this should be progressively integrated in national health financing mechanisms, including alignment with national pay scales. Depending on national context, consideration should be given to making CHW education free or subsidized to maintain equitable access to these education programmes and career pathways. Education should reflect realistic learning and service delivery expectations of the health system in which CHWs will be integrated.

This curriculum guide is designed to be implemented along with the support systems outlined in the context of the *WHO guideline on health policy and system support to optimize community health worker programmes*, 2018 *(21)*. These support systems are essential for competency-based education for CHWs to reach their full potential. The support systems and strategies presented in the guideline are thus outlined here as follows.

+ **Selecting CHWs for pre-service education, considering minimum education levels appropriate to the tasks to be performed, membership of and acceptance by the local community, gender equality, and personal attributes and capacity of the candidates.** Clarity in prerequisites and careful selection of CHWs will enable the adaptation and development of curricula tailored to CHW needs and leading to CHWs who are both competent and well positioned to carry out the practice activities in which they have been trained *(22, 23)*.
+ **Providing a competency-based formal certification for CHWs who have completed pre-service education.** Clarity on the competencies and learning outcomes is a prerequisite for competency-based certification. Tutors, while potentially having different educational and professional backgrounds, should be experts in the education domains under their responsibility, and be proficient in the concepts of competency-based education. Education institutions offering pre-service education and lifelong learning for CHWs should be accredited and the quality of their training assured, in alignment with national regulatory standards and seeking integration and synergies with regulation of health education institutions for other occupational groups.
+ **Adopting supportive supervision, refresher training and mentoring strategies.** Supportive supervision is a key aspect of ensuring that CHWs are able to carry out the practice activities they have been trained to perform *(24–34)*.
+ **Providing practising CHWs with a financial package commensurate with the job demands, complexity, number of hours worked, training and roles that they undertake.** The remuneration should therefore be aligned with scope of practice and role, which in turn inform the design of the curriculum *(20, 35–37)*.
+ **Providing paid CHWs with a written agreement specifying role and responsibilities, working conditions, remuneration and workers' rights.** This written agreement, and what CHWs are trained in, should align. In general, CHWs should not be trained in practice activities that they do not reasonably have the time or support to perform; flexibilities may be introduced in circumstances such as "crash courses" to contribute to the response in emergencies. In addition, health system support is necessary for many of the practice activities in this guide. For example, the units on safety in the home visit module should be accompanied by learning material incorporating safety equipment and processes.
+ **Offering a career ladder to well performing CHWs**. This career advancement pathway can be linked to advanced training, for example through training in additional role-specific practice activities in this framework. The case of the Ethiopian Health Extension Programme provides one example of a curriculum tied to a clear career ladder for CHWs.
+ **Determining an appropriate target population size in relation to expected workloads, frequency, nature and time requirements of contacts required.** Accordingly, the practice activities included in the curriculum should reflect reasonable CHW tasks for the target population.

+ **Collecting, collating and using health data by CHWs on routine activities, including through relevant mobile health solutions, while respecting data confidentiality and security.** Multiple modules in this curriculum train CHWs in collecting and using health data. Health systems should support them in being users, and not simply collectors, of data *(38–41)*.
+ **Adopting service delivery models comprising CHWs with general tasks as part of integrated primary health care teams, in which CHWs with selective tasks can play a complementary role.** Throughout this competency framework, services for a single disease have been grouped with tasks related to services for other diseases. In addition, the home visit module envisages CHWs integrating tasks into a coherent home visit that responds to individuals' health needs in a holistic way.
+ **Adopting strategies for CHWs to engage communities and to harness community resources.** Several modules in this framework focus on practice activities and competencies for community engagement, a core strength of CHWs.
+ **Outlining the roles of CHWs in different phases of the emergency cycle, including preparedness, readiness, response and recovery.** CHWs are an important link between the health system and the community and perform supportive roles for health initiatives and programming, many of which may be modified or expanded during readiness and response phases. Curricula need to enable learners to develop the requisite competencies for the practice activities and tasks for emergency needs.
+ **Ensuring adequate availability of commodities and consumable supplies for CHWs' practice.** Many of the role-specific tasks in this curriculum guide engage CHWs in distributing, using or administering health commodities *(42)*.

CURRICULUM GUIDE

Section 1. Competencies

Competencies are the individual attributes that enable CHWs to perform the practice activities and tasks involved in the delivery of health services, demonstrated through behaviours. CHW practice requires more than following task lists. It also involves responding to individual and community needs, making decisions and collaborating in teams. The competencies outlined in this section are developed through learning activities in the context of practice activities, and they are assessed in the context of practice activities.

There are 25 competencies that are relevant to all CHWs across all contexts, including the breadth of the practice activities in the universal and role-specific modules. In this guide, the competencies are organized into six domains:

I. People-centredness
II. Decision-making
III. Communication
IV. Collaboration
V. Evidence-informed practice
VI. Personal conduct

In practice, the competencies and their behaviours are interrelated and co-occurring; for example, communication competencies are underpinned by collaboration competencies, evidence-informed practice and people-centredness.

Within each module, the most relevant priority competencies are highlighted. These are specifically developed within the module and form the performance standards for the summative assessment of competence for the practice activity. All competencies are developed in at least one universal module.

Table 1.1 lists the competencies and their corresponding behaviours.

Table 1.1 Competencies and behaviours for CHWs

Domain	Competencies and behaviours
I. People-centredness	**1 Places people at the centre of all practice**
	1.1 Strives to provide the best possible health care that is effective, equitable, efficient, inclusive, integrated, people centred, safe and timely
	1.2 Adapts practice to the individual, household and the community, including their physical, cognitive, cultural, emotional, linguistic, health literacy and sensory needs
	1.3 Considers the rights of and obligations towards the individual
	2 Promotes individual and community agency
	2.1 Supports people to develop their health literacy
	2.2 Demonstrates respect for the autonomy, goals, perspectives, preferences, priorities and rights of individuals, households and communities
	2.3 Supports people to develop strategies to manage their own health and well-being
	2.4 Enables individuals and communities to identify, develop and utilize tools and resources for managing their own health

Domain	Competencies and behaviours
	3 Provides culturally sensitive, respectful and compassionate service
	3.1 Demonstrates compassion, empathy and respect for all people[7]
	3.2 Adopts an approach to practice that is non-blaming, non-discriminatory, non-judgemental and non-stigmatizing
	3.3 Maintains self-awareness of one's own beliefs, biases, emotional responses and values
	3.4 Demonstrates cultural sensitivity
	3.5 Embraces individual differences and cultural diversity
	4 Incorporates a holistic approach to health
	4.1 Supports people to challenge or address their determinants of health
	4.2 Supports people to manage their health within health system constraints and their determinants of health
	4.3 Incorporates health promotion and fosters the prevention of impairment, disease and injury in interactions
	4.4 Supports individuals, households and communities to adopt healthy behaviours
	4.5 Contributes to protecting vulnerable populations
II. Decision-making	**5 Takes an adaptive, collaborative and rigorous approach to decision-making**
	5.1 Promotes collaborative decision-making
	5.2 Seeks information and evidence from a range of sources when approaching decision-making
	5.3 Adapts the approach to decision-making that reflects complexity, urgency and consequences of decisions
	5.4 Thinks critically to reach decisions that are well reasoned, feasible, timely and based on the best available evidence
	6 Incorporates a systems approach to decision-making
	6.1 Approaches decisions analytically, methodically and ethically
	6.2 Uses physical, human and financial resources efficiently
	6.3 Organizes own time and workload effectively, balancing priorities
	6.4 Avoids the overuse or misuse of resources
	6.5 Takes responsibility for own decisions and their consequences
	7 Takes a solution-oriented approach to problem solving
	7.1 Takes initiative to mitigate anticipated problems
	7.2 Focuses on solutions, end goals and results
	7.3 Creates pragmatic solutions to identified problems

[7] "All people" signifies irrespective of age, asylum or migration status, criminal record, culture, disability, economic status, ethnicity, gender identity and expression, health literacy, health status, language, nationality, race, religion, sex, sexual orientation, treatment adherence, vulnerability to ill-health or other characteristic.

Domain	Competencies and behaviours
	8 Adapts to unexpected or changing situations
	8.1 Demonstrates flexibility and patience
	8.2 Adjusts priorities to respond to changing situations and demands
	8.3 Demonstrates a calm demeanour under pressure
III. Communication	**9 Manages interactions with others**
	9.1 Clarifies the communication goals for an interaction
	9.2 Identifies when and how to initiate, conduct and close an interaction
	9.3 Manages communication barriers due to cognitive, physical or sensory impairment, culture, developmental stage, geography or language
	9.4 Supports others to communicate for themselves
	9.5 Manages the physical environment for interactions considering the impact of comfort, privacy, confidentiality, security, noise, space and temperature
	10 Adapts communication to the goals, needs, urgency and sensitivity of the interaction
	10.1 Adapts the style, language and method of communication to the interaction
	10.2 Maintains an approach to communication that is characterized by calmness, compassion, empathy, respect, sensitivity and tact
	10.3 Identifies strategies to mitigate the impact of own beliefs, biases, emotional responses, opinions and values on verbal and non-verbal communication
	10.4 Uses relevant abbreviations, language and terminology, translating complex and clinical content into lay terms as necessary
	10.5 Uses a range of verbal, non-verbal, visual, written and digital communication tools and techniques, and employs forms of communication suited to the need and context
	11 Listens actively and attentively
	11.1 Uses a range of non-verbal cues and verbal affirmations
	11.2 Supports others to ask questions and openly express experiences, feelings, ideas and opinions
	11.3 Responds sensitively to what others express
	11.4 Strives for shared understanding, for example through the teach-back technique (explain, teach back, assess, repeat)
	12 Conveys information purposefully
	12.1 Provides relevant, accurate and complete information
	12.2 Presents information clearly, coherently, concisely and organized logically
	12.3 Differentiates between information as facts, context-specific evidence, opinion, misinformation and disinformation
	12.4 Expresses own opinions and perspectives with clarity, confidence and respect
	12.5 Adopts strategies that encourage a common understanding of information and decisions

Domain	Competencies and behaviours
	13 Manages information sharing and documentation
	13.1 Keeps people informed about health risks and relevant aspects of their health care
	13.2 Shares information with relevant others in a timely manner
	13.3 Complies with ethical and legal requirements for obtaining, recording, sharing, retaining and destroying information acquired in an occupational capacity
IV. Collaboration	**14 Engages in collaborative practice**
	14.1 Engages with others across cultural, geographical, organizational and sectoral boundaries, and with individuals, households and communities as partners
	14.2 Jointly negotiates roles and responsibilities to maximize strengths within a team
	14.3 Fulfils agreed ways of working within the (primary health care) team
	14.4 Fosters collaboration between team members
	14.5 Celebrates shared outcomes, goals and values
	15 Upholds trusting partnerships
	15.1 Forms and maintains constructive and collaborative working relationships with others, whether or not a formal team exists
	15.2 Strives to develop a positive rapport with others characterized by respect, support and trust
	15.3 Maintains ethical boundaries with other members of the team
	15.4 Maintains appropriate boundaries that balance work and personal relationships
	15.5 Minimizes the impact of hierarchical differences on health outcomes
	16 Learns from, with and about others
	16.1 Learns from others' experiences of the health system, health conditions and lived environment
	16.2 Seeks constructive, sensitive and timely feedback, support and advice
	16.3 Provides constructive, sensitive and timely feedback, support and advice
	16.4 Learns from interactions with others and feedback processes
	17 Constructively manages tensions and conflicts
	17.1 Anticipates, identifies, acts upon and learns from tensions or potential areas of conflict
	17.2 Focuses on the sources of tensions rather than arising conflicts
	17.3 Supports a blame-free environment in which one is safe to question and seek support and guidance as evidenced by active encouragement of open communication
	17.4 Considers different perspectives when seeking compromise, consensus or a decision
	17.5 Uses diplomacy to mediate, negotiate or persuade
	17.6 Takes positive action to avoid and dispel abuse, harassment or other disruptive behaviours
V. Evidence-informed practice	**18 Applies the principles and processes of evidence-informed practice**
	18.1 Uses current and basic best available evidence
	18.2 Contributes to evidence generation
	18.3 Champions the use of best available evidence

Domain	Competencies and behaviours
	19 Assesses basic data and information from a range of sources
	19.1 Identifies the need for additional data and information
	19.2 Promotes access to data, information and evidence
	19.3 Seeks basic data, information and evidence from a range of sources
	19.4 Manages the risks of harm from misinformation, including misinformation obtained or spread through social media and e-platforms
	20 Contributes to a culture of safety and continuous quality improvement
	20.1 Adheres to safety protocols that avoid adverse events, health care errors, and incidents of harm and unsafe practice
	20.2 Learns from what works and what has not gone well
	20.3 Offers suggestions for improvement to address identified problems
	20.4 Participates in quality measurement for continuous quality improvement processes
	21 Uses a range of digital and non-digital information tools
	21.1 Uses a range of health-related information management tools, including electronic and non-electronic individual health records, to monitor service utilization, track users and patients lost to follow-up, identify vulnerabilities, solve problems, make decisions, and achieve successful outcomes for specific health goals
	21.2 Selects the appropriate tool in accordance with its nature, purpose, function and context
	21.3 Uses digital communication tools (for example, social media) to communicate respectfully and appropriately with all people to disseminate and amplify health education contents
	21.4 Understands the different nature, purpose and function of different methods of digital communication, acting accordingly and appropriately
	21.5 Takes actions to protect the confidentiality, safety and security of devices and digital content, recognizing risks and threats in physical environments and digital environments
	21.6 Recognizes one's responsibility to not engage in or allow others to engage in inappropriate, irresponsible, offensive or harmful communication activities on digital channels
	21.7 Applies coping and adapting strategies for Health IT-related physiological and psychological overload
VI. Personal conduct	**22 Works within the limits of competence and scope of practice**
	22.1 Identifies own competence and scope of practice
	22.2 Adheres to the duties, obligations and codes of conduct defined by occupational standards, legal regulations and organizational procedures
	22.3 Takes initiative to identify and manage necessary tasks within the scope of practice
	22.4 Seeks guidance when encountering situations beyond competence or scope of practice
	23 Demonstrates high standards of ethical conduct
	23.1 Acts with honesty, integrity and transparency
	23.2 Upholds legal and ethical principles, including capacity, confidentiality, consent, conflict of interest, duty of care, dignity, privacy and safeguarding
	23.3 Consults with others (supervisor, mentor, manager) in situations with ethical implications
	23.4 Refuses individual gifts or other forms of influence intended to coerce or invite personal favour

Domain	Competencies and behaviours
	24 Engages in lifelong learning and reflective practice
	24.1 Engages in continuous formal and informal learning linked to current and emerging practice responsibilities
	24.2 Engages in reflective practice
	24.3 Seeks to address any negative impact of own attitudes, behaviours and gaps in competence or practice
	25 Manages own health and well-being
	25.1 Monitors own mental, physical, and social health and well-being
	25.2 Manages risky situations by identifying them proactively, taking preventive measures and seeking alternative actions to respond or remove self from the situation
	25.3 Uses a range of strategies to manage fatigue, ill-health, stress and the impact of distressing and emergency situations
	25.4 Seeks help or support where and when needed for own health and well-being
	25.5 Engages in self-care practices that promote emotional resilience, health and well-being

Table 1.2 maps the priority competencies to each module.

Table 1.2 Mapping of priority competencies to modules

Competency	Module 1	Module 2	Module 3	Module 4	Module 5	Module 6	Module 7	Module 8	Module 9	Module 10	Module 11	Module 12	Module 13	Module 14	Module 15	Module 16
1. Places people at the centre of all practice	x		x				x						x			
2. Promotes individual and community agency						x		x	x							x
3. Provides culturally sensitive, respectful and compassionate service	x				x		x									
4. Incorporates a holistic approach to health				x											x	x
5. Takes an adaptive, collaborative and rigorous approach to decision-making					x				x							
6. Incorporates a systems approach to decision-making			x					x								x
7. Takes a solution-oriented approach to problem solving			x			x		x								
8. Adapts to unexpected or changing situations	x													x		
9. Manages interactions with others					x						x					
10. Adapts communication to the goals, needs, urgency and sensitivity of the interaction		x						x								
11. Listens actively and attentively	x	x														
12. Conveys information purposefully		x									x					
13. Manages information sharing and documentation				x						x						
14. Engages in collaborative practice						x			x							
15. Upholds trusting partnerships						x			x		x					x
16. Learns from, with and about others			x								x		x		x	
17. Constructively manages tensions and conflicts									x							
18. Applies the principles and processes of evidence-informed practice										x		x		x		
19. Assesses basic data and information from a range of sources		x		x						x		x				
20. Contributes to a culture of safety and continuous quality improvement			x				x									
21. Uses a range of digital and non-digital information tools							x			x						
22. Works within the limits of competence and scope of practice					x		x				x		x	x	x	
23. Demonstrates high standards of ethical conduct				x						x			x		x	
24. Engages in lifelong learning and reflective practice										x	x	x				
25. Manages own health and well-being	x													x		

Section 2. Universal modules

Table 2.1 presents an overview of practice activities in the universal modules and tentative recommended duration of pre-service education.

Table 2.1 Universal modules: practice activities and suggested duration

Module title	Module duration (hours)
1. Conducting a home visit	33
2. Providing information and support to impact individual health behaviours	15
3. Facilitating referrals, transitions and access to health services in other parts of the health system	20
4. Assessing community health needs	32
5. Planning service delivery for households and communities	21
6. Mobilizing communities and resources	24
7. Contributing to the implementation of programmes and other initiatives	21
8. Supporting and promoting the health needs of individuals and households	14
9. Supporting and promoting the health needs of communities	16
10. Collecting and using data to support community-based research	24
11. Providing learning opportunities for other community health workers	23
12. Basic science: introduction to biology, anatomy, physiology and pathology	60
Total duration of universal practice activities (hours)	**303**

Module 1. Conducting a home visit

Module learning outcome

Practice activity: Conducting a home visit

Module outline and rationale

Across the world, community health workers (CHWs) play an integral role in supporting community health needs, often through providing health services to community members in their home as part of a home visit. Many CHWs may also provide care in facilities, such as health posts or health centres, as well as in the home. Nonetheless, home visits are a core of CHW practice in most settings. Countries may have their own guidelines on what activities are carried out in the home or at health facilities.

In addition to promoting access to care, the home visit offers the opportunity to provide integrated health services as part of a whole household health management plan, and to facilitate entry points and links to the broader health system for services that cannot be provided at home or by the CHW.

A home visit also provides the CHW with the opportunity to learn about the patient, the social determinants of their health, and the barriers their patient must overcome. By knowing their patient more deeply in this way, they may be better able to deliver the services they need.

The specific approach, health interventions and content of the health management plan must always be defined in the context of care, the needs of the community, other available resources, national guidelines and other responsibilities.

This module can be used to prepare CHWs to conduct a home visit. It provides the learning opportunities for the typical tasks for a home visit. The module provides guidance on the relevant learning objectives, learning activities and assessment activities that prepare CHWs for this work.

As this is the first module in the curriculum guide, it also introduces some foundational content and context that will be part of the home visit in practice and relevant to later modules and other practice activities, such as personal safety and interacting with individuals and households.

Because CHWs travel across households and community spaces in a wide variety of contexts, they can be exposed to occasionally dangerous and violent situations. In addition to developing skills to manage a home visit, as part of this module, CHWs will also develop skills and competencies to keep themselves safe during their work, and to anticipate and manage other difficulties that may arise during home visits. The module focuses on how a home visit should be conducted. It is complemented by module 5, which informs planning and decisions on which homes should be visited and with what frequency.

Module 1
Conducting a home visit

Session 1:
Overview of a home visit

Session 2:
Home visit practices

Session 3:
Referrals and health management plans

Tasks

- Prepare self and materials for home visit.
- Assess the home visit setting for concerns related to personal safety.
- Establish rapport and purpose of the home visit.
- Seek informed consent from members of the household.
- Assess the home visit setting for hygiene and potential hazards, including home environment risk factors, related to the health of the household, and other factors such as poverty, socioeconomic status, violence and harmful practices.
- Assess the health needs of the household using tools such as a family health profile tool.
- Collect information about an individual's history, their health needs, and progress or changes since a previous visit.
- Identify referral and follow-up needs.
- Develop a health management plan with the household.
- Implement the health management plan with the household.
- Document the service or interventions provided and any responses to intervention.

Priority competencies

These priority competencies should be included in both learning activities and assessments in this module.

1. Places people at the centre of all practice
3. Provides culturally sensitive, respectful and compassionate service
8. Adapts to unexpected or changing situations
11. Listens actively and attentively
25. Manages own health and well-being

Learning objectives

1. Explain the contents, components, processes and preparations necessary for conducting a home visit.
2. Discuss how CHWs contribute to the effectiveness of the wider health system through home visits.
3. Identify strategies for anticipating and managing safety issues or dangerous situations when they arise.
4. Demonstrate approaches to building rapport with communities and household members.
5. Demonstrate approaches to seeking informed consent.
6. Use tools and templates to gather information about household members' history, risk factors and health needs.
7. Customize home visits for household members' needs.
8. Explain the essential steps for creating and implementing health management plans for the household.
9. Demonstrate the use of referral tools and processes.
10. Make a record of the home visit.

Learning activities and assessments

+ The learning activities and assessment formats are oriented to the learning objectives, prioritized competencies and learning outcomes for this module.
+ This module comprises three sessions, with one formative assessment.
+ At the end of the module, there is a summative assessment.
+ The total suggested time to complete this module is 33 teaching hours, including a minimum of 5 hours of shadowing and 6 hours for the summative assessment (including 3 hours of practice-based observation).

Table 2.2 Learning objectives, learning activities and assessments for module 1: Conducting a home visit

Module 1: Conducting a home visit	
Learning objectives (LO)	**Learning activities**
Session 1: Overview of a home visit (8 hours)	
1. Explain the contents, components, processes and preparations necessary for conducting a home visit. 2. Discuss how CHWs contribute to the effectiveness of the wider health system through home visits. 3. Identify strategies for anticipating and managing safety issues or dangerous situations when they arise.	(LO 2, 3) Facilitated whole group discussion on the following: • How many have conducted or received a home visit before? Share stories, common experiences, reflections. • What are the different, locally relevant roles of the CHW during a home visit? • What is the CHW's scope of practice and the roles of CHWs in the wider health system, and how do home visits help CHWs fulfil these roles? • What safety risks must CHWs be aware of in the context of home visits and how can these be mitigated? (LO 1, 2, 3) In a presentation using audio, visual or other illustrative aids, the tutor develops ideas shared in the group discussion. The tutor emphasizes: • roles of CHWs regarding home visits and how CHW home visits support the wider health system; • the contents, components, processes and preparations necessary for conducting a home visit in the community; • safety risks to CHWs during home visits and specific practices to prevent, mitigate and report those risks before and during home visits.

	(LO 1, 2, 3) In pairs, using pictures of inside and outside of homes as prompts, learners identify common health issues and potential challenges or environments for the home visit. Discussion to include consideration of how they would customize the home visit for the environment, the individual or household health needs, and other challenges that may emerge. (LO 1) Create a list of resources and tools, including preparation, that CHWs can routinely leverage during home visits, both for individual services and for their own safety. (LO 3) Scenario discussions and role plays on anticipating and managing safety issues, ending the visit, and escalating issues and seeking support.
Session 2: Home visit practices (6.5 hours)	
4. Demonstrate approaches to building rapport with communities and household members. 5. Demonstrate approaches to seeking informed consent. 6. Use tools and templates to gather information about household members' history, risk factors and health needs. 7. Customize home visits for household members' needs.	(LO 4, 7) In pairs, use case study scenarios as prompts for discussion and reflection on stigma, discrimination and feelings of the individuals or household members, and the principles of non-judgemental and compassionate practice. (LO 4, 7) Facilitated whole group discussion: What are the components of the home visit? How should you prepare for a home visit? What to wear? What to take? How to confirm the visit? What tools are typically used? How to greet individuals, and end the visit? (LO 4) Brainstorm: Think about someone you trust. What qualities do they have? Would you trust the person with your health care? Is that a different kind of trust? Is trust automatic? Do you have to earn it? What tools do you have to gain trust? (LO 4) Discussion of "dos and don'ts", for example, accepting gifts or food, moving things, how to approach or address individuals. (LO 5) The tutor provides a template for seeking informed consent, and guides the group through the importance of seeking informed consent, responding to queries or concerns, responding to situations where consent is not given, documenting informed consent, and different approaches to seeking informed consent. (LO 5, 7) Facilitated whole group discussion on the following: • What is the importance of informed consent? • Why does building rapport matter and how is it done? • How can CHWs customize home visits for members' needs? (LO 6) Tutor presents some standard tools and templates used in this context during a home visit. In pairs, learners practise gathering information from each other and fill them out.
Formative assessment (1.5 hours)	
Role play. Pair role play activity – Given a relevant case study, learners work in pairs to practise building rapport and seeking informed consent. The case study should include a relevant health issue in a community where CHWs are, or could be, active. Learners take turns with their partner practising building rapport and seeking informed consent as CHWs and asking relevant questions as community members. During the activity, learners use tools and templates to gather information about household members. Pairs share summaries of their experience with the large group. Tutor provides feedback.	

Session 3: Referrals and health management plans (6 hours)	
8. Explain the essential steps for creating and implementing health management plans for the household. 9. Demonstrate the use of referral tools and processes. 10. Make a record of a home visit.	(LO 8, 9, 10) The tutor makes a presentation using audio, visual or other illustrative aids, and develops ideas shared in the group discussion. The tutor emphasizes: • the essential steps for creating and implementing health management plans; • approaches to referral and tools used to facilitate referrals; • the need for comprehensive and accurate records of home visits. (LO 8) Group discussion on how various services provided by CHWs could be integrated in one home visit. (LO 8) Tutor presents ways of integrating various services into an integrated health management plan.
	(LO 8, 9) Whole group discussion on the importance of involvement of the household in the implementation of the management plan and management of their own health. (LO 8, 9) Group exercise using scenarios to elaborate on the steps for implementing a health management plan and for suggesting referrals. (LO 8, 9) Role play in pairs, using scenario cards to recap and practise conducting a home visit from start to finish. (LO 10) Using the same scenario cards, CHWs create a record of the different home visits.

All sessions

Shadowing (minimum of 5 hours) a CHW through home visits (suggest a minimum of 5 home visits) and reflective debrief, both with the CHW and with the learners' group.

Summative assessment (6 hours)

Case examination (3 hours). Using a case study involving a specific health issue in a community, learners develop a plan for determining the specific procedures for conducting the home visit, and strategies to avoid or mitigate risk in the process. Plans should include approaches for building rapport, sharing information and seeking informed consent. Plans should also include description of health management planning, how to customize home visits as needed, and indications of referral and record-keeping methods. Learners present their plans.

Practice-based observation (3 hours). Learners are observed conducting home visits by an experienced CHW or tutor. The CHW uses observation checklists or other tools to assess the learner.

Integrating competencies

During the summative assessment, CHWs demonstrate how they adapt to unexpected or changing situations and managing their own health and well-being. The behaviours that demonstrate these competencies enable learners to conduct home visits that are appropriate to the community and are also safe for CHWs. Assessment is of learners' abilities to draw on these competencies in both the case examination and practice-based observation.

Module 2. Providing information and support to impact individual health behaviours

Module learning outcome

Practice activity: Providing information and support to impact individual health behaviours

Module outline and rationale

Individuals' access to reliable health-related information can be constrained by a range of factors, including misinformation, stigma, discrimination and lack of literacy. Access to accurate health information is critical, and the new opportunities of the digital era have expanded access but with increased risks to quality and reliability. Cultural, social and linguistic dynamics can hinder or facilitate effective communication, influencing how individuals understand their health and treatment options. Socioeconomic disparities exacerbate health inequities, necessitating expertise in providing information and support to guide individual health behaviours and increase awareness of the determinants of health. CHWs also support individuals across social barriers by understanding the unique needs of their communities, identifying and navigating barriers to behaviour change, and enabling better communication between communities and health and care workers. CHWs can play a vital role in minimizing the impacts of socioeconomic disparities by connecting individuals to health systems, including to address resource constraints, such as financial assistance programmes and affordable health and care services.

This module can be used to train CHWs to bridge health information gaps. It outlines important tasks, such as providing accurate information on healthy lifestyle choices and monitoring behaviour change, as well as the relevant learning objectives, learning activities and assessments.

Tasks

- Obtain information and resources about health topics and social support services relevant to the community.
- Share information and materials about health topics and access to services, as relevant.
- Monitor individuals' progress in adopting healthier behaviours.
- Support individuals' efforts to continue adopting healthier behaviours.
- Distribute health commodities such as bednets, soaps and pedometers.

Module 2
Providing information and support to impact individual health behaviours

Session 1:
Sharing information and appraising progress

Session 2:
Health commodities

Priority competencies

These priority competencies should be included in both learning activities and assessments in this module.

10. Adapts communication to the goals, needs, urgency and sensitivity of the interaction
11. Listens actively and attentively
12. Conveys information purposefully
19. Assesses basic data and information from a range of sources

Learning objectives

1. Identify appropriate and reliable sources of information on relevant health topics and associated services.
2. Identify relevant strategies and practices to share health-related information and access to health services.
3. Appraise individuals' progress in adopting healthier behaviours.
4. Assess impact of condition on day-to-day functioning.
5. Identify health commodities needed.
6. Describe procedures to distribute health commodities to individuals and households.

Learning activities and assessments

- The learning activities and assessment formats are oriented to the learning objectives, prioritized competencies and learning outcomes for this module.
- This module comprises two sessions, with one formative assessment.
- At the end of the module, there is a summative assessment.
- The total suggested time to complete this module is 15 hours.

Table 2.3 Learning objectives, competencies, learning activities and assessments for module 2: Providing information and support to impact individual health behaviours

Module 2: Providing information and support to impact individual health behaviours	
Learning objectives (LO)	**Learning activities**
Session 1: Sharing information and appraising progress (6 hours)	
1. Identify appropriate and reliable sources of information on relevant health topics and associated services. 2. Identify relevant strategies and practices to share health-related information and access to health services. 3. Appraise individuals' progress in adopting healthier behaviours.	(LO 1, 2, 3) Presentation using audio, visual or other illustrative aids – the tutor shares and describes examples of reliable and unreliable sources of information on relevant health topics and associated services. The tutor shares and emphasizes: • health topics relevant to the community; • the risks of misinformation and unreliable sources of information; • what cues can indicate whether information is reliable or unreliable; • how to confirm credibility of information sources; • how to appraise individuals' progress in adopting healthier behaviours; • the need for providing tailored and targeted information, according to individuals' needs, goals and progress. (LO 1) Pairs or small groups brainstorm availability of various appropriate and reliable information sources available to CHWs. (LO 2) Review examples of sources of information available to CHWs and community members. Discuss: • Where did this information come from? • Would this information source be appropriate to individuals? In what circumstances? (LO 1, 2, 3) Scenario role plays in which the learners share information and discuss health topics with a household, taking turns to play each role. The scenarios should include first-time provision of information, as well as appraisal of an individual's progress in adopting healthy behaviours, and provision of tailored and targeted information that meets their evolving needs.
Formative assessment (2 hours) *Case-based discussion.* In small groups, learners review a variety of examples of health risks and health service information from a relevant case. Learners assess the information sources, discussing the credibility of the sources and exploring, through role play, how the information could be effectively shared. Small groups also discuss together, and within the large group, how to monitor and appraise progress towards making behaviour changes, and use that appraisal to select information resources and adapt the interactions. Small groups share summaries of their discussion. Tutors provide feedback. **Integrating competencies** *Identify and describe.* During discussion of the presentation and case-based discussion, the tutor reflects on how a CHW listens actively and attentively and assesses basic data and information from a variety of sources. Knowledge, skills and attitudes associated with these competencies are critical for providing information and support to impact individual health behaviours. *Observe and reinforce.* In providing feedback on the formative assessment, the tutor focuses on how a CHW adapts communication to the goals, needs, urgency and sensitivity of the interaction and conveys information purposefully. Behaviours that demonstrate these competencies help CHWs to meaningfully connect with community members to share critical information and support to impact individual health behaviours.	

Session 2: Health commodities (3 hours)	
4. Assess impact of condition on day-to-day functioning (for example, walking, dressing) and provide guidance, rehabilitation, assistive products or referral, as appropriate. 5. Identify health commodities needed. 6. Describe procedures to distribute health commodities to individuals and households.	(LO 4, 5, 6) Presentation using audio, visual or other illustrative aids – the tutor shares and describes examples of health commodities that CHWs are likely to distribute in the local context and explains common practices for doing so. The tutor shares and highlights: • sources and stocks of supplies, as relevant; • expected purposes and uses of the commodities; • safe usage and storage practices; • distribution processes and practices. (LO 4, 5) Peer discussion on one's own experience or observation of procuring, storing and distributing health commodities.

Summative assessment (4 hours)

Individual exercise. Learners prepare an oral presentation on a basic plan to share information and support to impact individual health behaviours. Plans should describe the health care issue and appraise the individuals' progress to change behaviour. Plans should identify reliable sources of information and multiple strategies for sharing the information with community members. Plans should also include explanation of health commodities needed and how those would be distributed to individuals and households.

Practice-based observation. Learners are observed interacting with individual community members, possibly as part of the summative assessment for module 1: Conducting a home visit, in which they are tasked with providing information and support to impact individual health behaviours on a given health topic, as selected from the role-specific modules.

Integrating competencies

Observe and reinforce. In providing feedback on the individual exercise, the tutor focuses on how a CHW adapts communication to the goals, needs, urgency and sensitivity of the interaction and conveys information purposefully. Knowledge, skills and behaviours that demonstrate this competency help CHWs meaningfully connect with community members to share critical information and support to impact individual health behaviours.

Module 3. Facilitating referrals, transitions and access to health services in other parts of the health system

Module learning outcome

Practice activity: Facilitating referrals, transitions and access to health services in other parts of the health system

Module outline and rationale

CHWs should refer complicated cases or patients with "danger signs" to other health workers with deeper expertise and greater clinical experience, including those in health facilities, by making referrals, facilitating transitions or overseeing transfer plans, including providing logistic support for transportation and communication. Referral can also relate to social care workers when the need for referral pertains more closely to their roles and responsibilities. CHWs' embeddedness within the community can aid in this role. This function is important because individuals who are not referred, and therefore do not receive prompt attention, can face deteriorating health or higher health care costs.

CHWs can facilitate referrals and navigation across relevant health and social care services to ensure that individuals receive the needed services across the continuum of care. They can further promote the delivery of care and services that meet the needs of the individual and household and enhance the experience of care. The specific approach and purpose of referral services must always be defined in the context of care, the needs of the individual, other available resources, national guidelines and other responsibilities.

This module can be used to train CHWs in conducting appropriate referrals and facilitating navigation, transitions and access to health services. It outlines specific tasks of referral and support. The module provides guidance on the relevant learning objectives, learning activities and assessment activities that can be used to structure the delivery of learning for the practice activity. The organization and delivery of the learning activities, shadowing and assessments should be planned alongside the logistics and scheduling of similar activities for other modules.

Tasks

- Map health and social care services and community resources available across health care settings and organizations, including eligibility and registration.
- Recognize the unique needs of and barriers faced by key and vulnerable populations.

Module 3
Facilitating referrals, transitions and access to health services in other parts of the health system

Session 1:
Referrals and transitions

Session 2:
Mitigating barriers and promoting access

- Educate individuals about their rights in relation to available health services.
- Counsel individuals on the different health services that meet their needs.
- Develop referral plans.
- Execute referral plans.
- Support individuals to access health services that meet their needs.

Priority competencies

These priority competencies should be included in both learning activities and assessments in this module.

1. Places people at the centre of all practice
6. ncorporates a systems approach to decision-making
7. Takes a solution-oriented approach to problem solving
16. Learns from, with and about others
20. Contributes to a culture of safety and continuous quality improvement

Learning objectives

1. Describe the available health services (including any local health service directory) in the community.
2. Explain the provisions of and rights to available health services in the community.
3. Construct (using digital tools where available) a workflow of the health services available to support individuals to register for these services.
4. Develop referral plans with and for individuals that reflect the level of urgency of the referral.
5. Discuss the operational challenges (such as transport and communication) in executing referrals and counter-referrals, and the importance of follow-up to ensure that the referral plan is successfully executed, confirm that the right level of care is accessed, and assess for additional care needs.
6. Recommend health services to refer individuals according to their health needs and eligibility (including finance and transportation) to access services.

7. Identify common barriers that people may experience in accessing the services to which they have been referred.
8. Identify ways in which barriers to referral plans can be mitigated.

Learning activities and assessments

+ The learning activities and assessment formats are oriented to the learning objectives, prioritized competencies and learning outcomes for this module.
+ This module comprises two sessions with one formative assessment. At the end of the module there is a summative assessment.
+ The total suggested time to complete this module is 9 hours and at least one day of shadowing, plus 3 hours for the summative assessment.

Table 2.4 Learning objectives, learning activities and assessments for module 3: Facilitating referrals, transitions and access to health services in other parts of the health system

Module 3: Facilitating referrals, transitions and access to health services in other parts of the health system	
Learning objectives (LO)	**Learning activities**
Session 1: Referrals and transitions (6 hours)	
1. Describe the available health services (including any local health service directory) in the community. 2. Explain the provisions of and rights to available health services in the community. 3. Construct (using digital tools where available) a workflow of the health services available to support individuals to register for these services. 4. Develop referral plans with and for individuals that reflect the level of urgency of the referral.	(LO 1, 2, 3) Presentation using audio, visual or other illustrative aids – the tutor identifies and describes relevant health care issues that warrant referral to available services in the community. The tutor emphasizes: • individual rights to access health services in different parts of the health system, including whether and which services are free at the point of care; • approaches to identifying quality health facilities; • resources CHWs can use to contact and facilitate transitions to other health workers and other parts of the health system; • established practices for making referrals and facilitating transitions, including in emergency cases; • how to identify level of urgency based on danger signs and additional care needs; • referral and transition planning and follow-up tools and procedures. (LO 1) Facilitated discussion on the common types of health services to which individuals can be referred and how to register them for these. (LO 1, 3) Learners create a visual representation of the various health care services, community resources and health workers to whom they could refer individuals and the workflow for transitions and referrals. (LO 4) In pairs, learners practise creating referral plans for individuals according to the information on scenario cards.
Formative assessment (1 hour)	
Knowledge check. A brief quiz, either written or oral, reviewing approaches to identifying and contacting service providers, appropriate referral procedures and follow-up procedures.	

Session 2: Mitigating barriers and promoting access (2 hours)

5. Discuss the operational challenges (such as transport and communication) in executing referrals and counter-referrals, and the importance of follow-up to ensure that the referral plan is successfully executed, confirm that the right level of care is accessed, and assess for additional care needs.
6. Recommend health services to refer individuals according to their health needs and eligibility (including finance and transportation) to access services.
7. Identify common barriers that people may experience in accessing the services to which they have been referred.
8. Identify ways in which barriers to referral plans can be mitigated.

(LO 5, 6, 7, 8) Facilitated whole group discussion on the following:

- What are the barriers people may experience in following their referral plans?
- How could each of these barriers be mitigated?
- What is the eligibility for access to different health services?
- How might the CHW better facilitate transitions and referrals in some of these situations?
- What is the role of follow-up in ensuring successful transitions of care?

All sessions

Shadowing (8 hours). Learners shadow a CHW in the context of practice to observe how referral plans are developed and shared with individuals. There is a debrief with the CHW to reflect on the decisions that were made and the critical ways of interacting with the individual by making collaborative decisions, how the perspectives of the individual were incorporated into the interaction, listening carefully, responding to issues raised, and managing tensions that may arise.

Summative assessment (3 hours)

Individual exercise. Given a case example involving one or more community members experiencing a health issue in need a referral, learners develop and present a process for referral planning. Cases should include relevant detail about the health issue in the community and for the individuals. The referral processes that learners present should include which available health services the individual may require, eligibility for those services, detailed explanations of process for facilitating transitions to relevant services, documentation of referral (such as referral form) and approaches to mitigating potential barriers.

Practice-based observation. Learners are observed interacting with individual community members, possibly as part of the summative assessment for modules 1 and 2 together, in which they are tasked with facilitating referrals, transitions and access to health services in other parts of the health system related to a given health topic, as selected from the role-specific modules.

Integrating competencies

Observe and reinforce. During the facilitated whole group discussion, the tutor focuses on how a CHW learns from, with and about others to make appropriate referrals. During the individual exercise, learners should demonstrate their competence in taking a solution-oriented approach to problem solving in facilitating referrals and promoting wider access to the health system.

Module 4. Assessing community health needs

Module learning outcome

Practice activity: Assessing community health needs

Module outline and rationale

CHWs are at the forefront of identification of – and response to – community health needs on a day-to-day basis. Their geographical and social embeddedness within the community gives them access to a wealth of information about community health priorities that CHWs, as well as health planners, can utilize. Assessing the community health needs systematically can both help CHWs to strategically utilize limited resources and support the development of appropriate programmes that respond to the community's needs. The specific approach and purpose of community needs assessment must always be defined in the local context of care, national guidelines, available support from other health and care workers, and other responsibilities of CHWs.

This module can be used to train CHWs in conducting community needs assessment. It outlines specific tasks related to planning, conducting and acting on a community needs assessment. The module provides guidance on the relevant learning objectives, learning activities and assessment activities that can be used to structure the delivery of learning for the practice activity. The organization and delivery of the learning activities, activities involving shadowing or supervision, and summative assessment should be planned alongside the logistics and scheduling of similar activities for other modules.

Tasks

- Establish an oversight group consisting of members and leaders of the community, health workers, faith leaders and other stakeholders needed to accurately assess health needs.
- Coordinate an oversight group.
- Plan for an assessment of community needs and the facilitation of community meetings, including obtaining necessary approvals.
- Gather data and information from different sources.
- Record data and information.
- Combine data and information.
- Undertake basic data analysis to interpret data and information.

Module 4
Assessing community health needs

Session 1:
Community connection and data collection

Session 2:
Using and reporting needs assessment data

- Obtain analysis and interpretation of data gathered from the health system focal point.
- Identify problems, health risks and determinants of health, including access to health services.
- Propose actions to address the findings of the assessment.
- Report on the findings of the assessment.
- Share data and assessment findings with the authorized focal point.

Priority competencies

These priority competencies should be included in both learning activities and assessments in this module.

4. Incorporates a holistic approach to health
13. Manages information sharing and documentation
19. Assesses basic data and information from a range of sources
23. Demonstrates high standards of ethical conduct

Learning objectives

1. Describe the community health needs and priorities in one's own context, including the impact of the determinants of health.
2. Identify stakeholders who are relevant to assessing community needs in one's own context.
3. Explain the processes involved in planning and conducting a community needs assessment.
4. Identify sources of data used for a community needs assessment.
5. Demonstrate methods of data collection used in community needs assessments (for example, household visit, interview, survey, observation, focus group discussion or participatory appraisal).
6. Use methods of basic tabulation and interpretation (for example, adding up number of positive cases, comparing data from different communities).
7. Discuss the pros, cons and practicalities of different actions required to address community health needs based on the needs assessment.

8. Explain processes involved in reporting results of community needs assessments, including proposed actions.

Learning activities and assessments

+ The learning activities and assessment formats are oriented to the learning objectives, prioritized competencies and learning outcomes for this module.
+ This module comprises two sessions with one formative assessment.
+ At the end of the module there is a summative assessment.
+ The total suggested time to complete this module is 32 hours.

Table 2.5 Learning objectives, learning activities and assessments for module 4: Assessing community health needs

Module 4: Assessing community health needs	
Learning objectives (LO)	**Learning activities**
Session 1: Community connection and data collection (4 hours)	
1. Describe the community health needs and priorities in one's own context, including the impact of the determinants of health. 2. Identify stakeholders who are relevant to assessing community needs in one's own context. 3. Explain the processes involved in planning and conducting a community needs assessment. 4. Identify sources of data used for a community needs assessment.	(LO 1, 2) Facilitated whole group discussion on the following: • What are the determinants of health in the community? • What are the purpose and uses of a community health needs assessment in informing programmes, emergency preparedness, decision-making and resource prioritization? • Which stakeholders need to be involved in a community health needs assessment? • What kinds of community needs assessments have the learners heard about or experienced? • What are the specific needs and priorities of the community? (LO 2, 3, presentation 4) Using audio, visual or other illustrative aids, the tutor develops ideas shared in the group discussion. The tutor guides the learners in considering: • the steps and processes involved in planning and conducting a community health needs assessment, including convening a stakeholder group, ensuring stakeholder oversight, approvals, data collection, interpretation, validation, and community engagement activities; • specific strategies used by CHWs to engage relevant stakeholders for planning community needs assessments; • specific methods and procedures used to collect community needs assessment data, including household visit, interview, survey, observation, focus group discussion or participatory appraisal; • types and sources of relevant community needs assessment data and which methods are used to collect each type of information.
Formative assessment (4 hours)	
Groupwork. In small groups, learners develop and present a basic plan to conduct a community needs assessment in the local context. Plans should include detail about community priorities, stakeholders, the kind of information to be collected and methods to collect it. Integrating competencies *Observe and reinforce.* Throughout the session, emphasize how a CHW incorporates a holistic approach to health and assesses basic data and information from a range of sources. The behaviours that demonstrate these competencies support CHWs' ability to holistically consider, examine and report community needs in ways that can lead to improved community health. Assess and provide feedback to learners about how they have incorporated these competencies in the formative assessment	

Session 2: Using and reporting needs assessment data (20 hours)	
5. Demonstrate methods of data collection used in community needs assessments (for example, household visit, interview, survey, observation, focus group discussion or participatory appraisal). 6. Use methods of basic tabulation and interpretation (for example, adding up number of positive cases, comparing data from different communities). 7. Discuss the pros, cons and practicalities of different actions required to address community health needs based on the needs assessment. 8. Explain processes involved in reporting results of community needs assessments, including proposed actions.	(LO 5, 6) In a guided discussion, learners recall information on informed consent. The tutor provides additional information on informed consent specific to needs assessment, including any forms needed to document the consent given. (LO 5, 6) Tutor presents information on how to conduct and document a needs assessment interview. In pairs, learners practise interviewing each other as community members, and documenting their findings. Group discussion on how the interview went, and what was learned from the exercise. (LO 5, 6) Tutor presents information on how to conduct and document a needs assessment observation or household visit. Group discussion on opportunities and challenges using this method. (LO 5, 6) Tutor presents information on how to conduct a needs assessment focus group. In small groups, one learner leads a mock focus group discussion made up of other learners, with the tutor providing input and suggestions. Another learner documents the findings. Facilitated whole group discussion on how the focus group went, and what was learned from the exercise. (LO 5, 6) Tutor presents information on several common methods of participatory appraisal. One learner leads a mock participatory appraisal made up of learners from the class, with the tutor providing input and suggestions. Another learner documents the findings. Group discussion on how the participatory appraisal went, and what was learned from the exercise. (LO 6) Using scenario cards with basic data from a community needs assessment, in pairs, learners use methods of basic tabulation and interpretation (for example, adding up number of positive cases, and comparing data from different communities). (LO 5, 6) Group discussion on the pros and cons of the various methods for data collection, and in what contexts each might be most useful. (LO 5, 6, 7, 8) Through a case example, the tutor explains how community data were gathered, analysed and reported to inform a community needs assessment. Through a facilitated group discussion, learners discuss: specific strategies used to collect data; • how CHWs in the example performed basic tabulation and interpretation; • the type and process of reporting results used in the case; • the potential actions that could be recommended to address the results identified through the needs assessment; • the pros, cons and practicalities of different actions that could be recommended to address the results of the community needs assessment.

Summative assessment (4 hours)

Individual simulation exercise. Given information and sample data regarding a specific hypothetical or actual community needs assessment, learners identify the methods used for data collection and conduct basic tabulations using the sample data. Orally or in writing, learners present a report of basic results of the community needs assessment they examined, including the merits of any recommended actions to address the community health needs.

Practice-based observation. Learners are tasked with identifying the data sources and obtaining relevant information to inform a community health needs assessment on a specific issue (for example, relating to water and sanitation). They conduct the relevant data analysis to interpret the insights about community health needs. They propose different solutions to meet the health needs of community members, and present their findings in a report (verbal or written, as appropriate).

Integrating competencies

Identify and describe. During the case study, emphasize how CHWs manage information sharing and documentation and demonstrate high standards of ethical conduct in how they interact with community stakeholders, and how they collect and use data. Assess and provide feedback to learners about how they have incorporated these competencies in the individual exercise.

Module 5. Planning service delivery for households and communities

Module learning outcome

Practice activity: Planning service delivery for households and communities

Module outline and rationale

CHWs are integral in planning service delivery to households and communities to help address social and health challenges, including disparities in access to quality health quality services. The specific approach and purpose of planning service delivery must always be defined in the context of the needs of the community, available resources, national or local health indicators, relevant guidelines and logistic considerations.

This module can be used to train CHWs in planning service delivery to households and communities. It outlines the tasks required for planning service delivery. The module provides guidance on the relevant learning objectives, learning activities and assessment activities that can be used to structure the delivery of learning for the practice activity. The organization and delivery of both the learning activities and assessments should be planned alongside the logistics and scheduling of similar activities for other modules.

Tasks

- Map household registrations and population in the coverage area for CHW visits.
- Identify potential barriers to timely access to services.
- Develop outreach plans.
- Plan service delivery for households and communities.
- Plan service delivery for other CHWs as part of the broader health team.
- Plan own workload for allocated service delivery as part of the broader health team.
- Integrate service delivery in one visit across various vertical programmes providing services.
- Develop a workplan.
- Follow the workplan.
- Set own shifts and availability.
- Approach other health workers to form a health team.
- Manage equipment and commodities, including mapping and monitoring for resupply, ensuring adequate storage, and avoiding stock-out and expiry.
- Monitor the uptake of services provided by the health team by target population groups.

Module 5
Planning service delivery for households and communities

Session 1:
Planning service delivery

Session 2:
Managing service delivery

Priority competencies

These priority competencies should be included in both learning activities and assessments in this module.

3. Provides culturally sensitive, respectful and compassionate service
5. Takes an adaptive, collaborative and rigorous approach to decision-making
9. Manages interactions with others
22. Works within the limits of competence and scope of practice

Learning objectives

1. Map the households and the population in the coverage area.
2. Discuss potential barriers to health service delivery within this coverage area.
3. Identify the steps involved in planning service delivery, including outreach efforts, household registration, household visits and facility-based services.
4. Explain the processes involved in developing workplans.
5. Discuss the logistics involved in operationalizing workplans, for example, hours of availability, the need to adapt and communicating with other CHWs.
6. Describe how to manage health commodities, including storage, handling and tracking supply needs.
7. Monitor the uptake of services.

Learning activities and assessments

- The learning activities and assessment formats are oriented to the learning objectives, prioritized competencies and learning outcomes for this module.
- This module comprises two sessions, with one formative assessment.
- At the end of the module there is one summative assessment.
- The total suggested time to complete this module is 15 hours, plus 6 hours of assessments.

Table 2.6 Learning objectives, learning activities and assessments for module 5: Planning service delivery for households and communities

Module 5: Planning service delivery for households and communities	
Learning objectives (LO)	**Learning activities**
Session 1: Planning service delivery (10 hours)	
1. Map the households and the population in the coverage area. 2. Discuss potential barriers to health service delivery within this coverage area. 3. Identify the steps involved in planning service delivery, including outreach efforts, household registration, household visits and facility-based services. 4. Explain the processes involved in developing workplans.	(LO 1) In a facilitated whole group discussion, learners propose the sources of information that can be used to map the households and population in the service coverage area, including registries. Learners are provided with the data for a community (real if available, or fictional) and interpret the data to count the expected number of households and the population size and profile for the community. (LO 2) In groups, learners draw a home, an outdoor space and a health facility on chart paper. They brainstorm and record the most pressing local needs for health services, as well as the barriers to health service delivery that might exist in each of these spaces. For each of the barriers they identified, learners discuss which groups of people are most affected by that barrier. (LO 2) For each of the barriers they identified, learners discuss how CHWs could help address that barrier. (LO 3) Using a case study that details the services needed and resources available, the tutor guides learners through the steps of planning service delivery, including household visits and facility-based services, according to need. (LO 4) Presentation using audio, visual or other illustrative aids – the tutor identifies and describes processes involved in developing workplans for CHWs and other health services. The tutor emphasizes: • how to develop workplans that respond to known needs; • how to develop workplans that address and mitigate known barriers to access; • how to integrate services from vertical programmes into a single workplan; • considerations related to shift work, availability and collaborating with other CHWs and health workers.
Formative assessment (4 hours) *Developing an outreach plan.* Learners work in small groups to develop basic outreach plans that would address and mitigate known barriers to accessing health services. Outreach plans should include integration across health services, taking into account groups of community members who are acutely impacted or have low access to services. Small groups present their outreach plans and receive feedback from peers and the tutor. **Integrating competencies** *Observe and reinforce.* During the feedback on the outreach plans, tutors emphasize that a CHW works within the limits of competence and scope of practice. The behaviours associated with this competency support CHWs' ability to provide services safely.	

Session 2: Managing service delivery (5 hours)	
5. Discuss the logistics involved in operationalizing workplans, for example, hours of availability, the need to adapt and communicating with other CHWs. 6. Describe how to manage health commodities, including storage, handling and tracking supply needs. 7. Monitor the uptake of services.	(LO 5) Facilitated whole group discussion on the considerations and challenges involved in operationalizing workplans and service plans, and possible solutions. During the discussion, learners are prompted to reflect on: • their own anticipated hours of availability; • the availability of other CHWs in the community; • the estimated time taken for household visits (including travel between locations) and other role responsibilities; • the prioritization of work according to urgency and emerging priorities; • the need for flexibility and adaptability; • keeping track of services provided and demand for services; • setting boundaries and adjusting expectations. (LO 6) Presentation using audio, visual or other illustrative aids – the tutor identifies and describes processes involved in managing health commodities. The tutor emphasizes: • safe usage and storage practices; • mapping and monitoring for resupply and ensuring adequate storage (including keeping perishable supplies at the right temperature). (LO 7) In pairs, learners discuss what information they would need to collect and document in order to monitor the uptake of services, and the services provided by different members of the team. They propose approaches to collecting and monitoring this information. Then, returning to a whole group discussion, the pairs of learners share their ideas and solutions, and together brainstorm and reflect on options and opportunities to monitor the uptake of services, as well as how to act on the information.
Summative assessment (2 hours)	
Individual exercise. Returning to the outreach and service delivery plans developed in groups, learners work individually to incorporate the feedback they received from peers and the tutor. Each learner makes their own revisions and submits an individual revised and improved plan. Revised plans also include planning for distribution and management of health commodities, and monitoring the uptake of services provided. Integrating competencies *Identify and describe.* Tutors emphasize how a CHW provides culturally sensitive, respectful and compassionate service, and the knowledge, skills and behaviours associated with this competency, thus enabling CHWs to provide effective and sensitive service delivery to communities.	

Module 6. Mobilizing communities and resources

Module learning outcome

Practice activity: Mobilizing communities and resources

Module outline and rationale

CHWs are well placed to mobilize communities; they can bridge health care access gaps and forge partnerships with local organizations.

This module can be used to prepare CHWs to support or carry out the mobilization of resources, such as community support, funding and commodities, that are needed to address health issues in their community. It outlines typical tasks, such as convening stakeholder meetings and identifying a common agenda for all community members and groups during a meeting. It can also include the facilitation of or participation in social accountability structures and mechanisms that are designed to provide community feedback and lead to improved services. Social accountability structures take many forms in different contexts, including community scorecards and social audits, and forums for community members to meet with and provide feedback to health workers and organizations. This module provides guidance on the relevant learning objectives, learning activities and assessment activities that can be used to structure the delivery of learning for the practice activity. The organization and delivery of both the learning activities and assessments should be planned alongside the logistics and scheduling of similar activities for other modules.

For this module, the tutor should have templates for meeting agendas, planning and documentation (such as minutes). For sessions 2 and 3, the tutor should select a priority community health need to provide the grounding for the learning activities.

Tasks

Identify the key individuals, organizations, community groups and local authorities that are relevant to a specific health issue.

- Support community groups, coalitions and partnerships between different stakeholders.
- Identify and disseminate relevant information on health issues, available resources and potential solutions.
- Plan, identify agendas for, schedule, and convene community meetings of stakeholders and community members to discuss and address health-related concerns.

Module 6
Mobilizing communities and resources

Session 1:
Supporting mobilization efforts

Session 2:
Social accountability mechanisms

Session 3:
Facilitating meetings

- Facilitate meetings and discussions using a range of group facilitation techniques.
- Facilitate or support social accountability structures and mechanisms.

Priority competencies

These priority competencies should be included in both learning activities and assessments in this module.

2. Promotes individual and community agency
7. Takes a solution-oriented approach to problem solving
14. Engages in collaborative practice
15. Upholds trusting partnerships

Learning objectives

1. Describe the types and purposes of community and resource mobilization.
2. Describe the interests and perspectives of key individuals, organizations, community groups and local authorities relevant to specific health issues in one's community, and how these relate to each other.
3. Describe the local community groups, coalitions and partnerships relevant to a specific health issue.
4. Identify ways for CHWs to support community groups, coalitions and partnerships in mobilizing resources for a specific health issue or bringing service access concerns from marginalized groups to facility staff.
5. Describe local social accountability mechanisms and tools such as scorecards, and CHWs' roles with regard to them.
6. Identify ways for CHWs to support social accountability mechanisms.
7. Identify information about health issues, including potential resources and solutions, appropriate to community forums.
8. Evaluate various reference materials, such as pamphlets, notices, manuals, information pages and other resources, from community groups that operate in their context.

9. Plan a community meeting to mobilize community resources, including deciding the timing and purpose of the meeting, establishing the agenda, and identifying the roles and goals of stakeholders and community members.
10. Facilitate meetings and discussions using a range of group facilitation techniques.
11. Record documentation for the meeting, including attendees, decisions and proposed actions.

Learning activities and assessments

The learning activities and assessment formats are oriented to the learning objectives, prioritized competencies and learning outcomes for this module.

+ This module comprises three sessions, two with formative assessments.
+ At the end of the module, there is a summative assessment.
+ The total suggested time to complete this module is 24 hours. Additional activities, such as attendance at community meetings, are encouraged.

Table 2.7 Learning objectives, learning activities and assessments for module 6: Mobilizing communities and resources

Module 6: Mobilizing communities and resources	
Learning objectives (LO)	**Learning activities**
Session 1: Supporting mobilization efforts (7.5 hours)	
1. Describe the types and purposes of community and resource mobilization. 2. Describe the interests and perspectives of key individuals, organizations, community groups and local authorities relevant to specific health issues in one's community, and how these relate to each other. 3. Describe the local community groups, coalitions and partnerships relevant to a specific health issue. 4. Identify ways for CHWs to support community groups, coalitions and partnerships in mobilizing resources for a specific health issue or bringing service access concerns from marginalized groups to facility staff.	(LO 1, 2) Facilitated whole group discussion on the following: • With which community groups focused on health issues are learners familiar? • Who has participated in health-focused community groups and what have been their experiences? • How can community groups be involved in mobilization to improve community health? (LO 1, 3, 4) Presentation using audio, visual or other illustrative aids – the tutor develops ideas shared in the group discussion. The tutor emphasizes and ensures understanding of: • relevant community groups, coalitions and partnerships in the context and what they do; • relevant authorities and policies that may guide the actions of these groups; • opportunities for CHWs and community members to engage with these community groups. (LO 1, 2, 3) Working in groups, learners map out different community groups, coalitions and partnerships, their focus, and their reach in the community. They identify opportunities for working with each.
Formative assessment (0.5 hour)	
Knowledge check. Orally or in writing, the tutor quizzes learners about the relevant community groups, coalitions and partnerships in their context and what they do to promote community health.	

Session 2: Social accountability mechanisms (4 hours)	
5. Describe local social accountability mechanisms and tools such as scorecards, and CHWs' roles with regard to them. 6. Identify ways for CHWs to support social accountability mechanisms.	(LO 5, 6) Case study – through a case study, the tutor explains a community mobilization example, including a social accountability mechanism relevant to the community. The tutor emphasizes and ensures understanding of: • why, what and how the community in the example was mobilizing to promote better health; • the intended goals of the mobilization; • the nature of the social accountability mechanism involved in the case example; • the process of enacting the social accountability mechanism, and who was involved – this can include reference to specific tools such as scorecards; • the strengths and challenges of the social accountability mechanism illustrated through the example; • CHWs' roles within social accountability mechanisms; • ways that CHWs can support social accountability mechanisms.
Formative assessment (2 hours) *Community mobilization plan.* In groups, learners identify a community health issue, then develop and present a basic plan to mobilize community action. Plans should include detail about the type and purpose of mobilization, community perspectives that must be considered, and relevant community groups and authorities that may be involved. Plans should also include some explanation of social accountability mechanisms and tools that could be employed to improve the mobilization effort. **Integrating competencies** *Identify and describe.* During the groupwork, emphasize how a CHW engages in collaborative practice and upholds trusting partnerships. Behaviours aligned with these competencies enable CHWs to develop mobilization strategies that support community health. Assess and provide feedback to learners about how they have incorporated these competencies in their hypothetical community mobilization plans.	
Session 3: Facilitating meetings (8 hours)	
7. Identify information about health issues, including potential resources and solutions, appropriate to community forums. 8. Evaluate various reference materials, such as pamphlets, notices, manuals, information pages and other resources, from community groups that operate in their context. 9. Plan a community meeting to mobilize community resources, including deciding the timing and purpose of the meeting, establishing the agenda, and identifying the roles and goals of stakeholders and community members.	(LO 7) Reflecting on the groups' community mobilization plans, hold a facilitated whole group discussion on the following: • What kinds of information resources were discussed in the groups' community mobilization plans? • What kinds of group meetings were discussed in groups' community mobilization plans? • What solutions to health issues were raised that would be appropriate to community forums? (LO 8, 9, 10, 11) Presentation using audio, visual or other illustrative aids – the tutor develops ideas shared in the groups' community mobilization plans. The tutor emphasizes and ensures understanding of: • further detail on and appraisal of the kinds of information resources that were discussed in groups' community mobilization plans; • further detail on and appraisal of the kinds of group meetings that were discussed in groups' community mobilization plans; • how to plan community meetings; • facilitation techniques that can be used to lead community meetings; • how to record information from community meetings in ways that promote community mobilization.

10. Facilitate meetings and discussions using a range of group facilitation techniques. 11. Record documentation for the meeting, including attendees, decisions and proposed actions.	(LO 9, 10, 11) Using scenario cards, members of the group are assigned different roles and perspectives of the community members. They follow a simulated group meeting on a shared health meeting, drawing on the different facilitation techniques that have been discussed. (LO 9, 10, 11) Whole group reflective discussion on the effectiveness of different facilitation techniques in securing community mobilization, the roles that different community members (including CHWs) can play in securing shared goals, and a shared community mobilization plan. Learners also identify any follow-up steps following the meeting that would help to secure collaboration.

Summative assessment (2 hours)

Individual exercise. Beginning with the group community mobilization plan, each learner individually develops the plan further and is assessed on their own individual work. The individual learner identifies relevant information sources and describes how they would be selected and shared, and adds this to the mobilization plan. The learner also explains what kinds of community meetings would be needed and with whom, and provides examples of possible facilitation techniques they could use; as well as how they would record information from the meetings.

Integrating competencies

Identify and describe. Learners are prompted to describe how, in conducting the mobilization plan, a CHW promotes individual and community agency and takes a solution-oriented approach to problem solving. The behaviours aligned with these competencies support CHWs to empower community members through information and promote community mobilization in cooperative, strategic and community-centred ways. Assess and provide feedback to learners about how they have incorporated these competencies in the individual exercise.

Module 7. Contributing to the implementation of programmes and other initiatives

Module learning outcome

Practice activity: Contributing to the implementation of programmes and other initiatives

Module outline and rationale

CHWs can significantly impact health service delivery by supporting the implementation of programmes and initiatives. Programmes and initiatives will vary across contexts and communities and can include community initiatives, policies or fundraising campaigns. CHWs can also provide key input to programmes and initiatives that meet community needs and models of service delivery. The specific approach and purpose of programmes and other initiatives must always be defined in the context of the needs of the community, available resources, national health policies and national guidelines.

This module can be used to enable learners to effectively contribute to the implementation of health programmes and initiatives addressing specific community health challenges. It outlines important tasks, such as contributing to pilot initiatives by collaborating with relevant stakeholders, and informing decisions about coordination, resources and timelines. The module provides guidance on the relevant learning objectives, learning activities and assessment activities that can be used to structure the delivery of learning for the practice activity. The organization and delivery of both the learning activities and assessments should be planned alongside the logistics and scheduling of similar activities for other modules.

Tasks

- Contribute to the implementation of programmes and initiatives that align with overarching health and community goals.
- Support and contribute to the monitoring and evaluation of programmes and initiatives through collection of data on key performance indicators.
- Systematically gather data to inform monitoring and evaluation.
- Contribute to community-led monitoring.
- Support basic analysis and interpretation of monitoring and evaluation data.
- Conduct regular feedback reporting cycles to gather insights and to inform a continuous improvement approach to implementation.

Module 7
Contributing to the implementation of programmes and other initiatives

Session 1:
Introduction to programmes and initiatives

Session 2:
Monitoring, evaluation and improvement

- Identify lessons learned and opportunities for improvement throughout the community-based programme or initiative.

Priority competencies

These priority competencies should be included in both learning activities and assessments in this module.

1. Places people at the centre of all practice
3. Provides culturally sensitive, respectful and compassionate service
20. Contributes to a culture of safety and continuous quality improvement
21. Uses a range of digital and non-digital information tools
22. Works within the limits of competence and scope of practice

Learning objectives

1. Identify different types of community-based programmes and initiatives and how they align with overarching health and community goals.
2. Identify beneficiaries, partners, resources and desired outcomes of a given programme or initiative.
3. Describe the steps and considerations for project planning and implementation of a programme or initiative.
4. Construct a mind map of the steps and stakeholders involved in implementation, including a feedback reporting cycle.
5. Coordinate, at community level, implementation of a programme or initiative through appropriate planning and use of resources, responsibilities and timelines.
6. Identify mechanisms for community-led monitoring, and discuss how CHWs can support data collection, identify service gaps, and feed findings into dialogue with the health authorities.
7. Describe the steps and considerations for monitoring and evaluation of a programme or initiative (including key performance indicators and feedback reporting cycles) towards continuous quality improvement.

8. Identify data sources and data collection methods needed to assess indicators in a monitoring and evaluation plan for a proposed programme or initiative.
9. Identify lessons learned and opportunities for improvement.

Learning activities and assessments

+ The learning activities and assessment formats are oriented to the learning objectives, competencies required and learning outcomes for this module.
+ This module comprises two sessions with one formative assessment.
+ At the end of the module, there is a summative assessment.
+ The total suggested time to complete this module is 18 hours plus 3 hours for the summative assessment.

Table 2.8 Learning objectives, learning activities and assessments for module 7: Contributing to the implementation of programmes and other initiatives

Module 7: Contributing to the implementation of programmes and other initiatives	
Learning objectives (LO)	**Learning activities**
Session 1: Introduction to programmes and initiatives (8 hours)	
1. Identify different types of community-based programmes and initiatives and how they align with overarching health and community goals. 2. Identify beneficiaries, partners, resources and desired outcomes of a given programme or initiative. 3. Describe the steps and considerations for project planning and implementation of a programme or initiative.	(LO 1, 2, 3) Facilitated group discussion, eliciting different examples and descriptions of several programmes and initiatives. The tutor emphasizes and ensures understanding of: • the different types of programmes and initiatives, and their goals; • the beneficiaries, partners, resources and desired outcomes of each example; • the importance of community partnership and involvement throughout the programme life cycle; • an overview of the processes of planning, implementation, and monitoring and evaluation of different types of programmes and initiatives. (LO 1, 2, 3) In the same groups, for each programme presented, learners identify partners or resources that could benefit from the programme, and the desired outcomes. They collectively make a plan for connecting with those partners and resources. (LO 1, 2, 3) In the same groups, for the same programmes, learners discuss how they might best reach the beneficiaries and partners of the programme. They collectively make a plan for doing this.
Formative assessment (2 hours) *Small group activity.* Each group prepares an oral presentation on a potential new programme or initiative that meets local health needs, identifying beneficiaries, partners, resources and desired outcomes, and detailing the steps and considerations they followed for project planning. They receive feedback on their project ideas and the plans from the tutor and other groups. **Integrating competencies** *Identify and describe.* During the small group activity, emphasize to learners how, in contributing to programmes and initiatives, a CHW places people at the centre of all practice and provides culturally sensitive, respectful and compassionate service. The behaviours associated with these competencies focus CHWs on the impact that programmes and initiatives are intending to make in communities. Assess and provide feedback to learners about how they have incorporated these competencies in the small group activity.	

Session 2: Monitoring, evaluation and improvement (8 hours)

4. Construct a mind map of the steps and stakeholders involved in implementation, including a feedback reporting cycle.
5. Coordinate, at community level, implementation of a programme or initiative through appropriate planning and use of resources, responsibilities and timelines.
6. Identify mechanisms for community-led monitoring, and discuss how CHWs can support data collection, identify service gaps, and feed findings into dialogue with the health authorities.
7. Describe the steps and considerations for monitoring and evaluation of a programme or initiative (including key performance indicators and feedback reporting cycles) towards continuous quality improvement.
8. Identify data sources and data collection methods needed to assess indicators in a monitoring and evaluation plan for a proposed programme or initiative.
9. Identify lessons learned and opportunities for improvement.

(LO 4, 5) Learners construct a mind map of the step**s** and stakeholders involved in the planning, implementation, and monitoring and evaluation of a selected example programme or initiative relevant to the community. They elaborate the resources needed, as well as the different stakeholder roles and responsibilities and timelines.

(LO 9) Facilitated whole group discussion on the following:

- How could reporting and feedback cycles improve programmes and initiatives?
- What kinds of lessons about programmes and initiatives could be learned through effective reporting and feedback cycles?
- What kinds of lessons and opportunities could be missed with ineffective reporting and feedback cycles?

(LO 5, 6, 7) Presentation using audio, visual or other illustrative aids – using an example programme or initiative described in session 1, the tutor shares:

- a formal monitoring and evaluation plan associated with a specific programme or initiative;
- the different steps, timelines, feedback cycles and indicators involved in the monitoring and evaluation plan;
- ways in which CHWs can support community-led monitoring through data collection, identify service gaps and feed findings into dialogue with the health authorities;
- the different sources of information for those indicators and how they could be gathered.

(LO 8, 9) Group practice activity – learners draw upon the plan and details shared by the tutor. In small groups, learners collaboratively develop an indicator table and process description for active monitoring and evaluation of the programme or initiative in the community. Reflecting on their plans, they suggest the kinds of lessons learned or opportunities for improvement that they may be able to identify through their monitoring and evaluation activities.

Summative assessment (3 hours)

Individual exercise. Learners work individually to draft a project plan and quality improvement feedback cycle relevant to their context. Their project plan should include information about the communities who would benefit, how they would benefit, project planning details, and how the community would be involved in coordination and providing feedback throughout. Their programme or initiative plans should include monitoring and evaluation, highlighting the different steps, timelines, feedback cycles and indicators to be used.

Integrating competencies

Observe and reinforce. Throughout the sessions, listen for and emphasize how, in contributing to programmes and initiatives, a CHW works within the limits of scope and practice, contributes to a culture of safety and continuous quality improvement, and uses a range of digital and non-digital information tools. The behaviours that demonstrate these competencies are critical aspects of a CHW's work to contribute to effective programmes and initiatives. These competencies will also be assessed through the learners' individual exercise drafting a hypothetical programme or initiative.

Module 8. Supporting and promoting the health needs of individuals and households

Module learning outcome

Practice activity: Supporting and promoting the health needs of individuals and households

Module outline and rationale

Across the world, communities grapple with disparities in health care access and outcomes. These inequities are deeply rooted in social determinants of health, including poverty and discrimination. Health systems and health and care workers may not routinely provide some populations with quality care or may not fulfil the right to health or broader rights. Individuals may be unaware of their rights in relation to what they can and should expect from the health system, and how they should access those rights. CHWs can support and promote the health needs of individuals with other health and care workers and broader structures, and can seek to improve access for marginalized populations. CHWs equipped with advocacy skills can better support individuals in accessing the care and other health services and commodities that they need.

This module can be used to train CHWs in supporting and promoting the health needs of the individuals and households they serve. It outlines the typical tasks, such as clarifying the individual's health needs and educating them about their rights. The module provides guidance about the relevant learning objectives, learning activities and assessment activities that can be used to structure the delivery of learning for the practice activity. The organization and delivery of both the learning activities and assessments should be planned alongside the logistics and scheduling of similar activities for other modules.

Tasks

- Asses the individual's health literacy and other circumstances surrounding their health determinants and actual health needs.
- Discuss with, and educate, the individual and their family about their health rights.
- Support individuals who wish to undertake their own health advocacy.
- Support individuals as they manage their own health or access health services.
- Inform individuals about their health rights and how these rights may impact their health.

Module 8
Supporting and promoting the health needs of individuals and households

Session 1:
Determinants of health and rights to health

Session 2:
Engaging and supporting individuals and households

Priority competencies

These priority competencies should be included in both learning activities and assessments in this module.

2. Promotes individual and community agency
6. Incorporates a systems approach to decision-making
7. Takes a solution-oriented approach to problem solving
10. Adapts communication to the goals, needs, urgency and sensitivity of the interaction

Learning objectives

1. Identify the relevant determinants of health that could impact individuals and households.
2. Identify community members' rights to health and barriers to the exercise of such rights.
3. Identify effective advocacy strategies for CHWs and individuals and households.
4. Develop tailored approaches to engaging individuals about their health.
5. Explain how CHWs can support individuals to access health and care services.
6. Share resources to guide individuals in navigating decisions about their rights and the health system, including accessing insurance and benefits entitlements, and enrolment and social support programmes.

Learning activities and assessments

- The learning activities and assessment formats are oriented to the learning objectives, prioritized competencies and learning outcomes for this module.
- This module comprises two sessions with one formative assessment.
- At the end of the module, there is a summative assessment.
- The suggested time to complete this module is 14 hours.

Table 2.9 Learning objectives, learning activities and assessments for module 8: Supporting and promoting the health needs of individuals and households

Module 8: Supporting and promoting the health needs of individuals and households	
Learning objectives (LO)	**Learning activities**
Session 1: Determinants of health and rights to health (7.5 hours)	
1. Identify the relevant determinants of health that could impact individuals and households. 2. Identify community members' rights to health and barriers to the exercise of such rights. 3. Identify effective advocacy strategies for CHWs and individuals and households.	(LO 1, 3) Facilitated whole group discussion on the following: • What are the determinants of health, and how are they connected (for example, health literacy, socioeconomic status, education, climate, housing and discrimination)? • Which determinants of health have learners observed and in what circumstances? • What is the purpose of advocacy? • What can advocacy look like? • Which advocacy strategies have learners heard about or experienced? (LO 1, 3) Presentation using audio, visual or other illustrative aids – the tutor shares the conceptual framework for action on the social determinants of health of the WHO Commission on Social Determinants of Health with learners. The tutor also shares a video tutorial (30 minutes or less) of CHWs who share their reflections on their experiences in supporting and promoting the health needs of community members. (LO 1) Learners draw a map of the different determinants of health in their community. (LO 2) Tutor shares information about the rights to health applicable in local contexts and health systems. (LO 3) Facilitated whole group discussion on most prevalent barriers to the exercise of the right to health and how CHWs can promote and support the attainment of health rights in their communities.
Formative assessment (0.5 hour) *Knowledge check.* Tutors oversee a brief quiz, either written or oral, reviewing the WHO Commission on Social Determinants of Health conceptual framework, including opportunities for the learners to provide examples of determinants of health and health care rights advocacy strategies from their local context. **Integrating competencies** *Observe and reinforce.* During the group discussion, emphasize to learners how, in supporting and promoting the health needs of individuals and households, a CHW incorporates a systems approach to decision-making and promotes individual and community agency. The behaviours that align with these competencies enable CHWs to take decisions and actions with a view of the wider health system and community context, and act to support communities to develop capacity to manage their own health and well-being.	

Session 2: Engaging and supporting individuals and households (4 hours)	
4. Develop tailored approaches to engaging individuals about their health. 5. Explain how CHWs can support individuals to access health and care services. 6. Share resources to guide individuals in navigating decisions about their rights and the health system, including accessing insurance and benefits entitlements, and enrolment and social support programmes.	(LO 3) Facilitated group discussion on how advocacy will look different for different individuals and health needs, and how CHWs can tailor approaches to engaging and supporting individuals who wish to undertake their own health advocacy. (LO 4, 5) In small groups, learners collaboratively create a resource (pamphlet, social media post, fact sheet or other locally relevant resource) conveying important information about health care services, benefits and entitlements, and enrolment, using a health topic that is a priority in the local context. Groups then present the information resource they have developed, explaining how they would share the resource and the ways in which they believe community members would use it.
Summative assessment (2 hours) Learners are given a set of case examples. They prepare an overview of how they would support and promote the health needs of individuals in each example in campaigning for their rights. They consider the availability of existing resources that can guide individuals in navigating decisions about their rights and the health system. **Integrating competencies** *Identify and describe.* Within the summative assessment, prompt learners to describe how CHWs take a solution-oriented approach to problem solving and adapt communication to the goals, needs, urgency and sensitivity of the interaction in supporting and promoting the health needs of individuals and households. Focus on the behaviours associated with these competencies to help learners understand how solution-oriented thinking and effective communication are critical to identifying problems, building trust, and connecting individuals and households to needed health resources.	

Module 9. Supporting and promoting the health needs of communities

Module learning outcome

Practice activity: Supporting and promoting the health needs of communities

Module outline and rationale

Being a health advocate at the community level is an important role CHWs can play. Advocacy can help to identify and rectify structural issues that are impacting the health of a community. When communities can actively participate in decision-making processes related to the policies and determinants that impact their health and the health services rendered to them, well-being can improve for all. Given their deep contextual familiarity, CHWs are particularly suited to identify these types of challenges related to community participation and can promote solutions. Their esteem within the community can also facilitate understanding, foster cooperation and mobilize support to help diverse groups address factors that impact their community's health.

This module can be used to train CHWs in planning, implementing and monitoring advocacy activities and community mobilization. The module outlines typical tasks that are related to advocacy planning and community mobilization. Learners will be able to work alongside communities and their leaders to identify and address key priorities to improve and sustain good health for all. This module provides guidance on the relevant learning objectives, learning activities and assessment activities that can be used to structure the delivery of learning for the practice activity. The organization and delivery of both the learning activities and assessments should be planned alongside the logistics and scheduling of similar activities for other modules.

Tasks

Identify the goals of advocacy to improve community health.

- Identify mechanisms to improve community health through advocacy.
- Assess community awareness and beliefs about relevant health topics.
- Discuss with, and educate, the community about their health rights.
- Develop an advocacy strategy and related activities to engage communities.

Module 9
Engaging and supporting individuals and households

Session 1:
Communities' needs, rights and understanding

Session 2:
Community advocacy

- Engage key community stakeholders and decision-makers to support and promote the health needs of the community.
- Mobilize the community to sustain action and impact.
- Implement advocacy activities.
- Monitor and evaluate advocacy activities and impact.

Priority competencies

These priority competencies should be included in both learning activities and assessments in this module.

2. Promotes individual and community agency
5. Takes an adaptive, collaborative and rigorous approach to decision-making
14. Engages in collaborative practice
15. Upholds trusting partnerships
17. Constructively manages tensions and conflicts

Learning objectives

1. Identify the goals of advocacy to improve community health.
2. Explain a rights-based approach to health, including community rights to health.
3. Summarize common understanding of health and disease in the community.
4. Identify community groups and key stakeholders who can contribute to advocacy, including decision-makers.
5. Describe components of effective community mobilization to raise awareness about health challenges in the community.
6. Identify the components of a simple advocacy strategy.
7. Identify strategies to engage the communities' decision-makers, health care leaders and policy-makers with respect to health advocacy.
8. Prepare an advocacy strategy to improve community health.

Learning activities and assessments

- The learning activities and assessment formats are oriented to the learning objectives, prioritized competencies and learning outcomes for this module.
- This module comprises two sessions with one formative assessment.
- At the end of the module, there is a summative assessment.
- The total suggested time to complete this module is 14 hours plus 2 hours for the summative assessment.

Table 2.10 Learning objectives, learning activities and assessments for module 9: Supporting and promoting the health needs of communities

Module 9: Supporting and promoting the health needs of communities	
Learning objectives (LO)	**Learning activities**
Session 1: Communities' needs, rights and understanding (3hours)	
1. Identify the goals of advocacy to improve community health. 2. Explain a rights-based approach to health, including community rights to health. 3. Summarize common understanding of health and disease in the community.	(LO 1, 2, 3) Presentation using audio, visual or other illustrative aids – using local case examples to guide group discussion, the tutor emphasizes: • the rights-based approach to health, recognizing that health is a fundamental right; • equitable access to care, including for people with disabilities; • the determinants of health and common understanding of health and disease in the community; • the importance of engaging stakeholders that lead decision-making processes related to health policies and practices for the community; • the potential role of advocacy in improving health and the importance of a non-partisan approach in relation to the political processes affecting health. (LO 1, 2, 3) Facilitated whole group discussion on the following: • What are the most prominent structural barriers to care in the community (for example, user fees, distance to facilities, sociocultural and gender dynamics preventing women from accessing care when they need it)? • Which community groups and stakeholders can remedy these? • What are effective community mobilization and advocacy strategies appropriate to the context (for example, fostering partnerships or identifying and supporting community champions to overcome barriers in the local context)? • How can community-based advocacy approaches be achieved in this context?
Formative assessment (3 hours) *Group flowchart.* In small groups, learners create a flowchart, or similar visual depiction, that illustrates several structural barriers to care in their communities. The flowchart depiction should include detail about key community members and groups that can help address the barriers to care and develop tailored approaches to engaging and supporting mobilization efforts. Tutors provide feedback on the groupwork. **Integrating competencies** *Identify and describe.* During the formative assessment, learners should emphasize how a CHW engages in collaborative practice and takes an adaptive, collaborative and rigorous approach to decision-making when supporting and promoting the health needs of communities. The behaviours associated with these competencies focus CHWs on working with and on behalf of communities for access to better health. Assess and provide feedback to learners about how they have incorporated these competencies in the formative assessment.	

Session 2: Community advocacy (8 hours)

4. Identify community groups and key stakeholders who can contribute to advocacy, including decision-makers.
5. Describe components of effective community mobilization to raise awareness about health challenges in the community.
6. Identify the components of a simple advocacy strategy.
7. Identify strategies to engage the communities' decision-makers, health care leaders and policy-makers with respect to health advocacy.
8. Prepare an advocacy strategy to improve community health.

(LO 4, 5, 6) Case study – through a case example, the tutor describes common community mobilization and advocacy activities in practical contexts. The tutor emphasizes:

- key community groups and key stakeholders;
- components of effective community mobilization;
- components of effective advocacy strategies, from planning, to community engagement, to implementation of activities, and monitoring and evaluation.

(LO 5, 6, 7) A CHW with advocacy experience shares their own experience of supporting the community to access services and health care. The guest presenter emphasizes the following:

- the nature of their advocacy efforts – the goals, the activities, the outcomes and impacts;
- how they tailored their advocacy approach to the context;
- what kinds of resources they used to guide and engage communities with regard to decisions about their rights and the health system;
- reflections on what worked well or less well, and suggestions they have for learners.

(LO 6) The tutor provides learners with an overview of the components of a simple advocacy strategy, planning (including mapping, resource mobilization and timelines), community engagement, implementation of activities, and monitoring and evaluation.

(LO 5, 6, 7, 8) In small groups, learners develop an advocacy strategy. Groups first identify a goal of advocacy, such as to raise awareness of a particular health risk, to inform improvement of the public sector health care system, or to engage community members with decision-makers. Advocacy strategies should build from depictions developed in the small group activity in session 1 and include barriers, such as existing policies and practices, lack of accurate information, or other barriers that block community rights to health.

Summative assessment (2 hours)

Individual exercise. Learners prepare an oral presentation on an advocacy strategy in a relevant context. Plans should describe the health care issue and goal of the advocacy strategy, relevant determinants of health, any barriers to accessing care and services, and an approach they can use to mitigate or minimize barriers within the communities they serve. Plans should include a problem statement and goals, stakeholder mapping, and advocacy activities, including monitoring and evaluation.

Integrating competencies

Observe and reinforce. Throughout this module, learners should emphasize how a CHW upholds trusting partnerships and constructively manages tensions in order to develop and implement community advocacy strategies. Behaviours associated with these competencies are important as CHWs work to understand communities' needs and challenges, and then work with them to develop solutions in situations that can sometimes include tension or conflict.

Module 10. Collecting and using data to support community-based research

Module learning outcome

Practice activity: Collecting and using data to support community-based research

Module outline and rationale

CHWs are experts in local communities and hold significant knowledge about their needs and priorities. They are often given considerable data collection responsibilities, and it is important that they be able to collect and record data in such a way that the data can inform ethically sound community-based research. To do so, they should understand how the use of these data can identify gaps and improve service provision in their communities.

CHWs can be important stakeholders in community-based research that aims to identify priorities by engaging and empowering partnerships between community members and the research team. The knowledge and the relationships of CHWs within the community can help the research team to identify and access targeted populations (especially those who are marginalized), develop research questions and processes that are culturally relevant and ethically sound, and promote community participation and retention in the research processes. Involvement of CHWs in community-based research activities can help to promote satisfaction and recognition of CHWs. The specific approach and purpose of CHW involvement in research must always be defined in the local context of care, national guidelines, available support from other care providers, and other responsibilities of CHWs.

This module can be used to train CHWs in supporting the conduct of community-based research. It outlines specific tasks, such as engagement with the community and determining cultural norms that the research should adhere to. This module provides guidance on the relevant learning objectives, learning activities and assessment activities that can be used to structure the delivery of learning for the practice activity. The organization and delivery of both the learning activities and assessments should be planned alongside the logistics and scheduling of similar activities for other modules.

Tasks

- Participate in community-based research activities.
- Participate in collecting data by contributing to health surveys, interviews and focus group discussions.

Module 10
Collecting and using data to support community-based research

Session 1:
Overview of community-based research

Session 2:
Research practices and ethics

- Provide feedback to researchers and data managers to inform or validate research questions, findings and feasibility of actions.
- Facilitate communication between researchers and community members.
- Take action to protect communities from exploitation and unethical research processes.

Priority competencies

These priority competencies should be included in both learning activities and assessments in this module.

13. Manages information sharing and documentation
18. Applies the principles and processes of evidence-informed practice
19. Assesses basic data and information from a range of sources
21. Uses a range of digital and non-digital information tools
23. Demonstrates high standards of ethical conduct
24. Engages in lifelong learning and reflective practice

Learning objectives

1. Describe the purposes, roles and requirements of community-based research.
2. Identify sources of data and mechanisms to obtain the required data.
3. Collect data and information using existing tools developed by the research team, such as health surveys, in-depth interviews and focus group discussions.
4. Use basic data analysis to better understand the health needs of the community.
5. Discuss the importance of communities as partners in data collection, research about them, or issues that affect them.
6. Identify examples of, and the risks and impacts of, exploitation or unethical research practices.
7. Identify actions that CHWs can take to protect communities from exploitation or unethical research practices.

8. Discuss the importance of, and approaches to, ensuring that research activities are culturally appropriate.
9. Discuss the feasibility of data collection processes and research activities.

Learning activities and assessments

+ The learning activities and assessment formats are oriented to the learning objectives, prioritized competencies and learning outcomes for this module.
+ This module comprises two sessions, with one formative assessment.
+ At the end of the module, there is a summative assessment.
+ The total suggested time to complete this module is 24 hours.

Table 2.11 Learning objectives, learning activities and assessments for module 10: Collecting and using data to support community-based research

Module 10: Collecting and using data to support community-based research	
Learning objectives (LO)	**Learning activities**
Session 1: Overview of community-based research (10 hours)	
1. Describe the purposes, roles and requirements of community-based research. 2. Identify sources of data and mechanisms to obtain the required data. 3. Collect data and information using existing tools developed by the research team, such as health surveys, in-depth interviews and focus group discussions. 4. Use basic data analysis to better understand the health needs of the community.	(LO 1, 2, 3) Presentation using audio, visual or other illustrative aids – the tutor discusses community-based research and CHWs' potential roles in research efforts. Using relevant examples, the tutor describes: • the purposes, roles and requirements of community-based research; • the benefits to the community for taking part in, and collaborating to guide, research; • basic principles of data collection, data handling and data analysis to answer research questions, including informed consent; • examples of research data collection tools (for example, surveys, questionnaires, interviews) and how they are used; • ways in which data are used to develop conclusions that inform design and delivery of health interventions at community level; • the consent process for research data collection. (LO 3) Learners complete a template health survey with others in the group. (LO 3) Using an interview guide, in pairs, learners carry out an interview with another pair of learners, including obtaining informed consent. (LO 3) Recalling the preparation for conducting a focus group discussion in module 4, learners reflect on the role of a focus group in gathering information and insights from the community, as well as approaches to capturing and interpreting the information gathered. (LO 4) Using a case study of survey data similar to one that might be carried out in learners' communities, learners follow basic approaches and techniques to analyse the data using simple strategies such as counts of various answers. Working in small groups, learners summarize key findings and insights from the data. (LO 4) Facilitated whole group discussion on the implications of the findings for the health needs of the community, and how CHWs might use the research findings to respond better to their communities' needs.

Formative assessment (2 hours)

Case scenario. Given several examples of community-based research, groups identify how researchers used data to provide insights into community health. Examples need not be long or overly detailed. Examples should include some with quantitative information (for example, positive case numbers, mortality, survey results) and some with qualitative information (for example, interviews with stakeholders). Examples should also include some in which unethical or unsound practices (for example, no confidentiality, no informed consent, research question irrelevant to community needs or inappropriate to cultural setting) were used. After examining the cases individually, learners discuss the strengths and weaknesses of the community-based research in each example. Groups share their ideas with the large group and the tutor provides additional feedback, making sure to address ethics in the response.

Integrating competencies

Observe and reinforce. During the presentations of the formative assessment, emphasize how community-based research is one example of how a CHW engages in lifelong learning and reflective practice as they apply the principles and processes of evidence-informed practice. The behaviours that demonstrate these competencies are essential for CHWs who collect and use data to support community-based research.

Session 2: Research practices and ethics (10 hours)

5. Discuss the importance of communities as partners in data collection, research about them, or issues that affect them.
6. Identify examples of, and the risks and impacts of, exploitation or unethical research practices.
7. Identify actions that CHWs can take to protect communities from exploitation or unethical research practices.
8. Discuss the importance of, and approaches to, ensuring that research activities are culturally appropriate.
9. Discuss the feasibility of data collection processes and research activities.

(LO 5, 6, 7) Presentation using audio, visual or other illustrative aids – a CHW with experience of collecting and using data to support community-based research shares their own experience of participating in one or more research studies. The guest presenter emphasizes the following:

- the questions and goals of the research they supported;
- the general approach to gathering and analysing community data;
- the feasibility of data collection process and research activities in the community context;.
- how ethics were considered in the data collection and data use;
- how research activities were or were not culturally appropriate.

(LO 5) Facilitated discussion on the importance of communities as partners in research. Learners discuss ways in which communities could be effectively engaged, and the different roles a CHW can play in navigating the relationships between researchers and community members.

(LO 6, 7, 8) Given several more examples of community-based research, learners identify and discuss how researchers used data to provide insights into improving community health. Focusing on at least one case where the conduct of community-based research is unethical, despite the positive goal, the tutor emphasizes:

- which parts of the study goals, methods or processes were unethical and why;
- safeguards that were or should have been in place to uphold ethical standards;
- actions that were or should have been taken to address ethical violations.

(LO 8) Small groups of learners are given a research question. They discuss ways of ensuring that the research question and data collection methods are culturally appropriate for their context, and suggest modifications to ensure appropriateness.

(LO 9) Small groups of learners are presented with a research protocol. They discuss which parts of it are feasible in their context, what role they can play as a CHW, and which aspects may not be feasible.

(LO 9) Facilitated whole group discussion on ways that CHWs might raise concerns about or propose suggested modifications to a research protocol with researchers.

Summative assessment (2 hours)

Individual exercise. Individuals are given a short description of a case of community-based research in a relevant context. Learners analyse the case, and identify the purpose and general approach to data collection and data use. Learners describe the processes used and assess whether these processes were feasible, ethical and culturally appropriate.

Integrating competencies

Identify and describe. During the module and the summative assessment, tutors emphasize in their feedback how a CHW supporting community-based research manages information sharing and documentation and uses a range of digital and non-digital information tools. During the case study discussion, the tutor focuses attention on the requirement that a CHW demonstrates high standards of ethical conduct.

Module 11. Providing learning opportunities for other community health workers

Module learning outcome

Practice activity: Providing learning opportunities for other community health workers

Module outline and rationale

CHWs are experts in the health of their own communities, and in their own work. Once sufficiently experienced, they are exceptionally well placed to mentor and supervise other CHWs, providing a career progression opportunity.

This module can be used to train CHWs in providing learning opportunities to peers. It outlines specific tasks, such as contributing to the design of training sessions and supervision of CHWs. The module provides guidance about the relevant learning objectives, learning activities and assessment activities that can be used to structure the delivery of learning for the practice activity. The organization and delivery of both the learning activities and assessments should be planned alongside the logistics and scheduling of similar activities for other modules.

Tasks

- Contribute to assessments that identify the specific learning needs of peer CHWs, considering individual strengths and areas for improvement in knowledge, skills and competencies.
- Contribute to the design and delivery of targeted training sessions based on identified learning needs.
- Facilitate informal knowledge transfer by engaging in activities such as shadowing sessions, offering guidance on real-time case management, providing feedback and fostering a collaborative environment for shared learning among CHWs.
- Supervise other CHWs' performance, provide constructive feedback and ensure adherence to best practices.
- Establish mentoring relationships with CHWs, offering ongoing support, guidance and encouragement, with a focus on professional growth, effective communication and the application of best practices.

Module 11
Providing learning opportunities for other community health workers

Session 1:
Learning needs

Session 2:
Training and mentoring practices

Priority competencies

These priority competencies should be included in both learning activities and assessments in this module.

9. Manages interactions with others
12. Conveys information purposefully
15. Upholds trusting partnerships
16. Learns from, with and about others
22. Works within the limits of competence and scope of practice
24. Engages in lifelong learning and reflective practice

Learning objectives

1. Identify the learning needs of their peers, prioritizing areas for improvement in knowledge, skills and competencies.
2. Consider how targeted training sessions can be designed and implemented in a specific context.
3. Explain how in-service training sessions can be organized with the support of peers.
4. Discuss good practices and considerations for peer learning, including mentor–mentee relationships, constructive feedback and observation versus supervision.
5. Discuss strategies for providing effective training, mentorship, constructive feedback and guidance to other CHWs.

Learning activities and assessments

- The learning activities and assessment formats are oriented to the learning objectives, prioritized competencies and learning outcomes for this module.
- This module builds on learning activities throughout the course that involve peer feedback. It comprises two sessions, with one formative assessment.
- At the end of the module, there is a summative assessment in which the learner will lead a training session in a group format.
- The total suggested time to complete this module is 11 hours plus one day of field practice where relevant and appropriate, and 4 hours for summative assessment.

Table 2.12 Learning objectives, learning activities and assessments for module 11: Providing learning opportunities for other community health workers

Module 11: Providing learning opportunities for other community health workers	
Learning objectives (LO)	**Learning activities**
Session 1: Learning needs (6 hours)	
1. Identify the learning needs of their peers, prioritizing areas for improvement in knowledge, skills and competencies. 2. Consider how targeted training sessions can be designed and implemented in a specific context. 3. Explain how in-service training sessions can be organized with the support of peers.	(LO 1, 2, 3) A CHW with experience training fellow CHWs discusses their experience of developing and providing learning opportunities for peers and students. The guest presenter emphasizes the following: • the learning needs of those they trained or mentored and why those needs mattered at that time and place; • the form of the learning (formal or informal supervision, mentoring, observation) as they relate to concepts of adult learning; • how the learning opportunity came about; • the practices they used to identify the learning needs and provide training or mentoring; • what they learned from their early experiences as a learner and as a trainer of other CHWs; • their limits as a trainer; • key differences between training, supervision and mentoring. (LO 1) In a facilitated whole group discussion, learners discuss effective and ineffective strategies for training, supervision and mentoring. They discuss the ways in which they would like to be mentored, trained and supervised as CHWs, and how they might work to train or mentor others as their experience grows. (LO 2, 3) In small groups, using scenario cards as prompts, learners reflect on different learning needs and how targeted training sessions might be designed to meet these needs in a given context, including peer support for the design and delivery.
Formative assessment (1 hour) *Reflection and summary.* Individually, learners reflect on learning experiences they have had and identify at least one that they felt was successful and at least one that they felt was not successful. Learners elaborate on what made those experiences feel successful or unsuccessful. Learners then reflect on a teaching experience they have had (teaching someone to do anything) and identify at least one example that they felt was successful and at least one that they felt was not successful. Examining their reflections, learners identify personal goals for how they want to be as a trainer or mentor. **Integrating competencies** *Observe and reinforce.* Throughout the module, the tutor emphasizes how a CHW engages in lifelong learning and reflective practice. Knowledge, skills and behaviours that demonstrate this competency help CHWs both seek new learning and provide learning opportunities to other CHWs.	
Session 2: Training and mentoring practices (4 hours)	
4. Discuss good practices and considerations for peer learning, including mentor–mentee relationships, constructive feedback and observation versus supervision.	(LO 4, 5) Presentation using audio, visual or other illustrative aids – the tutor identifies several training strategies and provides examples of each. The tutor emphasizes: • matching the strategies and practices to the audience and learning material; • using a variety of information-sharing and collaboration strategies to promote learning;

5. Discuss strategies for providing effective training, mentorship, constructive feedback and guidance to other CHWs.	• considerations for planning and providing learning activities that are part of formal learning programmes with specified learning outcomes; • the purposes and uses of formative and summative assessments. (LO 2, 4, 5) In small groups, learners share some of the experiences they noted in the session 1 formative assessment. Groups discuss the experiences, focusing on the training methods, learning strategies and assessments. Groups share with the larger group. The tutor provides additional feedback, emphasizing: • effective training practices; • feedback strategies; • mentorship principles.

Summative assessment (12 hours)

Simulation (4 hours). Using the information and resources provided in sessions 1 and 2, learners develop a short training session on something they alrsady know and can do. To practise the training methods, learners train two or three peers on their chosen topic. They receive feedback from their peers and from the tutor.

Practice-based observation (8 hours). Learners develop a plan for providing training, and learners are observed delivering the training in a relevant context by a skilled mentor. Mentors use observation checklists or other tools to provide specific feedback to learners.

Integrating competencies

Observe and reinforce. The tutor focuses on how a CHW providing learning experiences to other CHWs manages interactions with others.

Identify and describe. During simulation or practice-based observation, tutors emphasize that to conduct training and mentorship a CHW conveys information purposefully.

Module 12. Basic science: introduction to biology, anatomy, physiology and pathology

Module learning outcome

Recall the basic sciences relating to biology, human anatomy, physiology and pathology for CHW practice.

Module outline and rationale

This module outlines basic biology, human anatomy, physiology and pathology to enable CHWs to understand and learn the scientific rationale behind the critical tasks they are required to perform. It should be completed prior to conducting training on any of the role-specific activity content. The foundational knowledge of module 12 is complemented by additional basic scientific knowledge outlined in role-specific modules.

Tutors are recommended to customize this content to match the education level and specific services provided by their CHWs, ensuring that the information is accessible and relevant to their community's health needs.

The acquisition of knowledge in this module should be integrated with the learning activities of the role-specific modules (for example, making appropriate linkages between malaria as an example of disease affecting the blood cells with the activities relating to prevention, diagnosis and treatment of malaria described in the corresponding role-specific module). Similarly, when learners study specific diseases in role-specific modules, tutors may refer them back to the foundational knowledge contained in this module.

As this is a knowledge-only focused module, there are no tasks included. Basic knowledge tables have been included for reference.

Priority competencies

These priority competencies should be included in both learning activities and assessments in this module.

18. Applies the principles and processes of evidence-informed practice
19. Assesses basic data and information from a range of sources
24. Engages in lifelong learning and reflective practice

Module 12
Basic science: introduction to biology, anatomy, physiology and pathology

Session 1:
Basic molecular and cellular biology

Session 2:
Introduction to the basic biomedical sciences – human anatomy, physiology and pathology

Learning objectives

1. Describe the concept of biology, and its importance for health and disease.
2. Describe the basis of life and living organisms, including cellular biology, pathogens and heredity.
3. Identify the main components of the human body system and describe their primary functions.
4. Describe how the different body systems interact and work together to keep the body alive and healthy.
5. Describe the basic anatomical structure of each system and its major organs.
6. Discuss the basic physiological processes associated with each body system and how they contribute to overall health.
7. Explain the role of each body system in growth, development and ageing.
8. Discuss the main pathological mechanisms (such as infection, trauma and degenerative disease) underpinning common diseases or disorders and their causes in each body system, and understand their impact on health.
9. Identify key risk factors and preventive measures related to the health of each body system.

Table 2.13 General knowledge: basic molecular and cellular biology

Introduction to biology
• Describe the concept of biology and its importance for health and disease • Discuss the diversity of life, including pathogens (viruses, bacteria, fungi) • Describe the characteristics of living organisms (growth, reproduction, response to stimuli)
The cell: the basic unit of life
• Describe the basic structure of animal cells (membrane, nucleus, organelles) • Outline the basic function of cell components
Introduction to genetics
• Discuss heredity and genetic traits, for example, heart disease risk, balding, asthma

Table 2.14 General knowledge: human body systems, their main organs and functions, and examples of common associated conditions

System	Organ components	Function	Examples of common conditions
Circulatory system	Heart, blood vessels (arteries, veins, capillaries), blood	Transports blood, nutrients, oxygen, carbon dioxide and hormones throughout the body	• Hypertension • Heart failure • Malaria
Respiratory system	Lungs, trachea, bronchi, diaphragm	Facilitates the exchange of oxygen and carbon dioxide throughout the body	• Upper respiratory tract infection • Pneumonia • Tuberculosis • Asthma • Chronic obstructive pulmonary disease (COPD)
Digestive system	Mouth, oesophagus, stomach, intestines, liver, pancreas	Breaks down food, absorbs nutrients and eliminates waste	• Gastroenteritis • Peptic ulcers • Worm infestation • Diabetes (type II) • Hepatitis
Nervous and sensory systems	Brain, spinal cord, nerves Eyes, ears	Controls and coordinates body activities by transmitting signals between different parts of the body Cognitive functions, such as speech and thinking Sensory functions, such as vision and hearing	• Alzheimer disease • Depression • Epilepsy • Hearing and vision disabilities
Endocrine system	Glands, such as the pituitary, thyroid, adrenal, pancreas	Regulates bodily functions through hormones	• Diabetes (type II) • Hyperthyroidism • Goitre

System	Organ components	Function	Examples of common conditions
Musculoskeletal system	Bones, muscles, joints	Provides structure, support and movement to the body	• Lower back pain • Arthritis
Immune system	White blood cells, lymph nodes, spleen, thymus	Protects the body against infections and diseases	• Allergy • HIV/AIDS
Integumentary system	Skin, hair, nails	Protects the body from external damage, regulates temperature, provides sensory information	• Acne • Measles, chickenpox (varicella), ringworm • Skin cancer • Eczema
Urinary system	Kidneys, bladder, urethra	Eliminates waste products from the body and regulates fluid balance	• Urinary tract infection • Kidney stones
Reproductive system	Ovaries, testes, uterus, fallopian tubes, prostate, genitals	Produces offspring and regulates reproductive hormones	• Complications of childbirth (obstructed labour, haemorrhage, sepsis) • Sexually transmitted infections, including HIV • Infertility • Fibroids

Learning activities and assessments

+ The learning activities and assessment formats are oriented to the learning objectives, prioritized competencies and learning outcomes for this module.
+ This module comprises two sessions with two formative assessments.
+ There is a summative assessment at the end of sessions 1 and 2.
+ The total suggested time to complete this module is 60 hours, including assessments.

Table 2.15 Learning objectives, learning activities and assessments for module 12: Basic science: introduction to biology, anatomy, physiology and pathology

Module 12: Basic science: introduction to biology, anatomy, physiology and pathology	
Learning objectives (LO)	**Learning activities**
Session 1: Basic molecular and cellular biology (5 hours)	
1. Describe the concept of biology, and its importance for health and disease. 2. Describe the basis of life and living organisms, including cellular biology, pathogens and heredity.	(LO 1, 2) The tutor uses diagrams and illustrative techniques presented within didactic lecture formats to show and explain the basic meaning of biology, the forms and varieties of life, including pathogens, and how living organisms interact with their environment. (LO 2) The tutor also explains, in simple language, the components and type of human cells and the concept of genetics, sharing examples such as the hereditary tendencies of balding and cardiovascular conditions.
Formative assessment (1 hour)	
Tutors assess learners' recall of knowledge using an oral practice quiz format. For example, the tutor could use illustrative diagrams and model structures to test the recall of knowledge items and to reinforce learning on any outstanding areas.	
Session 2: Introduction to the basic biomedical sciences – human anatomy, physiology and pathology (42 hours) (Activities 3 to 9 below are repeated for each of the 10 body systems outlined above) Tentative time allocation: 3 hours of learning activities followed by 1 hour formative assessment for each body system (total 4 hours x 10 = 40 hours) Summative assessment of 2 hours across all body systems	
3. Identify the main components of the human body system and describe their primary functions. 4. Describe how the different body systems interact and work together to keep the body alive and healthy. 5. Describe the basic anatomical structure of each system and its major organs. 6. Discuss the basic physiological processes associated with each body system and how they contribute to overall health. 7. Explain the role of each body system in growth, development and ageing. 8. Discuss the main pathological mechanisms (such as infection, trauma and degenerative disease) underpinning common diseases or disorders and their causes in each body system, and understand their impact on health. 9. Identify key risk factors and preventive measures related to the health of each body system.	(LO 3, 5, 6) The tutor presents a series of didactic lectures (including multimedia materials if appropriate) on the basic mechanisms of biology and the human body, including: • the components and functions of each body system; • the anatomical structure and physiological processes of each body system; • the basic physiological processes of each body system and how they contribute to overall health. (LO 3, 5, 6) Model building: learners create (or piece together) 3D models or draw models of organs or body systems, integrating labels and descriptions of basic functions. (LO 4, 7) The tutor presents a series of didactic lectures (including multimedia materials if appropriate), discussions and demonstrations on the basic mechanisms of biology and the human body, including: • the interactions of body systems; • the main roles of each body system in growth, development and ageing. (LO 8, 9) Group activity on risk factors and diagnostics: divide learners into groups based on different body systems. Each group is provided with information on specific topics, including the key risk factors and preventive measures for diseases related to their assigned body system, then discuss with their peers each body system in turn.

Formative assessment (1 hour for each body system) Tutors assess learners' recall of knowledge using an oral practice quiz format. For example, the tutor could use illustrative diagrams and model structures to test the recall of knowledge items and to reinforce learning on any outstanding areas. In groups, learners could pick one body system each and discuss with other groups what they have learned.
Summative assessment (2 hours across all 10 body systems) Tutors should test learners on knowledge acquired. Individual written, simple, and brief multiple-choice questions may also be used to test understanding of didactic materials taught throughout both sessions.

Section 3. Role-specific modules

The following modules represent a menu of training materials to enable CHWs to learn to undertake a range of tasks relevant to the priority services and health topics in their context. The practice activities and tasks CHWs should perform in a given programme or health system depend on their agreed scope of practice, the needs of the community, other available resources, national guidelines and other CHW responsibilities in that particular context. *CHWs cannot realistically be expected to do all the tasks contained in these role-specific modules, and therefore tutors must be selective in planning the curriculum.*

Tutors should therefore educate CHWs in *only* the topics and tasks within a practice activity that are relevant to a CHW's intended scope of work.

To avoid training being too narrow or vertical in nature, each module is designed to facilitate integrated trainings for multiple health topics. If a CHW's responsibility or planned scope of work covers multiple topics in these modules, the topics can be combined to provide an integrated training package or curriculum.

Each health topic has a table of tasks, organized by individual health-focused and population health-focused practice activities, that CHWs might be expected to perform, depending on context. As in the universal modules, the practice activities comprise a group of related tasks and require contextualization. Health topics also contain knowledge-based learning objectives and learning activities encompassing basic science content that underpins the tasks to be undertaken by the CHWs to perform the practice activities for the respective modules.

Table 3.1 Indicative duration in hours of role-specific learning modules

Module times (hours)	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Session 9	Session 10	Session 11	Session 12	Addit. activities	Summative	Total		No. of topics	Total hours
Module 13	2	2	3	2	2	4	2	3	2	2	3	2	8	4	41	per topic	8	328
Module 14	6	2	3	2	1	5	1	2	2	6	3	7	8	4	52	per topic	7	364
Module 15	2	2	2	2	2	3	3	3					2	2	23	per topic	9	207
Module 16	3	5	4	3	3	3	6	8					1	3	39	per topic	4	156

Note: Users should identify only those topics that are relevant to CHWs in their context and according to their roles. Accordingly, the theoretical cumulative number of hours for all topics in all modules will not be applicable in most contexts.

Module 13. Life course approach to health

Content

This module is a menu of training materials for CHWs in the broad area of essential health services for specific population groups.

Tutors should select only relevant health topics to tailor the programme to the roles and responsibilities of the CHWs. It is not intended to provide training on every task listed.

This module is not a complete guide to implementing a life course approach across all contexts; instead, each topic addresses the most common and relevant needs across the population categories that CHWs typically provide services for.

Rationale

The life course approach to health emphasizes prevention and timely intervention at every stage of life. It is a holistic approach that underlines the interconnection between health outcomes across different stages. Across the world, CHWs play an important role in providing health services tailored to specific life stages that also address the specific needs, preferences and challenges across different communities, enhancing the effectiveness and accessibility of these interventions. CHWs are crucial to a life course approach because they provide linkage with other health services as appropriate, as well as continuous, community-based support and care at every stage of life. CHWs can provide and coordinate tailored, integrated service delivery to promote health and well-being across different stages of human development within their communities.

Topics

The following topics are covered in this module.

Sexual and reproductive health. Sexual and reproductive health is a state of physical, emotional, mental and social well-being related to sexuality, and is not merely the absence of disease. A life course approach to sexual and reproductive health focuses on providing care, information and education at every stage of life. This includes comprehensive pre-pregnancy counselling, sex education for adolescents, regular check-ups, information on contraceptives and family planning for adults and married and unmarried adolescents, and support for menopausal and perimenopausal women. By addressing sexual and reproductive health needs at each stage, CHWs can promote overall well-being and reduce preventable sexual and health problems and promote healthy lifestyle choices.

Maternal and newborn health. A life course approach to health can support pregnant women to improve outcomes for both parent and baby. CHWs can play a critical role – by supporting women and couples before, during and after pregnancy, and facilitating timely access to skilled health professionals for labour, childbirth and care for complications, birth can be safer, and newborns can be healthier, helping to ensure that both parent and baby have a better chance of staying healthy throughout their lives. CHWs also play a critical role in the postnatal care of both mothers and their newborns and help them to use contraceptives if needed for fertility regulation and prevention of unintended pregnancy and associated complications.

Infants and children aged under 9 years. Providing essential care to infants and children ensures their health development. This includes regular health check-ups, vaccinations and nutrition support to prevent and treat illness and identify child maltreatment. By prioritizing early childhood health, CHWs can help lay a strong foundation for a child's overall well-being and future development. These interventions help ensure children reach their full potential physically, cognitively and emotionally.

Youths and adolescents. Supporting the unique needs of youths and adolescents can help ensure their healthy transition into adulthood. This includes providing access to mental health services and comprehensive sex education, and promoting healthy lifestyle choices. By addressing these critical areas, CHWs help young people develop strong physical, emotional and social well-being, building a foundation for a healthy and productive adult life.

Older populations and caregivers. CHWs play an important role in supporting older populations and caregivers throughout their lives. This includes providing older populations, including postmenopausal women, with the adapted support and specific care needs that are essential for their well-being. CHWs can also provide caregivers with resources, training and support to effectively care for older adults while also addressing their own health needs. By ensuring caregivers are healthy and well equipped, CHWs can help ensure a healthy, thriving community where everyone receives the care they need at each stage of life.

Disadvantaged, underserved and vulnerable populations. A life course approach for systematically disadvantaged and underserved populations, and people living in vulnerable conditions, focuses on addressing the specific challenges they face at every stage of life. These individuals or groups could include people living with

disabilities, those under incarceration, or those living on the margins of the community due to stigma, discrimination or other reasons. CHWs can assist in facilitating equitable access to health care and social services, and education from infancy through to old age. By recognizing and addressing systemic barriers early on and providing ongoing support, CHWs can help break the cycle of disadvantage and promote health and well-being for all members of these populations throughout their lives, thus ensuring that they have the resources and opportunities needed to thrive and contribute positively to society.

Nutrition. A life course approach to nutrition emphasizes the importance of healthy eating habits and adequate nutrition at every stage of life. This includes providing breastfeeding counselling; support for appropriate complementary feeding and nutritious diets for infants, young children and adolescents; promoting balanced diets and physical activity; and addressing the specific nutritional needs of pregnant women, lactating mothers and older adults. By prioritizing nutrition throughout the life cycle, CHWs play a crucial role in supporting optimal growth, development and overall health, and helping to avoid and manage certain health diseases and conditions later in life.

Injury prevention and first aid. A life course approach to injury prevention and first aid involves essential prevention and emergency care services tailored to the diverse needs of individuals across all stages of life, including during pregnancy and labour. By providing prevention measures and immediate assistance during childhood injuries and acute illnesses, and offering support in the event of chronic conditions and emergencies in older adults, CHWs play a vital role in ensuring a timely and effective response to health crises at every life stage for children, adults and older adults with acute illness or injury. By bridging gaps in the prevention of injuries and emergency care provision and offering continuous support, CHWs contribute significantly to the health, safety and resilience of individuals and communities throughout their entire life course.

Module outline

	Module 13 Life course approach to health
Individual	Basic science
	Individual's history
	Disease screening and testing
	Result communication
	Prevention and risk reduction
	Treatment and support
	Documentation
	Referral
Community	Risk factor assessment
	Active surveillance
	Information and advice
	Distribution of resources

Include one or more health topics, as appropriate

1. Sexual and reproductive health
2. Maternal and newborn health
3. Infants and children aged under 9 years
4. Youths and adolescents
5. Older populations and caregivers
6. Disadvantaged, underserved and vulnerable populations
7. Nutrition
8. Injury prevention and first aid

This module comprises eight health service areas (health topics) that are underpinned by 12 learning sessions that are relevant to each of the health topics covered in the module. Learners should be trained using all 12 sessions, but only with material that is relevant to the planned scope of practice of the CHW being trained.

For example, if the CHW's intended scope of work was provision of maternal and child health services, with no responsibility for older populations, youths or adolescents, each session might still include some related tasks from the lists for sexual and reproductive health, maternal and newborn health, infants and children aged under 9 years, and disadvantaged, underserved and vulnerable populations.

Priority competencies

These priority competencies should be included in both learning activities and assessments in this module.

1. Places people at the centre of all practice

16. Learns from, with and about others

22. Works within the limits of competence and scope of practice

23. Demonstrates high standards of ethical conduct

Learning activities and assessments

Learning objectives (LO)	Learning activities
Session 1: Basic science (knowledge only) (2 hours per life stage)	
1. Describe the fundamental anatomy, physiology, and biology of the human body, and how these aspects evolve across the life course. 2. Identify the basic principles of health interventions and their impact on human well-being and development across the life course.	(LO 1) In a series of lectures and individual exercises, the tutor explains how the fundamental anatomy, physiology and biology of the human body evolve and how needs differ over life stages. Throughout, the tutor asks learners to recall material from module 12. (LO 2) In these lectures, the tutor introduces the key health interventions that CHWs are likely to provide, relevant to the life stage in question.
Practice activities for individual health	
Session 2: Gather information about an individual's history (2 hours per life stage)	
3. Recognize health risks and danger signs across different population groups through history taking.	(LO 3) The tutor illustrates how to take a clinical history and explains how it relates to detecting danger signs. (LO 3) The tutor explains the tools and surveys used across the various life stages. (LO 3) The tutor shares a health screening form and explains how CHWs should use it to collect information about the individual's health history and symptoms. (LO 3) Learners role play individuals (or parents) at various life stages. Going around the room (half the group stays "in character"), other learners interact with the people who are role playing each life stage, taking the relevant history for each.

Session 3: Conduct clinical assessment and point-of-care screening and testing (3 hours per life stage)	
4. Articulate a specific schedule for recommended visits, screenings and other procedures for different age groups and life stages. 5. Conduct clinical assessment and point-of-care screening or testing.	(LO 5) In pairs, practise taking relevant vital signs. This should include considerations relevant to the life stage: for example, if taking vital signs or carrying out surveys of children, the pairs should discuss how best to approach people in their community at that life stage. (LO 4) The tutor presents guidelines on who to test and screen at each life stage for different health issues or risks. The tutor presents the steps and considerations for conducting the screening tests, the process to obtain test results, and risk reduction measures that can be taken. (LO 5) Recalling the discussion on taking informed consent from module 1, learners examine any programme-specific consent forms. (LO 5) In a simulated role play, the CHW goes through the steps and the process to conduct a point-of-care test, including obtaining informed consent, the purpose of the screening test, and communicating about risk factors and how to obtain test results. Learners simulate how they might approach people at different life stages.
Session 4: Communicate results, including reporting (2 hours per life stage)	
6. Describe reporting requirements relevant to the life stage. 7. Explain relevant test results to the individual, addressing any queries or concerns they may have.	(LO 6, 7) The tutor leads a reflective discussion about the importance of communicating screening and test results, and different responses and questions individuals and caregivers may have, as well as giving an overview of the reporting process and requirements. (LO 6, 7) Learners observe a role play based on scenario cards, demonstrating good and bad practices in explaining test results and addressing any queries or concerns. Learners reflect and discuss. (LO 6, 7) The tutor presents documentation forms for an individual. In pairs, using role play scenario cards, learners model the good practices for explaining test results, responding to queries and concerns, completing forms, and reporting test or screening results.
Session 5: Advise on preventive or risk reduction measures (2 hours per life stage)	
8. Advise on preventive or risk reduction measures.	(LO 8) In small groups, learners discuss which different preventive or risk reduction measures would apply to individuals at different life stages. (LO 8) Next, learners brainstorm ways to effectively advise individuals on preventive or risk reduction measures for different life stages in their community. Learners do a role play advising on preventive or risk reduction measures to different population groups.

Session 6: Provide treatment and support (4 hours per life stage)	
9. Interpret patient management plans to identify the recommended treatment and management options. 10. Provide treatment. 11. Provide treatment support, including monitoring for changes in clinical signs and symptoms, providing psychosocial support, non-complex rehabilitation, and linking with the relevant social support mechanisms. 12. Encourage treatment adherence through observation, peer support, education and individual follow-up.	(LO 9) The tutor presents an overview of the different treatments and supports relevant to a particular life stage. Learners discuss ways of connecting individuals with those supports. (LO 9) Learners interpret a sample management plan to identify the role of CHWs in providing treatment and support that meet the needs of the individual. (LO 10, 11, 12) Based on case studies highlighting a mixture of individuals with and without effective treatment adherence, learners practise role plays in which they: • interact with the individual to ask them about their treatment, adherence, signs, symptoms and any challenges they are having; • conduct monitoring for changes in clinical signs and symptoms; • dispense medication and provide information about taking the medication; • provide psychosocial support, including education and peer support; • encourage treatment adherence. The group discusses how this process might differ at different life stages and with different individuals. (LO 10, 11, 12) To provide CHWs with hands-on experience and skills, CHWs are divided into small groups and rotated through different training stations, each focusing on a health issue and treatment option in a specific age group or life stage.
Session 7: Document individual records (2 hours per life stage)	
13. Document treatment and response in individual's records.	(LO 13) The tutor presents records and forms relevant to the life stage. In pairs, learners review them and practise filling them out.
Session 8: Process referral to other services (3 hours per life stage)	
14. Distinguish cases that require immediate referral or emergency response and identify appropriate referral path and services. 15. Develop simple strategies to overcome barriers to accessing additional services, with consideration of such factors as geography, mobility, identity, socioeconomic status and cultural preferences. 16. Liaise with or refer community members to providers of additional resources with considerations of different needs and preferences.	(LO 14, 16) In small groups, learners brainstorm the different services that individuals may be referred to at different life stages. The groups also reflect on the different referral pathways, different needs and preferences, and their roles as CHWs in organizing and facilitating referrals. (LO 14, 15, 16) Following the previous case scenarios from session 6, in pairs, the CHWs determine the needs of an individual for referral services or additional resources and assess the urgency and prioritization of the case, and outline the actions they would take to organize referrals to an appropriate service. (LO 15, 16) Facilitated whole group discussion of the barriers that different groups in the given life stage might face, and how to facilitate connections to care and services.

Practice activities for community health	
Session 9: Assess risk factors in the community (2 hours per life stage)	
17. Assess specific needs and challenges of the community across different life stages.	(LO 17) In a group discussion, the tutor guides learners to recall the material on needs assessment and barriers to care in modules 4 and 5. In a guided discussion, the group describes the challenges that might be faced by people in each life stage. They consider how they would assess the risk factors and specific needs of different population groups, and their role as CHWs in supporting them.
Session 10: Contribute to active surveillance (2 hours per life stage)	
18. Describe the role of the CHW in indicator-based and event-based surveillance at different life stages and in different population groups.	(LO 18) Facilitated whole group discussion on the roles of CHWs in contributing to active surveillance of health concerns and screenings, relevant to the life stage. (LO 18) In pairs, learners practise filling out indicator-based and event-based surveillance forms relevant to the life stage.
Session 11: Provide community-level information and advice (3 hours per life stage)	
19. Identify the range of appropriate behaviour change communication techniques for individual- and community-level interventions, specific to different age and population groups. 20. Identify opportunities to provide community-level information and advice for different age and population groups. 21. Distribute information materials in a range of messages and formats. 22. Identify key advocacy messages for particular age and population groups.	(LO 19) In a group discussion, the tutor guides learners to recall material on communication for behaviour change from module 2. In groups, learners brainstorm effective communication techniques for the target age group, reflecting on the concerns or barriers they may have at that life stage, as well as preferences regarding communication. (LO 20, 21) Working in pairs, learners brainstorm effective ways to provide community-level information and advice to specific age groups, including information resources, organized screen days, public information venues (such as town halls), or through household visits. They share these ideas in a larger group-facilitated discussion. (LO 22) Again in pairs, learners identify particularly important advocacy messages for particular age groups, considering the desired behaviour change, opportunity and motivation. (LO 21) Guided group discussion on ways that these advocacy messages could be disseminated to the people in the relevant age group.
Session 12: Distribute health kits and resources in the community (2 hours per life stage plus 8 hours field experience)	
23. Demonstrate the correct use of commodities, tools and resources for various life stages and population groups. 24. Distribute health kits and resources in the community. 25. Monitor resource allocation and use, including inventories and making orders.	(LO 23) The tutor demonstrates the correct use of tools, relevant commodities and resources for particular services or interventions for the relevant population groups. (LO 24, 25) As part of a health clinic day or going door to door, learners participate in distribution of information and resources, including health kits, for health management. As part of the above activity, CHWs also monitor resource allocation together with other health clinic staff.

Summative assessment (4 hours)

Individual presentation. Individually, learners present the key health issues and services for people at various life stages and in particular population groups. Their presentation should reflect on the various preventive strategies they learned about, and how they would teach the community about their adoption, as well as the critical steps in providing treatment and support to an individual, including specific considerations for treatment and support, testing and screening, communication, and commodity management. Learners should do a separate presentation for each of the life stages or population groups they have covered in this module; the exact life stages or population groups covered will depend on context. The presentation should include a brief reflection on field experience.

Practice-based observation. Learners are observed conducting testing, providing relevant health education and counselling, depending on the test results; and providing information about needed follow-up or referral. The learner also documents the results of the test in the individual's health records (checked and potentially amended by the tutor or senior CHW). These observations may be part of a planned clinical outreach day; for the patient experience, it is imperative that a tutor (or supervisor or experienced CHW) is on hand to ensure that the interaction is well handled.

Topic 13.1 Sexual and reproductive health

Basic science (knowledge only)	
General knowledge	**Knowledge**
S1. Describe the fundamental anatomy, physiology and biology of the human body, and how these aspects evolve across the life course.	• Describe basic anatomy and physiology of the reproductive system.
S1. Identify the basic principles of health interventions and their impact on human well-being and development across the life course.	• Explain common sexual and reproductive health issues and interventions, including menstrual health, sexual and reproductive health education, contraception methods, birth spacing and family planning, sexually transmitted infections, fertility, infertility, abortion and menopause. • Recognize common determinants of sexual and reproductive health, including fundamental rights of individuals to make informed choices about their reproductive health without coercion or discrimination. • Describe approaches to addressing sexual health in diverse culturally sensitive settings.
Practice activities for individual health	
General tasks	**Tasks**
S2. Gather information about an individual's history.	• Gather information about sexuality, sexual activity and sexual reproductive health needs and concerns. • Ask specifically about family history, noting any concerns that may impact sexual and reproductive health.
S3. Conduct clinical assessment and point-of-care screening and testing.	• Provide counselling on pregnancy testing if the woman is showing signs and symptoms of pregnancy. • Provide screening for pregnancy using test kits, if the woman is showing signs and symptoms of pregnancy. • Provide screenings for sexually transmitted infections (STIs), human papillomavirus (HPV) and cervical cancer, as available.
S4. Communicate results, including reporting.	• Communicate results of tests done to the individual. • Inform individual of the implications and potential management of the test results.
S5. Advise on preventive or risk reduction measures.	• Counsel on the benefits to mothers and children of birth spacing and family planning. • Provide counselling on safe and effective use of contraception. • Counsel on the prevention or management of STIs. • Counsel on the importance of antenatal care and when to start antenatal care. • Counsel on the importance of HPV vaccination for those who are eligible.
S6. Provide treatment and support.	• Promote menstrual health advice for women and girls. • Provide proactive antenatal care support and services, including follow-up plans. • Provide a family planning and birth spacing plan, as applicable. • Provide postprocedural counselling and advice on oral and non-oral contraceptives, such as combined oral contraceptives or subdermal contraceptive implant. • Provide education on abortion, including self-care and the self-management of medical abortion.

	• Administer pill for the management of induced abortions.[8] • Identify complications that arise from abortions. • Administer misoprostol pill for the management of postpartum haemorrhage. • Provide screening for stress and common mental disorders, such as depression and anxiety.
S7. Document individual records.	• Document relevant information, including vaccination records, history of medications or contraceptive failures.
S8. Process referral to other services.	• Refer individuals requiring further services that cannot be readily provided in the community, such as those with complications arising from infertility, abortion, or STIs, or with contraceptive needs.
Practice activities for community health	
General tasks	**Tasks**
S9. Assess risk factors in the community.	• Identify communities at increased risk of contracting or transmitting STIs. • Provide sexual health advice to communities at risk of STIs.
S10. Contribute to active surveillance.	• Report STIs that are considered notifiable conditions.
S11. Provide community-level information and advice.	• Lead or contribute to, as appropriate, sexual and reproductive health informational sessions and campaigns to educate communities.
S12. Distribute health kits and resources in the community.	• Provide a variety of contraceptive options (such as male and female condoms, oral contraceptives, diaphragms, intramuscular depot injection or subcutaneous contraceptive implants). • Provide oral supplements, such as iron and folate, during antenatal care. • Where available, provide devices or kits for self STI testing, together with information about acting on the test results, as well as HPV vaccination for those who are eligible.

[8] Current WHO guidelines indicate the following: (if the pregnancy is < 12 weeks; use mifepristone and misoprostol, OR misoprostol alone), for missed abortions (< 14 weeks; use mifepristone and misoprostol, OR misoprostol alone), and for uncomplicated incomplete abortion (< 14 weeks; use misoprostol).

Topic 13.2 Maternal and newborn health

Basic science (knowledge only)	
General knowledge	**Knowledge**
S1. Describe the fundamental anatomy, physiology and biology of the human body, and how these aspects evolve across the life course.	• Describe the basic anatomy and physiology of the reproductive system, including the body structures and processes involved in conception, pregnancy, childbirth, postpartum and newborn health, and development needs. • Describe the basic anatomy and physiology of the newborn.
S1. Identify the basic principles of health interventions and their impact on human development and well-being across the life course.	• Recall the calculation of pregnancy due date, stages of pregnancy, fetal growth and development, danger signs and common pregnancy-related complications (for example, pre-eclampsia, gestational diabetes), as well as the importance of antenatal, intrapartum and postnatal care, monitoring for maternal postpartum needs and complications, and fetal and newborn well-being.
Individual practice activities	
General tasks	**Specific tasks**
S2. Gather information about an individual's history.	*Antenatal* • Identify pre-existing health conditions during pregnancy (excessive weight, high blood pressure, anaemia, poor nutrition and other chronic conditions). • Identify relevant personal and family history (such as difficulties in previous births, multiple births). • Elicit information by exploring past medical history of complications during previous pregnancies.
S3. Conduct clinical assessment and point-of-care screening and testing.	*Antenatal* • Take vital signs. • Provide screening for pregnancy using test kits. • Identify danger signs (such as severe abdominal pain, vaginal bleeding, headache with blurred vision, swelling of hands or face, history of convulsions, difficulty in breathing, fever, painful urination or foul-smelling discharge) for pregnancy-related complications, high-risk pregnancy, and preterm births. • Identify signs of labour. *Postnatal (mother)* • Identify danger signs for complications in postpartum. including bleeding, puerperal infections and sepsis (fever), hypertensive disorders (headache with blurred vision, swelling of hands or face, convulsions). • Assess breastfeeding status (including positioning and attachment and milk transfer). • Ask about back pain and incontinence. *Postnatal (baby)* • Identify danger signs (not feeding well, history of convulsions, fast breathing, severe chest indrawing, no spontaneous movement, fever or low body temperature, jaundice in first 24 hours) for newborn, including neonatal sepsis.

S4. Communicate results, including reporting.	*Antenatal* • Collect relevant test results, communicate with relevant individuals (parent, caregiver), report as needed. • Communicate results of pregnancy testing to individual. • Inform individual of the implications and potential management of the pregnancy test results.
S5. Advise on preventive or risk reduction measures.	*Antenatal* • Counsel on the importance of antenatal care and when to start antenatal care, including birth preparedness and readiness for potential complications. • Counsel on appropriate nutrition during pregnancy and in the postpartum period. • Counsel on or administer vaccines during antenatal care (for example, tetanus toxoid). • Inform on danger signs of obstetric and newborn complications and where to seek care. • Counsel on self-care, including topics such as care seeking, availability of care, pregnancy risks, breathing, and relaxation positions during birth. • Counsel on the prevention of mother-to-child transmission. • Counsel on birth spacing and family planning. • Counsel on taking antenatal oral supplements, including iron and folate. • Counsel on the risks to maternal and newborn health of extreme heat, air pollution, and tobacco, as well as other harmful substances, including drug and alcohol use. • Counsel on the importance of postnatal care and when to seek care for women and newborns.
S6. Provide treatment and support.	• Administer malaria prophylaxis in pregnancy. • Accompany pregnant women to health service for birth and as a labour companion if the woman has selected the CHW childbirth option. • Contribute to safe and clean birth practices (such as handwashing) when assisting skilled birth personnel in childbirth. *Postnatal (mother)* • Counsel on the adoption of kangaroo mother care for newborns and preterm babies. • Counsel on the importance of initiating breastfeeding immediately after birth, skin-to-skin care, hygiene and clean cord care, and colostrum feeding. • Provide counselling on exclusive breastfeeding up to six months, along with practical support to ensure good technique. • Encourage the contraceptive use of lactational amenorrhoea as an additional family planning tool.

	• Provide family planning counselling and support. • Conduct screening for stress and common mental disorders, such as depression and anxiety. • Provide counselling support on postpartum depression. *Postnatal (baby)* • Identify newborns with birth complications and refer to health facility. • Provide support on complementary feeding for children aged over 6 months and continued breastfeeding for children up to 2 years of age.
S7. Document individual records.	*Antenatal, postnatal (mother) and postnatal (baby)* • Complete individual health records and home-based records, including antenatal and postnatal visits, immunizations and birth registration. • Document all test results.
S8. Process referral to other services.	*Antenatal and postpartum (mother)* • Identify danger signs during pregnancy for mother and refer for further care, ensuring communication as to why the woman is being referred. • Ensure communication and documentation for referral site. • Identify signs of labour and refer to the facility for birth. *Postnatal (mother)* • Identify danger signs in postpartum for mother and refer for further care, ensuring communication as to why the woman is being referred. *Postnatal (baby)* • Identify danger signs in newborns and refer with the mother or family for further care, ensuring communication as to why the newborn is being referred.
Practice activities for community health	
General tasks	**Tasks**
S9. Assess risk factors in the community.	• Identify specific households or population subgroups with higher risks of adverse birth outcomes, including small and sick newborns who will require additional care and support.
S10. Contribute to active surveillance.	• Report any births and maternal and newborn deaths and stillbirths to the appropriate health authorities.
S11. Provide community-level information and advice.	• Promote good nutrition for women before and during pregnancy and the postnatal period, and during breastfeeding. • Educate and counsel on the advantages of antenatal and postnatal care, and birth with skilled health personnel or within an institution. • Educate and counsel on birth spacing, family planning and breastfeeding, as well as on other maternal and newborn health topics.
S12. Distribute resources.	• Provide oral supplements (for example, micronutrients such as vitamin A, vitamin B6, calcium, iron and folic acid) and balanced energy and protein for mothers during antenatal care. • Provide oral supplements (for example, iron and folic acid) during postnatal care, and link postnatal care to home visits.

Topic 13.3 Infants and children aged under 9 years

Basic science (knowledge only)	
General knowledge	**Knowledge**
S1. Describe the fundamental anatomy, physiology and biology of the human body, and how these aspects evolve across the life course.	• Describe developmental milestones, including language development, growth patterns, common health issues and feeding problems, that could be encountered during infancy and early childhood.
S1. Identify the basic principles of health interventions and their impact on human development and well-being across the life course.	• Describe the symptoms of common childhood illnesses and health conditions, such as ear and respiratory infections, diarrhoea, malnutrition, vaccine-preventable diseases, child maltreatment, and the signs and symptoms that warrant urgent medical attention. • Explain common determinants of infant and child health, including access to clean air, water and sanitation, adequate nutrition, immunization services, and access to health services, and the importance of addressing these factors to promote optimal health and well-being in early childhood.
Practice activities for individual health	
General tasks	**Tasks**
S2. Gather information about an individual's history.	• Collect information about the state of health of the child. • Collect information about family and social history, noting any health and development risks for the child, including caregiver's capacity to provide optimal care. • Assess the severity and duration of any current or recent illnesses the child has experienced, including symptoms related to acute respiratory infection, diarrhoea, fever, malaria, dengue fever, vaccine-preventable diseases such as measles, ear infection, anaemia or malnutrition, following integrated community case management (ICCM) and integrated management of childhood illness (IMCI) guidelines. • Monitor and take history of developmental milestones or delays. • Check immunization status. • Check for inappropriate use of medicines, including from informal or over-the-counter providers. • Check for any history of danger signs (unable to drink or breastfeed, vomiting, convulsions, lethargy, unconsciousness). • Identify signs and symptoms typically associated with child maltreatment.
S3. Conduct clinical assessment and point-of-care screening and testing.	• Undertake physical examination, including taking vital signs, for example pulse and respiratory rates. • Detect undernourished children, including those suffering from wasting and nutritional oedema, through routine testing. • Provide hearing screening. • Provide newborn eye screening, and vision and eye screening for children. • Provide screening for signs of malnutrition (using mid-upper arm circumference (MUAC) tapes, or detection of bilateral pitting in the case of nutritional oedema). • Measure weight-for-height, weight-for-length and weight-for-age to assess growth against WHO Child Growth Standards or local guidelines. • Conduct anaemia testing.

S4. Communicate results, including reporting.	• Explain test results, diagnoses, and treatment or management pathways to caregivers. • Report results of any reportable diseases or conditions to an authorized supervisor or health system focal point.
S5. Advise on preventive or risk reduction measures.	• Provide education and support for caregiver on the home-based monitoring of and actions for danger signs of common childhood illnesses (such as diarrhoea, pneumonia, malnutrition, dehydration, and malaria, as well as HIV and tuberculosis) and injury risks (such as transport injuries, drowning, falls, burns, poisoning or choking). • Provide education and support for caregiver on vaccination schedules, monitoring developmental milestones and red flags, and supporting development through early stimulation.
S6. Provide treatment and support.	• Support dietary planning and provide counselling for infant and young child feeding. • Provide exclusive breastfeeding counselling along with practical demonstration to ensure good technique. • Provide support on addressing feeding difficulties and complementary feeding for children aged over 6 months and continued breastfeeding for children up to 2 years of age. • Educate caregivers on basic nutrition information (such as nutrition, weight gain, dietary diversity, iron supplementation, anaemia control and growth monitoring). • Provide counselling to support healthy responsive caregiving. • Equip families with tools to reinforce learning experiences on caregiving. • Provide appropriate care for acute respiratory infections, diarrhoea (including hydration), fever, malaria and acute malnutrition. • Monitor antiretroviral therapy (ART) adherence to help prevent mother-to-child transmission of HIV. • Provide counselling to support the adoption of hygienic practices (such as good hand hygiene) that prevent diarrhoea and other infectious diseases. • Support the management of overweight and obesity by advising caregivers on good nutritional practices and rehabilitative services that may be available. • Provide counselling to support prevention of injuries (such as road injuries, drowning, falls, burns, poisoning, choking). • Assess for signs and indications of violence in the household.
S7. Document individual records.	• Complete individual health records (including test results, immunization status and referrals).
S8. Process referral to other services.	• Counsel on self-referral for children exhibiting danger signs and completion of immunization schedules. • Provide first contact care and referral for childhood illness and developmental delays. • Counsel on referral of children living with overweight and obesity or malnutrition for appropriate care, including rehabilitation or early childhood intervention services, as relevant. • Accept and follow up on counter-referrals, as appropriate.

Practice activities for community health	
General tasks	**Tasks**
S9. Assess communicable and other diseases risk factors in the community.	• Assess households in vulnerable conditions for risk factors of infection, childhood diseases or injuries. • Assess households in vulnerable conditions for risk factors such as deep poverty, lack of safety, violence, or lack of caregiver's capacity to provide care.
S10. Contribute to active surveillance.	• Identify households with children suffering from notifiable diseases, for example TB, poliomyelitis or NTDs, and complete reporting.
S11. Provide community-level information and advice.	• Provide information to caregivers about the prevention and management of common childhood illnesses and injuries, including danger signs. • Provide information to caregivers about nurturing care practices, appropriate feeding and nutrition, monitoring, and support to child development.
S12. Distribute health kits and resources in the community.	• Identify and prioritize households with infants or young children for distribution of child health kits. • Manage the use, storage and disposal of child health kits and resources in the community. • Distribute and demonstrate correct preparation of oral rehydration treatment. • Distribute and demonstrate proper use of insecticide-treated bednets. • Distribute therapeutic foods to treat malnutrition (for example, ready-to-use therapeutic foods).

Topic 13.4 Youths and adolescents

Basic science (knowledge only)	
General knowledge	**Knowledge**
S1. Describe the fundamental anatomy, physiology and biology of the human body, and how these aspects evolve across the life course.	• Explain the physical emotional, and social changes that occur during puberty and adolescence, including hormonal changes, growth spurts and the development of secondary sexual characteristics.
S1. Identify the basic principles of health interventions and their impact on human well-being and development across the life course.	• Explain the importance of sexual and reproductive health education for adolescents, including information on puberty, sexual and reproductive rights, contraception, STIs, and consent, as well as promoting healthy relationships and sexual decision-making. • Recognize mental health issues that commonly affect adolescents, such as depression, anxiety, eating disorders and substance abuse, and the importance of early identification, intervention and access to supportive services. • Recognize the impact of societal norms on adolescent health behaviours, including risk-taking behaviours, tobacco, substance, and excessive alcohol use, unsafe transport actions, high exposure to recreational sounds, and body image concerns, and the need for positive peer influences and supportive environments. • Recognize the unique health needs and vulnerabilities of marginalized and underserved youth populations, for example lesbian, gay, bisexual, transgender, queer, intersex and other gender-diverse (LGBTQI+) youths, indigenous youths, and youths who are outside school.
Practice activities for individual health	
General tasks	**Tasks**
S2. Gather information about an individual's history.	• Conduct history taking. • Take family and social history, noting any relational or psychosocial challenges.
S3. Conduct clinical assessment and point-of-care screening and testing.	• Conduct assessment of self-harm and suicide risk. • Screen for substance abuse disorders, including assessments of alcohol, tobacco and drug use. • Conduct vision and eye screening and hearing tests. • Conduct anaemia testing.
S4. Communicate results, including reporting.	• Explain test results and diagnoses, including potential care pathways, to individuals and caregivers, as appropriate.
S5. Advise on preventive or risk reduction measures.	• Educate about home-based monitoring for danger signs of common illnesses (such as diarrhoea, pneumonia, malnutrition, dehydration and malaria) and safety (such as transport injuries, drowning, falls, burns and poisoning). • Educate about healthy sexual choices and practices.
S6. Provide treatment and support.	• Counsel adolescents and households on nutritional anaemia. • Provide iron and folic acid supplementation for menstruating non-pregnant adolescent girls, according to prevalence levels and national guidelines in settings where anaemia is prevalent. • Follow up on compliance with iron and folic acid supplementation, as needed. • Provide counselling on menarche, menstruation, painful and heavy bleeding, and delayed periods.

S7. Document individual records.	• Complete individual health records, including test results, immunization status and referrals.
S8. Process referral to other services.	• Provide relevant referral advice, counselling, and referral for support as accessible information for youths and adolescents with mental health concerns and disorders.
Practice activities for community health	
General tasks	**Tasks**
S9. Assess risk factors in the community.	• Assess households for the practice of simple hygienic practices, such as handwashing. • Assess the impact of socioeconomic and structural factors on dietary or other health practices. • Provide strategies to help households access nutritious food and resources to support healthy lifestyle modification.
S10. Contribute to active surveillance.	• Identify individuals or households that could benefit most from social interventions for youths and adolescents. • Connect individuals to relevant social interventions or resources, for example, joining a community book club or a crafts centre.
S11. Provide community-level information and advice.	• Provide information about prevention and management of common conditions, including danger signs. • Share information on menstruation and menstrual hygiene, with extra focus in emergency or humanitarian contexts.
S12. Distribute health kits and resources in the community.	• Implement a management plan to distribute menstrual hygiene kits. • Identify appropriate and acceptable sites, assess safety, and monitor reach and accessibility for distribution of health kits. • Distribute sanitary napkins.

Topic 13.5 Older populations and caregivers

Basic science (knowledge only)	
General knowledge	**Knowledge**
S1. Describe the fundamental anatomy, physiology and biology of the human body, and how these aspects evolve across the life course.	• Explain the physiological changes that occur with ageing, such as menopause, including changes in organ function, muscle mass, bone density and sensory perception, as well as the increased risk of chronic diseases and age-related conditions.
S1. Identify the basic principles of health interventions and their impact on human well-being and development across the life course.	• Describe the common health issues and concerns among older adults, such as physical and mental impairments, cardiovascular disease, diabetes, arthritis, dementia, and adverse events such as falls, and the importance of preventive measures, regular screenings, and management of chronic conditions to promote healthy ageing. • Explain the role and challenges of informal caregivers, such as household members or friends providing unpaid care to older adults, including the physical, emotional and financial strains of caregiving, and the need for support services, respite care, and caregiver education and training. • Explain the importance of social support, community resources and age-friendly environments in promoting the health and well-being of older adults, as well as the need for integrated care responsive to the person's needs, priorities and values.
Practice activities for individual health	
General tasks	**Specific tasks**
S2. Gather information about an individual's history.	• Take history and conduct a comprehensive assessment of the needs of older people.
S3. Conduct clinical assessment and point-of-care screening and testing.	• Use assessment tools to identify people experiencing cognitive decline. • Perform a basic assessment of older people's status, considering physical, mental and social aspects. • Screen for and identify people with hearing loss. • Conduct vision and eye screening. • Assess the status of the individual for challenges such as loneliness, problems with living conditions and finances, caregiver burden and strain, and abuse.
S4. Communicate results, including reporting.	• Determine the need for communication support based on the individual needs and preferences of the older adult. • Communicate results and any associated outcomes or possible interventions to follow.
S5. Advise on preventive or risk reduction measures.	• Identify potential risk factors for persons at risk of adverse events in home settings. • Develop risk mitigation and prevention strategies for individuals at risk of adverse events. • Propose a social care and support plan for older individuals who need it.

S6. Provide treatment and support.	• Provide relevant clinical advice, counselling and information, including on medication adherence, as necessary. • Support caregivers of care-dependent older persons. • Provide counselling on respite care for caregivers. • Link individuals to social care and other appropriate support. • Provide care for individuals with age-related conditions, including decline of intrinsic capacity. • Provide access to rehabilitation and palliative care and services, as necessary. • Provide dietary advice and eventual oral supplemental nutrition for older people affected by undernutrition.
S7. Document individual records.	• Complete individual health records, as needed.
S8. Process referral to other services.	• Coordinate and conduct discussions with other health workers. • Provide referral to transport services to help with outdoor mobility. • Provide relevant referral advice, counselling and information. • Accept counter-referrals, as appropriate.
Practice activities for community health	
General tasks	**Tasks**
S9. Assess risk factors in the community.	• Conduct screenings to identify persons at risk of social isolation or older community members experiencing neglected health challenges.
S10. Contribute to active surveillance.	• Report to a supervisor or authorized persons any presumed findings of social isolation or older community members experiencing abuse or neglected health challenges.
S11. Provide community-level information and advice.	• Provide information about accessible support needs and appropriate community support services.
S12. Distribute health kits and resources in the community.	• Distribute walking and support aids, hearing assistive devices, near-vision spectacles, and other assistive technology needs, as appropriate.

Topic 13.6 Disadvantaged, underserved and vulnerable populations

Basic science (knowledge only)	
General knowledge	**Knowledge**
S1. Describe the fundamental anatomy, physiology and biology of the human body, and how these aspects evolve across the life course.	• Explain the outward physical changes that take place in the human body as age progresses.
S1. Identify the basic principles of health interventions and their impact on human development and well-being across the life course.	• Explain the burden of illness and poor health outcomes experienced by systematically disadvantaged and underserved populations, including higher rates of chronic diseases, infectious diseases, mental health disorders and barriers to accessing health care services. • Explain the concept of intersectionality and how multiple forms of discrimination and disadvantage combine to exacerbate health disparities and marginalization among vulnerable populations. • Explain historical and structural factors, such as racism, economic inequality, inadequate health care infrastructure, and limited access to education and employment opportunities, that contribute to health inequities and perpetuate cycles of disadvantage.
Practice activities for individual health	
General tasks	**Tasks**
S2. Gather information about an individual's history.	• Compile a history, with specific emphasis given to the family and social history, noting any psychosocial challenges (such as neglect).
S3. Conduct clinical assessment and point-of-care screening and testing.	• Screen for conditions such as STIs, TB and NTDs, depending on the needs of the individual or population being served. • Screen for acute malnutrition.
S4. Communicate results, including reporting.	• Communicate any results findings. • Discuss potential outcomes and next steps.
S5. Advise on preventive or risk reduction measures.	• Counsel on stigma. • Encourage care-seeking behaviour. • Introduce individuals to community and health system support mechanisms, such as food banks and social services.
S6. Provide treatment and support.	• Provide care specific to the needs of the vulnerable population.
S7. Document individual records.	• Complete individual health records, including medical test results, immunization status and referrals.
S8. Process referral to other services.	• Identify and facilitate access to safe and culturally appropriate services.
Practice activities for community health	
General tasks	**Tasks**
S9. Assess risk factors in the community.	• Identify risk and vulnerability factors specific to older people in the community.
S10. Contribute to active surveillance.	• Report the presence of any notifiable illnesses to the appropriate health authorities.

S11. Provide community-level information and advice.	• Engage with community members and leaders to assess needs and identify resources for health priorities. • Advocate social change and resource allocation at the local level to address communicable disease disparities. • Advise on the benefits of vaccinations and recommend those that may be needed.
S12. Distribute health kits and resources in the community.	• Establish community-based distribution points for health kit resources in accessible locations. • Conduct outreach efforts to ensure equitable access. • Assess barriers to participation or use of distributed community resources.

Topic 13.7 Nutrition

Basic science (knowledge only)	
General knowledge	**Knowledge**
S1. Describe the fundamental anatomy, physiology and biology of the human body, and how these aspects evolve across the life course.	• Recall the essential nutrients required for homeostasis, including carbohydrates, proteins, fats, vitamins, minerals and water, and their roles in supporting growth, development, energy metabolism, immune function and overall well-being, and how nutritional needs change over the lifespan. • Explain recommendations for a balanced diet that provides adequate macronutrients and micronutrients to meet individual nutritional needs across the lifespan. • Recognize the impacts of malnutrition on human growth and development. • Describe common nutritional deficiencies and their health consequences, such as iron deficiency anaemia, vitamins A and D deficiency, and iodine deficiency disorders, as well as strategies for prevention and treatment through dietary interventions and supplementation.
S1. Identify the basic principles of health interventions and their impact on human development and well-being across the life course.	• Describe the impact of environmental, socioeconomic, religious, cultural and structural factors on dietary practices. • Explain the role of nutrition in preventing and managing forms of malnutrition (wasting, stunting, micronutrient deficiencies, overweight and obesity) and other diet-related nutrition issues; its relevance to chronic diseases (such as sarcopenia, diabetes, cardiovascular disease and certain cancers); and the importance of promoting healthy eating habits and lifestyle behaviours to reduce disease risk and improve overall health.
Practice activities for individual health	
General tasks	**Tasks**
S2. Gather information about an individual's history.	• Gather information about an individual's history. • Note any relationships to determinants of health likely to affect nutrition. • Elicit information and identify any causes of breastfeeding or other feeding difficulties. • Assess nutritional and dietary intake. • Assess breastfeeding status (including positioning and attachment and milk transfer).
S3. Conduct clinical assessment and point-of-care screening and testing.	• Take vital signs. • Measure weight-for-height, weight-for-length and weight-for-age to assess growth against WHO Child Growth Standards or local guidelines. • Screen individuals for nutrition-related conditions using appropriate measurements or instruments (for example, MUAC, anaemia, blood pressure). • Diagnose malnutrition, using recommended thresholds (for example, moderate and severe acute malnutrition, with and without complications, anaemia, hypertension).
S4. Communicate results, including reporting.	• Explain test results, potential outcomes and next steps to the individual or caregiver.

S5. Advise on preventive or risk reduction measures.	• Provide condition-specific nutrition assessment and counselling. • Provide motivational interviewing and other diet quality counselling measures to improve nutrition-related health outcomes. • Counsel on food groups and how to prepare a balanced diet. • Counsel on the role of balanced diets in promoting a healthy body, growth and development.
S6. Provide treatment and support.	• Counsel on nutrition, food safety and healthy diet. • If adequate training and regular supervision are provided, screen and treat cases of moderate and severe acute malnutrition without complications, including administering ready-to-use therapeutic food as indicated (only under supervision and admission of the affected individual to a treatment programme in line with local or national guidelines). • Administer oral micronutrient and macronutrient supplementation according to needs.
S7. Document individual records.	• Record individual health records, including test results, diagnoses and management plans.
S8. Process referral to other services.	• Collaborate with the mother to develop an actionable plan for self-referral if feeding difficulties persist. • Refer cases of moderate or severe acute malnutrition with medical complications or obesity to health facilities for further assessment, treatment or inpatient care, or manage in the community, as per national protocols.
Practice activities for community health	
General tasks	**Tasks**
S9. Assess risk factors in the community.	• Identify specific populations or households at increased risk for malnutrition.
S10. Contribute to active surveillance.	• Use screening tools to routinely identify households or community hubs that may benefit from wider health system interventions and report to supervisor or authorized persons.
S11. Provide community-level information and advice.	• Raise community awareness about supplemental nutrition and food security programmes and entitlements. • Promote awareness of locally available nutritious foods. • Promote good nutrition for women during pregnancy, the postnatal period and breastfeeding.
S12. Distribute health kits and resources in the community.	• Distribute nutritional supplements and kits such as ready-to-use therapeutic food (only under supervision and admission of the affected individual to a treatment programme in line with local or national guidelines), oral rehydration treatment solutions, vitamins and micronutrients to households, according to needs.

Topic 13.8 Injury prevention and first aid

Basic science (knowledge only)	
General knowledge	**Knowledge**
S1. Describe the fundamental anatomy, physiology and biology of the human body, and how these aspects evolve across the life course.	• Recall the basic anatomy of the human body. • Describe the basic physiological and pathological changes that occur in the event of an injury. • Explain the concept of promoting injury reduction, since injuries are often predictable and preventable. • Describe actions that can be taken to reduce the probability of injuries, such as providing safe spaces, use of safety equipment and safe behaviours. • Explain the concept of the 1–2–3 of safety in a major incident – 1 Self, 2 Scene, 3 Survivors – as guidance for first responders and bystanders.
S1. Identify the basic principles of health interventions and their impact on human development and well-being across the life course.	• Describe common medical emergencies and injuries, such as acute cardiovascular event, transport injuries, drowning, falls, burns, poisoning, choking, bleeding, fractures, shock and allergic reactions, and the appropriate first aid interventions. • Explain basic first aid techniques, including cardiopulmonary resuscitation (CPR), rescue breathing, the Heimlich manoeuvre, wound care and bandaging, splinting for fractures, and recognition and management of common medical emergencies. • Explain the importance of rapid assessment and prioritization of injuries and medical conditions, as well as effective communication and coordination with health system linkages for timely referral. • Explain the legal and ethical considerations related to providing first aid, including obtaining informed consent, maintaining patient confidentiality, and documenting interventions and observations for follow-up care. • Explain that injuries can be prevented by creating safe environments (such as protection from heat, heights, sharp objects, open water, motor vehicle impacts), using safety equipment (including child passenger restraints, seat-belts, helmets, personal flotation devices, stair gates and balcony railings) and training in safety behaviours.
Practice activities for individual health	
General tasks	**Tasks**
S2. Gather information about an individual's history.	• Assess individual and family risk to unintentional injury (for example, home environment, immediate community setting, and journeys to and from home that may place the individual at risk of injury).
S3. Conduct clinical assessment and point-of-care screening and testing.	• Assess the safety of the situation, environment, context and setting; high-risk environments present a higher risk of an injury requiring first aid. • Assess the need for prevention measures to reduce the risk of an injury happening (for example, reduce risk exposures to unsafe environments, including open flames, water, falls from heights, no separation from high-speed vehicles, poisons). • Assess the need for first aid. • Assess for danger signs (individual is not breathing, there is absence of a pulse, or signs of choking or airway obstruction). • Assess for signs of stroke by using the FAST mnemonic – Facial asymmetry, Arm or leg weakness, Speech is slurred, Time (to act promptly). • Ask for help or consult available team members of health system focal point.

S4. Communicate results, including reporting.	• Provide guidance on prevention measures that can be taken to prevent injuries from happening, first aid supplies to have available, and how to call for help in the event of an emergency.
S5. Advise on preventive or risk reduction measures.	• Raise awareness and knowledge of unintentional injuries and their prevention (for example, fall prevention training for older adults, swim survival training, transport safety). • Provide post-first aid counselling and advice. • Introduce or initiate personalized child injury protection advice (such as the safe storage of poisons, use of stair gates and protection against falls from heights, safe stoves and established fire escape routes, and protection from open water) for individuals or households with children.
S6. Provide treatment and support.	• Provide counselling and information for injury prevention and obtain informed consent for first aid. • Wash hands, wear appropriate personal protective equipment (PPE), properly dispose of PPE after attending to the individual. • Assess CABCDE (catastrophic haemorrhage, airway, breathing, circulation, disability, exposure) and provide immediate basic life support for injury and acute medical emergencies until emergency personnel or medical practitioner arrives – conditions may include difficulty in breathing, anaphylaxis, chest pain, shock, unresponsiveness, stroke, seizure, hypoglycaemia, dehydration or poisoning. • Provide home wound care for the management of bleeding by applying physical pressure or using an appropriate tourniquet. • Manage burns by removing the individual from the source of harm, use cool clean running water (not ice cold) to irrigate the area, remove non-sticking clothes or jewellery and apply a non-sticking bandage. • Seek emergency care (after first aid) if the burn is extensive or affects areas such as the eyes or genitals, or if the individual is exhibiting danger signs. • Manage bites or stings by removing the individual from the source of harm, wash the affected area with clean cold water or ice; if the affected area is an extremity, elevate it, apply non-stick bandage and seek urgent medical care if patient is displaying danger signs. • Identify need for administration of antidotes in cases of chemical poisoning, recognized snake bites or scorpion stings. • Immobilize the upper body and limbs in cases of presumed spinal fractures using a backboard or an appropriate flat surface; use the “log-roll” technique, head blocks and straps to secure the patient. • Seek urgent medical care for the affected individuals in life-threatening situations. • Prepare the individual and organize equipment for wound care. • Remove dressing, examine wound, clean wound, apply topical medication and apply dressing.
S7. Document individual records.	• Provide information on immediate support provided and next steps needed to manage the injury.
S8. Process referral to other services.	• Refer individuals to appropriate facilities for additional care after treating immediate concerns. • Contact the emergency ambulance or services for transfer to the hospital for advanced care.

Practice activities for community health	
General tasks	**Tasks**
S9. Assess risk factors in the community.	• Assess environment, context and setting factors that place the community at risk of injuries.
S10. Contribute to active surveillance.	• Include the monitoring of injuries as part of community surveillance to understand the level of risk and needed prevention measures.
S11. Provide community-level information and advice.	• Conduct community meetings to educate and counsel on safety and injury prevention measures, including the importance of wound care. • Educate community members on first aid (for example, CPR in case of cardiac arrest, and maintaining the correct pose through appropriate techniques, including leg raise, lateral side-lying, supine position or upright position). • Promote community awareness on the importance of safe environments and beyond-home and community actions aimed at improving the safety of communal spaces and ensuring safe journeys to and from these spaces. • Advise on the importance of child injury protection programmes and policies for schools and children's play areas.
S12. Distribute health kits and resources in the community.	• Distribute first aid kits and demonstrate the use of the contents.

Module 14. Communicable diseases

Content

This module is a menu of training materials to enable CHWs to learn to undertake a range of practice activities and tasks in the broad area of communicable diseases.

Not every communicable disease or related service area is covered in this module; instead, health topics address the most common and relevant communicable disease tasks that CHWs carry out. Tutors should train CHWs only in the service areas or topics relevant to a CHW's planned scope of work or responsibility.

As relevant to the local epidemiological context and CHWs' role, tutors can adapt these contents to include additional communicable diseases not named here, using the structure of this curriculum guide as a template.

Rationale

Across the world, CHWs are integral to the prevention and control of communicable diseases, conducting a range of activities from indicator- and event-based surveillance, to social mobilization, and to provision of appropriate curative services. They often provide these critical activities for those most in need. A summary of CHW roles is discussed below for health service areas (health topics) that are included in this section of the curriculum guide.

Topics

The following topics are covered in this module.

HIV and sexually transmitted infections (STIs). CHWs play a crucial role in HIV and STI prevention, education and support within their communities. They engage in outreach efforts to raise awareness of transmission and prevention methods, provide counselling, treatment adherence advice, and support to individuals living with HIV, promote HIV testing and linkage to care, distribute condoms and sterile needles, facilitate access to HIV treatment and medications, and combat stigma and discrimination associated with the disease. CHWs serve as trusted sources of information and support, working to improve health outcomes and reduce the impact of HIV/AIDS on their communities.

Tuberculosis (TB). CHWs play a vital role in preventing and managing TB by conducting outreach to at-risk populations, promoting TB awareness and education, facilitating early detection through screening efforts, ensuring timely access to testing and treatment services, and providing support and follow-up care to individuals undergoing TB treatment to improve adherence – including as directly observed treatment, short course (DOTS) observers – and treatment outcomes. Additionally, CHWs can advocate implementation of TB control measures within communities and collaborate with health care providers and public health authorities to implement effective TB prevention and management strategies, including to combat increasingly drug-resistant forms of TB.

Malaria. CHWs play a crucial role in preventing and managing malaria by conducting community-based education on malaria prevention methods, such as the use of bednets, indoor residual spraying and proper treatment-seeking behaviour. CHWs facilitate early diagnosis through rapid diagnostic tests and ensure prompt access to effective antimalarial treatment. They also engage in active surveillance and response activities to identify and contain malaria outbreaks, working closely with local health authorities and organizations to implement targeted interventions. Given the persistence of malaria and the emergence of drug-resistant strains, CHWs' efforts are more essential than ever in combating this preventable and treatable disease and reducing its burden on vulnerable populations. Based on epidemiologic context and service delivery profiles, CHWs can play a similar role in the prevention and management of other vector-borne diseases. Accordingly, some of the practice activities have broader applicability.

Hepatitis. Hepatitis is liver inflammation caused by various infectious and non-infectious agents, with hepatitis viruses (A, B, C, D and E) being the most common causes. These strains differ in important ways, including modes of transmission, severity of the illness and prevention methods. Many cases of acute infection are mild or asymptomatic, but some can cause severe symptoms. Hepatitis A and E viruses are prevalent in low- and middle-income countries because of limited access to clean water and food contamination, and mostly cause acute infections. In contrast, hepatitis B and C may cause prolonged infection and lead to severe liver disease, including liver cancer. CHWs play an important role in the prevention, treatment and monitoring of hepatitis, including through engaging communities and supporting health system interventions such as vaccination sessions.

Severe acute respiratory infections. CHWs play an important role in preventing and managing severe acute respiratory infections, including coronavirus disease (COVID-19), by disseminating accurate information about preventive measures, such as wearing masks, practising physical distancing and hand hygiene. They also conduct community-based screening and testing initiatives to identify and isolate cases promptly, thus interrupting transmission chains. Additionally, CHWs provide support to individuals and families affected by COVID-19 and other respiratory infections, including monitoring symptoms,

facilitating access to health care services, and offering psychosocial support to alleviate anxiety and stress. Their role in vaccine education and distribution is also vital in achieving community immunity and ending pandemics. Lessons learned from the CHW role in combating COVID-19, including the use of surveillance data to support early detection, can be applied to future virus outbreaks, epidemics and pandemics.

Acute bacterial infections. CHWs have an important role in prevention and control of acute bacterial infections in the community. Several community-level practices related to infection prevention, especially during pregnancy, childbirth and childhood, can be positively influenced by CHWs. Health-seeking behaviour for acute infections can also be guided by CHWs, and this can potentially lead to reduction in over-the-counter use of medications, especially antimicrobials. CHWs also play a significant role in informing the community about clean water and food safety practices, thus helping to reduce waterborne and foodborne infections. They can also help to identify outbreaks of acute infection in communities and play a role in influencing the community's response to such outbreaks.

Neglected tropical diseases (NTDs). CHWs support prevention and management of NTDs by conducting community-based surveillance for early case detection, facilitating access to preventive measures such as mass drug administration and vector control interventions, and promoting hygiene and sanitation practices to reduce transmission risk. Additionally, CHWs can provide community education on recognizing signs and symptoms of NTDs, facilitating early diagnosis and treatment-seeking behaviour, and supporting affected individuals through treatment regimens to improve adherence and treatment outcomes. By engaging with communities and collaborating with local health authorities and organizations, CHWs contribute to efforts to control and eliminate NTDs, addressing health disparities and promoting health equity among vulnerable populations.

Immunization. CHWs support immunization efforts by conducting community outreach and education to raise awareness about the importance of vaccination sessions and campaigns, addressing misconceptions and dispelling myths. They also facilitate access to vaccination services by organizing immunization campaigns, providing information on immunization schedules, identifying and supporting zero-dose children and assisting with vaccine administration. Additionally, CHWs can help identify and address barriers to immunization, including transportation challenges and determining needed vaccine quantities for community coverage, thus ensuring equitable vaccine access and maximizing population immunity. In some countries, CHWs are authorized and trained to administer vaccines under supervision, and medical professionals are on site to monitor outcomes and address adverse events following immunization. By promoting immunization uptake, vaccine administration and adherence, CHWs contribute to reducing the burden of vaccine-preventable diseases and safeguarding the health of individuals across the life course.

Module outline

	Module 14 **Communicable diseases**
Individual	**Basic science**
	Individual's history
	Disease screening and testing
	Result communication
	Prevention and risk reduction
	Treatment and support
	Documentation
	Referral
Community	**Risk factor assessment**
	Active surveillance
	Information and advice
	Distribution of resources

Include one or more health topics, as appropriate

1. HIV and sexually transmitted infections (STIs)
2. Tuberculosis (TB)
3. Malaria
4. Hepatitis
5. Severe acute respiratory infections
6. Neglected tropical diseases (NTDs)
7. Immunization

Acute bacterial infections (cross-cutting issue)

This module comprises seven health service areas (health topics) that are underpinned by 12 learning sessions that are relevant to each of the health topics covered in the module. Learners should be trained using all 12 sessions, but only with material that is relevant to the planned scope of practice of the CHW being trained.

For example, if a CHW is being trained to provide HIV and TB services only, with no responsibility for other infectious diseases, each session might still include some related tasks from the lists for other communicable diseases. The specific tasks they would be trained in would depend on the role of CHWs in that context. The integration of training across topics is encouraged – so in this example, the session on treatment and support could engage learners in how to provide treatment and support for HIV and TB services.

Priority competencies

These priority competencies should be included in both learning activities and assessments in this module.

8. Adapts to unexpected or changing situations
18. Applies the principles and processes of evidence-informed practice
22. Works within the limits of competence and scope of practice
25. Manages own health and well-being

Learning activities and assessments

Learning objectives (LO)	Learning activities
Session 1: Basic science (6 hours per topic)	
1. Explain the type, nature and characteristics of communicable diseases. 2. Describe the modes and mechanisms of communicable disease transmission and how immunization works to enable prevention. 3. Identify different strategies for communicable disease risk reduction, including vaccine uptake, at individual and community level. 4. Recognize the signs and symptoms of communicable diseases, including active illness and disease progression. 5. Describe common treatment options for communicable diseases. 6. Discuss concepts of stigma and discrimination, social issues, and legal risks related to communicable diseases, and their impacts on testing, care seeking and disease management.	(LO 1, 2) The tutor presents information and shares images about the type, nature and characteristics of the communicable disease, its signs and symptoms, and the populations most at risk. (LO 1) The tutor presents information on the prevalence and transmission of the disease in their community. (LO 2) Small group discussion on transmission pathways in their community. (LO 3) Facilitated whole group discussion on different strategies for disease risk reduction, including vaccination. (LO 4) Pairs exercise – using scenario cards, identify potential disease diagnoses. (LO 5) The tutor demonstrates examples of different treatment options, including medications and treatment and prevention products. (LO 6) Video or similar illustrative tool of an interview with an individual living with the disease and the stigma they have experienced as a result (as relevant to the disease). (LO 6) Learners discuss the impacts of stigma and discrimination on testing, care seeking and disease management, particularly in key and vulnerable populations. (LO 6) learners discuss approaches to addressing misconceptions about communicable illnesses and how to address them.

Practice activities for individual health	
Session 2: Gather information about an individual's history (2 hours per topic)	
7. Use structured tools and surveys to collect an individual's health history, relevant to the risk factors and symptoms for communicable diseases and vaccine-preventable diseases.	(LO 7) The tutor explains any relevant danger signs as well as tools and surveys used for information taking to identify risk factors and symptoms for communicable diseases and vaccine-preventable diseases. (LO 7) The tutor shares a health screening form and explains how learners should use it to collect information about the individual's health history and symptoms; learners fill out the form for a hypothetical case. (LO 7) In pairs, learners practise completing the tools and surveys needed to gather targeted information about an individual's history.
Session 3: Conduct clinical assessment and point-of-care screening and testing (3 hours per topic)	
8. Take vital signs and check for danger signs. 9. Discuss an individual's risk factors for communicable diseases and the need for testing or screening. 10. Conduct point-of-care disease testing or screening for communicable diseases.	(LO 8) In pairs, the learners practise taking vital signs and discussing associated danger signs and risks. (LO 9) The tutor presents guidelines on who to test for the disease based on individual risk factors for infection. The tutor presents the steps and considerations for conducting the screening test and the process to obtain the test result, and risk reduction measures that can be taken. (LO 10) Recall the discussion on taking informed consent from module 1, and introduce any programme-specific consent forms. (LO 10) In a simulated role play in pairs, learners follow the steps and the process to conduct a point-of-care screening or diagnostic test, including infection prevention and control, obtaining informed consent, communicating about risk factors and how to obtain test results. (LO 10) Facilitated whole group discussion about the issues that arose during the role play. The tutor debriefs learners on how to conduct a point-of-care test and communicate about risk factors, the need for testing, the test results, and infection prevention and control.
Session 4: Communicate results, including reporting (2 hours per topic)	
11. Describe reporting requirements for communicable diseases and immunization. 12. Explain test results to the individual, addressing any queries or concerns they may have.	(LO 11) The tutor presents the role of the CHW in a primary care team, with an emphasis on maintaining individual patient records and reporting cases of the disease observed in the community. The tutor also gives an overview of the reporting process and requirements. (LO 12) Two learners model a role play based on a scenario card, demonstrating good and bad practices in explaining test results and addressing any queries or concerns. Learners observe, reflect and discuss.
Session 5: Advise on preventive or risk reduction measures (1 hour per topic)	
13. Advise on preventive or risk reduction measures, for example education, contact tracing or vaccination.	(LO 13) In small groups, based on scenario cards with different risk factors, learners discuss which individuals and their households or immediate contacts would benefit from different preventive or risk reduction measures. (LO 13) In the same small groups, learners practise giving advice to each other on the different preventive or risk reduction measures, and responding to challenges, concerns and questions.

Session 6: Provide treatment and support (5 hours per topic)	
14. Interpret signs and symptoms to make a diagnosis and define a patient management plan to identify the recommended treatment and management options. 15. Provide treatment. 16. Provide treatment support, including monitoring for changes in clinical signs and symptoms and providing psychosocial support, and linking with the relevant social support mechanisms. 17. Encourage treatment adherence through observation, peer support, education and individual follow-up.	(LO 14, 16) Tutor presents an overview of the different treatments and supports available based on the diagnosis made. Learners discuss ways of connecting individuals with those treatments and supports, as well as the treatment options they can provide themselves. (LO 14) Learners review and draft a sample management plan highlighting their interpretation of signs and symptoms in making a diagnosis and identifying recommended treatment and management options. (LO 15, 16, 17) The tutor presents a case study of an individual living with the condition and walks through the clinical steps of managing the individual's condition (medication, counselling, keeping records, monitoring side-effects). CHWs reflect on any barriers to treatment adherence, and additional supports that the individual may need. (LO 15, 16, 17) Based on case studies highlighting a mixture of individuals with and without effective treatment adherence, learners practise role plays in which they: • interact with the individual to ask them about their treatment, adherence, signs, symptoms and any challenges they are having; • conduct monitoring for changes in clinical signs and symptoms; • dispense medication and provide information about taking the medication; • conduct immunization and provide information about risk prevention behaviours; • provide psychosocial support, including education and peer support; • encourage treatment adherence.
Session 7: Document individual records (1 hour per topic)	
18. Identify relevant information to be recorded in individual patient records.	(LO 18) Tutors introduce the forms and formats to create or update individual patient records. (LO 18) Facilitated whole group discussion on the importance of accurate and timely documentation. (LO 18) Based on the role play in session 6, learners document the relevant information in a template of an individual patient record.
Session 8: Process referral to other services (2 hours per topic)	
19. Map referral services in the community for communicable disease management. 20. Determine the needs of the individual for referral services. 21. Organize referral.	(LO 19) In small groups, learners brainstorm the different services that individuals may need following a positive test result for treatment support and adherence. The groups also reflect on the different referral pathways, and their roles as CHWs in organizing and facilitating referrals. (LO 20, 21) Following the previous case scenarios from sessions 6 and 7, in pairs, the CHWs determine the needs of the individual for referral services and outline the actions they would take to organize referrals.

Formative assessment (1 day)

Learners are accompanied by an experienced CHW or other health worker to meet with at least two different individuals:

- First, to take history, advise on and select, and conduct the point-of-care testing or screening, together with providing the test results, advising on the relevant risk reduction measures and completing any referral or documentation.
- Second, to meet with an individual for monitoring and evaluation of an existing treatment plan. This may include monitoring of vital signs and symptoms, taking a history, and providing psychosocial support or other measures to encourage treatment adherence.

The supervising CHW or other health worker provides feedback and a debrief to the learner at the end of the day. There is a facilitated whole group reflective discussion with all learners together on their day in the community, reflecting on some of the issues they encountered, the questions asked of them, and things that they found challenging.

Practice activities for community health	
Session 9: Identify communicable disease risk factors in the community (2 hours per topic)	
22. Identify key demographic, behavioural and environmental factors that place individuals and population subgroups at particular risk of infection with communicable diseases. 23. Identify risk factors for communicable diseases (including vaccine-preventable ones) in the community, including for different subgroups of the population.	(LO 22, 23) In a guided group discussion, learners discuss which groups are at higher risk for the infection based on the earlier discussion. They also reflect on what puts certain groups more at risk for infection. (LO 23) In small groups, learners discuss which groups in their own communities would be at highest risk for the communicable disease.
Session 10: Contribute to active surveillance (1 hour per topic plus 5 hours shadowing)	
24. Describe the role of the CHW in communicable disease surveillance. 25. Conduct community-based disease surveillance, including contact tracing, as appropriate.	(LO 24, 25) Facilitated whole group discussion on the role of the CHW in active surveillance of communicable diseases (both indicator- and event-based), including vaccine-preventable ones, and different tools for surveillance, including community risk screening, contract tracing and the regular reporting of notifiable diseases. (LO 24, 25) Learners shadow a trained and experienced CHW to observe how to conduct a community risk screening, household surveys, and contact tracing or partner notification.
Session 11: Provide community-level information and advice (3 hours per topic)	
26. Identify the range of appropriate behaviour change communication approaches for individual- and community-level interventions. 27. Identify opportunities to provide information and advice at the community level. 28. Disseminate information in a range of formats and platforms to different segments of the population. 29. Identify key advocacy messages in relation to communicable disease and immunization management and risk management.	(LO 26) The tutor guides the learner to recall behaviour change communication approaches from module 2, and leads a guided discussion on approaches applicable to the communicable disease in question. (LO 27, 28) Guided group discussion on opportunities and approaches or formats for community-level engagement regarding the infectious disease in learners' communities. Learners also identify and familiarize themselves with different information in a range of formats. (LO 29) In groups, learners brainstorm effective advocacy messages to raise awareness of disease prevention and risk management. Then the learners work together to pick 10 messages, and work to refine them for their target audience. They also create a dissemination plan.

Session 12: Distribute health kits and resources in the community (1 hour plus 6 hours in the community)	
30. Demonstrate the correct use of tools, commodities and resources for management of communicable diseases, including vaccine-preventable diseases. 31. Distribute health kits and resources in the community. 32. Monitor resource allocation and use, including inventories and making orders.	(LO 30) The tutor demonstrates the correct use and handling of tools, commodities and resources for communicable and vaccine-preventable disease management, including infection prevention and control techniques. (LO 30, 31) As part of a health clinic day or going door to door, learners participate in distribution of information and resources for disease management and prevention. (LO 32) As part of the above activity, CHWs also monitor resource allocation together with other staff.
Summative assessment (4 hours)	
Individually, learners present the various preventive strategies they learned about, and how they would teach the community about their adoption, as well as the critical steps in providing treatment and support to someone living with the condition. Learners should do a separate presentation for each of the diseases or health conditions they have covered in this module, including a brief reflection on field experience.	

Topic 14.1 HIV and sexually transmitted infections (STIs)

Basic science (knowledge only)	
General knowledge	**Knowledge**
S1. Describe the modes and mechanisms of communicable disease transmission and how immunization works to enable prevention.	• Recall HIV and STI transmission routes and the anatomical sites where they can be transmitted.
S1. Recognize the signs and symptoms of communicable diseases, including active illness and disease progression.	• Recognize the clinical manifestation of HIV and STIs. • Explain the potential antimicrobial resistance of some STI pathogens, such as *Neisseria gonorrhoeae*. • Explain the immune response to HIV infection, including the progressive depletion and breakdown of the immune system's ability to defend against opportunistic infections and cancers. • Explain the immune response to syphilis, including the progression from primary to tertiary if left untreated.
S1. Describe common treatment options for communicable disease.	• Explain the basics of the concepts of viral load and CD4 count as biomarkers of HIV disease progression. • Explain the role of ART in suppressing viral replication and reducing the risk of HIV transmission.
S1. Discuss concepts of stigma and discrimination, social issues, and legal risks related to communicable diseases, and their impacts on testing, care seeking and disease management.	• Discuss concepts of stigma and discrimination related to HIV and STIs.
Practice activities for individual health	
General tasks	**Tasks**
S2. Gather information about an individual's history that is relevant to the risk factors and symptoms of communicable diseases.	• Gather information about an individual's health history. • Identify risk factors for HIV and STIs. • Identify symptoms of HIV/AIDS and STIs (for example, genital ulcers or urethral, rectal or pharyngeal discharges).
S3. Conduct clinical assessment and point-of-care disease screening and testing.	• Take vital signs. • Discuss the HIV and syphilis rapid tests (including the dual HIV/syphilis rapid test, if available) with the individual, answering any questions they may have. • Obtain informed consent. • Conduct rapid point-of-care HIV and syphilis testing. • Provide support and information about self-testing (for HIV, and syphilis if available).
S4. Communicate results, including reporting.	• Explain the test results and potential outcomes to the individual. • Provide post-test counselling, including psychosocial support. • Provide HIV and STI information leaflets and resources. • Report results of testing to authorized supervisors or health system focal points.

S5. Advise on preventive or risk reduction measures.	• Provide behaviour change communication in relation to safe sex, needle use and harmful cultural practices, as relevant. • Discuss self-disclosure and encourage testing for relational partners, drug-injecting partners and others with risk factors within the family or social network. • Collect information relevant to contact tracing.
S6. Provide treatment and support.	• Interpret patient management plan. • Administer ART or other medications (for STIs) as indicated in the treatment plan. • Provide counselling for HIV or STI medications (for example ART for HIV, antimicrobials for gonorrhoea or syphilis) and treatment adherence. • Manage self-limiting side-effects of antiretroviral drugs. • Provide information about health management and self-care, including signs and symptoms to seek additional care. • Provide psychosocial support. • Advise on the potential for drug interactions with other medications or substances, including food supplements and traditional medicine products. • Provide counselling on the prevention of mother-to-child transmission, breastfeeding, and promoting antenatal and postnatal care. • Provide information about community support networks. • Determine needs for referral, including in cases of positive test results, or where risks indicate the need for pre-exposure or post-exposure prophylaxis, or suspicion of the individual having symptoms of co-occurring health conditions. • Provide information to support referral, for example, the benefits of pre-exposure or post-exposure prophylaxis, and how to access the relevant referral services. • Plan routine monitoring and active monitoring of affected subgroups, such as mothers and infants, and key populations (men who have sex with men, intravenous drug users, trans communities and sex workers). • Schedule follow-up visits for continued treatment support. • Schedule follow-up visits for monitoring of treatment outcomes. • Collect finger or heel stick blood samples for viral load testing or CD4 cell count. • Collect blood samples or dry blood spots for drug sensitivity testing. • Identify clinical symptoms of treatment failure. • Recognize self-limiting antiretroviral drug side-effects.
S7. Document individual records.	• Complete individual health records, including test results, management plan, and need for monitoring or referral.
S8. Process referral to other services.	• Refer to an authorized health worker to develop a treatment management plan in the case of positive tests or suspected co-occurring health conditions. • Refer to needle and syringe programmes, overdose prevention and opiate substitution therapy. • Refer for testing and screening of co-occurring conditions, including TB. • Refer to services that support survivors of violence, including rape if suspected. • Support transition into differentiated care models, including providing multi-month refills (for HIV treatment or prevention).

Practice activities for community health	
General tasks	**Tasks**
S9. Assess communicable disease risk factors in the community.	• Assess the risk factors for HIV and STIs in the community. • Identify specific populations or population subgroups with higher risks of contracting HIV and STIs. • Investigate barriers to accessing HIV and STI testing and treatment services, including stigma and discrimination.
S10. Contribute to active surveillance.	• Conduct contact tracing or partner notification. • Contribute to household surveys. • Provide information about risk factors and access to self-tests, point-of-care HIV and syphilis tests, risks of co-occurring conditions including TB, and harm reduction services.
S11. Provide community-level information and advice.	• Conduct a community meeting focused on HIV and STI risk factors, testing, stigma, counselling, treatment options and available support services. • Provide information about risk factors and access to self-tests, point-of-care HIV and syphilis tests, and harm reduction services. • Provide information about managing risk factors. • Provide information about harm reduction services. • Signpost community members to messages communicated via various media, including television, social media, wall paintings and posters, and religious organizations. • Promote behaviour change communication on HIV and STI risk factors and their avoidance. • Counsel on sexual and reproductive health, including reducing risks for STIs. • Advise on family planning, safer sex and network testing. • Encourage enrolment in specific HIV programmes, services and support groups.
S12. Distribute health kits and resources.	• Run programmes to distribute health kits such as condoms, rapid test kits, self-tests and educational brochures. • Demonstrate the correct use of condoms. • Distribute condoms and lubricants. • Distribute needles.

Topic 14.2 Tuberculosis (TB)

Basic science (knowledge only)	
General knowledge	**Knowledge**
S1. Describe the modes and mechanisms of communicable disease transmission and how immunization works to enable prevention.	• Recall the anatomy of the respiratory system and how *Mycobacterium tuberculosis* bacteria primarily infect the lungs, as well as other places where TB can infect the body. • Describe TB infection, where individuals have been infected with TB bacteria but do not have TB disease, and the risks and conditions that may lead to the reactivation of TB infection.
S1. Recognize the signs and symptoms of communicable diseases, including active illness and disease progression.	• Recognize the clinical manifestations of tuberculosis.
S1. Describe common treatment options for communicable disease.	• Recall the importance of completing the full course of treatment to prevent the development of drug-resistant TB strains.
S1. Discuss concepts of stigma and discrimination, social issues, and legal risks related to communicable diseases, and their impacts on testing, care seeking and disease management.	• Discuss concepts of stigma and discrimination related to TB.
Practice activities for individual health	
General tasks	**Tasks**
S2. Gather information about an individual's history that is relevant to the risk factors and symptoms of communicable diseases.	• Gather information about an individual's health history. • Identify risk factors for TB infection. • Identify symptoms of TB.
S3. Conduct clinical assessment and point-of-care disease screening and testing.	• Explain the purpose of screening to the individual. • Take vital signs. • Conduct symptom screening for presumptive TB. • Identify TB-related symptoms such as cough, fever or weight loss. • Screen for TB and TB-related comorbidities (HIV counselling and testing, diabetes screening). • Screen infants of mothers with TB. • Screen infants for the following signs: difficulty in breathing, poor feeding, poor weight gain, enlarged lymph nodes, distended abdomen. • Use TB rapid molecular diagnostic test (for adolescents and adults).
S4. Communicate results, including reporting.	• Provide post-screening counselling, including psychosocial support. • Provide TB information leaflets and resources. • Report the results of testing to authorized supervisors or health system focal points.

S5. Advise on preventive or risk reduction measures, including contact tracing.	• Educate people living with HIV about TB during home visits or when they attend HIV care services in facilities. • Counsel individuals on addressing practices that increase the chances of TB infection, such as tobacco smoking. • Counsel individuals on the importance of TB evaluation for preventive or management treatment.
S6. Provide treatment and support.	• Provide TB prevention measures (TB preventive treatment, TB infection control). • Provide psychosocial support for persons with TB and multidrug-resistant TB. • Link persons receiving TB treatment with the relevant social support mechanisms (such as nutritional support, transport support for follow-up visits). • Provide treatment support to persons undergoing treatment for TB and comorbidities, including encouraging treatment adherence through DOTS observation and follow-up for patients who have dropped out of treatment or are too ill to visit health facilities. • Provide home-based palliative care. • Provide TB preventive treatment to people with HIV. • Provide TB/ART treatment support to those coinfected with TB and HIV. • Monitor side-effects of TB and HIV medications. • Assist individuals to attend consultation or clinic visits when necessary.
S7. Document individual records.	• Document tests and other health records of individuals living with TB.
S8. Process referral to other services.	• Refer people, including children and young people, with presumptive TB or in contact with people living with TB for proper diagnosis, including diagnosis of related diseases and access to preventive treatment. • Cross-check data on TB- and HIV-referred patients between the TB and HIV services. • Facilitate access to diagnostic services (such as sputum or specimen collection and transport, accompanying persons with presumptive TB to diagnostic services). • Facilitate HIV/TB patient referrals, including access to transport between ART site and TB centres to health clinics.
Practice activities for community health	
General tasks	**Tasks**
S9. Identify communicable disease risk factors in the community.	• Assess the risk factors for TB infection and disease in the community. • Identify specific populations or population subgroups with higher risks of contracting TB. • Investigate barriers to accessing TB testing and treatment, including stigma and discrimination.
S10. Contribute to active surveillance.	• Conduct household contact tracing. • Conduct investigations of TB.

S11. Provide community-level information and advice.	• Raise awareness with the goal of addressing misconceptions, strengthening patient's rights and reducing stigma and discrimination associated with TB. • Conduct community-level behaviour change communication. • Facilitate community mobilization. • Lead or contribute to local advocacy activities. • Provide information about the elevated risk for TB symptoms in HIV-positive individuals and those with comorbidities. • Use tailored TB/HIV community engagement strategies to address TB/HIV stigma, promote cough hygiene, TB preventive treatment and HIV prevention, and increase availability of testing and treatment services.
S12. Distribute health kits and resources.	• Coordinate access to social and livelihood support for individuals with TB (such as food supplementation, income-generation activities). • Distribute face masks. • Distribute mobility aids.

Topic 14.3 Malaria

Basic science (knowledge only)	
General knowledge	**Knowledge**
S1. Describe the modes and mechanisms of communicable disease transmission and how immunization works to enable prevention.	• Describe the life cycle of the malaria parasite (*Plasmodium* spp.), including its transmission from infected *Anopheles* mosquitoes to humans, and its development within the human host. • Explain the basics of the life cycle of the female *Anopheles* mosquito vector and its role in transmitting malaria parasites, including the feeding behaviour of female mosquitoes and the factors that contribute to mosquito breeding and population dynamics.
S1. Recognize the signs and symptoms of communicable diseases, including active illness and disease progression.	• Recognize the clinical manifestation of malaria. • Identify common dangers signs and indications for referral.
S1. Describe common treatment options for communicable disease.	• Identify the common medicines used to treat malaria.
S1. Discuss concepts of stigma and discrimination, social issues, and legal risks related to communicable diseases, and their impacts on testing, care seeking and disease management.	• Describe socioeconomic, religious and cultural barriers related to malaria care seeking, stigma and discrimination. • Explain the practical barriers to accessing malaria services, such as access to health facilities (opening and closing times, distance), care (availability and skills of health workers), or stockouts of rapid diagnostic tests and artemisinin-based combination therapy.
Practice activities for individual health	
General tasks	**Tasks**
S2. Gather information about an individual's history that is relevant to the risk factors and symptoms of malaria.	• Gather information about an individual's health history, including pregnancy status and age, to identify and provide tailored information on those at most risk. • Identify risk factors for malaria infection. • Identify the presentation of clinical signs and symptoms of malaria infection.
S3. Conduct clinical assessment and point-of-care screening and testing.	• Take vital signs, including temperature. • Discuss the rapid diagnostic test with the individual, answering any questions they may have. • Conduct the rapid diagnostic test for malaria. • Provide support and information about self-testing.
S4. Communicate results, including reporting.	• Explain the test result and any potential outcomes to the individual, including the need to explore other potential causes of fever if the malaria test is negative. • Provide post-test counselling. • Report results of testing to authorized supervisors or health system focal points.
S5. Advise on preventive or risk reduction measures.	• Advise on completion of a course of treatment and prevention of illness. • Advise on the benefits of malaria vaccination in preventing illness, particularly in endemic settings.

S6. Provide treatment and support.	• Administer oral or rectal paracetamol or use tepid sponging, as appropriate. • Identify danger signs in children and pregnant women with severe febrile illness. • Administer or dispense artemisinin-based combination therapy. • Assess for possible co-occurring pneumonia and diarrhoea in children and provide treatment accordingly. • Administer pre-referral treatment (such as rectal artesunate) for children with severe febrile illness and immediately refer.
S7. Document individual records.	• Document records in health information system.
S8. Process referral to other services.	• Refer severe cases of malaria and other severe febrile illness for further management and treatment support. • Accompany individuals to the health facility or provide referral support.
Practice activities for community health	
General tasks	**Tasks**
S9. Identify communicable disease risk factors in the community.	• Assess the use of insecticide-treated nets in households. • Collaborate with environmental workers to conduct malaria vector control in the community.
S10. Contribute to active surveillance.	• Conduct proactive case detection. • Report cases diagnosed with rapid diagnostic tests to health facilities, for example through monthly reporting or proactive detection and referral. • Identify pregnant women and provide treatment in settings where community intermittent preventive treatment in pregnancy is recommended; otherwise refer for treatment in facilities. • Provide surveillance information about malaria morbidity and mortality.
S11. Provide community-level information and advice.	• Counsel communities on malaria prevention, early treatment and improving health-seeking behaviour. • Provide malaria information leaflets and resources.
S12. Distribute health kits and resources.	• Support the distribution of insecticide-treated nets. • Demonstrate the correct use of bednets. • Support the administration of seasonal or perennial malaria chemoprevention in eligible communities.

Topic 14.4 Hepatitis

Basic science (knowledge only)	
General knowledge	**Knowledge**
S1. Describe the modes and mechanisms of communicable disease transmission and how immunization works to enable prevention.	• Recall hepatitis B and C transmission routes and modes of prevention, and the risk of long-term liver disease. • Recall the risk factors for chronic hepatitis B and C, including unsafe injections, as well as maternal transmission of hepatitis B. • Recall risk factors for hepatitis A and E, as well as transmission via contaminated food and water. • Explain the immune response to chronic hepatitis B and C infection, including the progressive development of chronic liver disease and progression to liver cancer. • Explain the basic concepts of rapid diagnostic testing for hepatitis B and C, and the liver function tests, as important markers of disease progression. • Explain why viral load is a key marker for hepatitis, and why chronic hepatitis B requires lifelong treatment, while hepatitis C can be cured in just 2–3 months.
S1. Recognize the signs and symptoms of communicable diseases, including active illness and disease progression.	• Recognize the clinical manifestation of viral hepatitis.
S1. Describe common treatment options for communicable disease.	• Explain the need for clean water and hygiene in preventing acute infection of hepatitis A and E.
S1. Discuss concepts of stigma and discrimination, social issues, and legal risks related to communicable diseases, and their impacts on testing, care seeking and disease management.	• Discuss concepts of stigma and discrimination related to chronic hepatitis.
Practice activities for individual health	
General tasks	**Tasks**
S2. Gather information about an individual's history that is relevant to the risk factors and symptoms of communicable diseases.	• Gather information about an individual's health history. • Identify risk factors for hepatitis B and C infection. • Identify symptoms of chronic hepatitis B and C and liver disease (and acute infections of hepatitis A and E).
S3. Conduct clinical assessment and point-of-care disease screening and testing.	• Take vital signs. • Discuss the hepatitis B and C rapid test with the individual, addressing any concerns they may have. • Obtain informed consent. • Conduct point-of-care hepatitis B and C testing. • Provide support and information about self-testing (hepatitis C self-testing).
S4. Communicate results, including reporting.	• Explain the test results and any potential outcomes to the individual. • Provide post-test counselling, including psychosocial support. • Report results of testing to authorized supervisors or health system focal points.

S5. Advise on preventive or risk reduction measures.	• Provide behaviour change communication in relation to safe sex, needle use and harmful cultural practices, as relevant. • Provide counselling on antenatal care and health facility delivery, timely hepatitis B birth dose vaccination and follow-up (three doses of hepatitis B vaccine for prevention of mother-to-child transmission of hepatitis B). • Discuss self-disclosure. • Encourage testing for relational partners and others with risk factors within the household or social network (this includes drug-injecting partners for hepatitis C). • Collect information relevant to contact tracing. • Offer advice on good water, sanitation and hygiene (WASH) practices in the case of preventing acute hepatitis A and E infection.
S6. Provide treatment and support.	• Facilitate access to laboratory and other diagnostic services (liver function tests, hepatitis B or C viral load tests, assessment of liver fibrosis). • Dispense antiviral or other medications as indicated in the treatment plan, according to local or national scope of practice and policy guidelines. • Provide counselling for antiviral and long-term treatment adherence. • Manage self-limiting side-effects of antiviral drugs. • Provide information about health management and self-care, including signs and symptoms to seek additional care. • Provide psychosocial support. • Provide counselling on mother-to-child transmission, breastfeeding and antenatal and postnatal care. • Provide information about community support networks. • Plan routine monitoring and active monitoring of affected subgroups, such as mothers and infants. • Schedule follow-up visits for continued treatment support. • Monitor the potential for drug interactions with other medications or substances, including food supplements and traditional medicine products. • Monitor for self-limiting drug side-effects or clinically relevant symptoms and encourage clinic visits where necessary. • Monitor for clinical symptoms that indicate advancing liver disease.
S7. Document individual records.	• Complete individual health records, including test results, management plan, and need for monitoring and referral.

S8. Process referral to other services.	• Determine needs for referral, including in cases of positive test results, suspicion of the individual having symptoms of co-occurring health conditions, or where risks indicate the need for treatment. • Refer pregnant woman to the relevant health worker for hepatitis B virus testing (as well as HIV and syphilis). • Provide information to support referral as necessary, for example, the benefits of treatment and how to access the relevant referral services. • Refer to an authorized health worker to develop a treatment management plan in the case of positive tests or suspected co-occurring health conditions. • Refer to needle and syringe programmes, overdose prevention and opiate substitution therapy, specifically for individuals injecting illicit substances. • Refer for testing and screening of co-occurring conditions, including HIV, TB or NCDs. • Refer to services that support survivors of violence, including rape, if suspected or confirmed. • Support transition into differentiated care models, including providing multi-month refills (for chronic hepatitis B).
Practice activities for community health	
General tasks	**Tasks**
S9. Identify communicable disease risk factors in the community.	• Assess the risk factors for chronic hepatitis infection in the community. • Identify specific populations or population subgroups with higher risks of contracting viral hepatitis B or C. • Investigate barriers to accessing hepatitis testing and treatment, including stigma and discrimination.
S10. Contribute to active surveillance.	• Conduct partner and household notification for hepatitis B, according to local guidelines. • Contribute to household surveys. • Provide information about risk factors and access to self-tests, point-of-care hepatitis tests and harm reduction services. • Provide information about managing risk factors.

S11. Provide community-level information and advice.	• Raise awareness with the goal of addressing misconceptions and reducing stigma and discrimination related to chronic hepatitis B and C, and provide counselling on prevention and treatment adherence. • Provide chronic hepatitis information leaflets and resources. • Raise awareness of infant vaccination services (especially for hepatitis B vaccine birth dose within 24 hours of birth), follow-up vaccination for newborns, and antiviral treatment for hepatitis B-positive pregnant women. • Provide information about unsafe use of sharp blades, shared blades and needles, as well as harm reduction services. • Signpost community members to messages communicated via various media, including television, social media, wall paintings and posters, and religious organizations. • Promote behaviour change communication on hepatitis risk factors and their avoidance. • Educate and counsel on sexual and reproductive health, including prevention and treatment of sexually transmitted infections. • Offer advice on testing of spouse and household contacts and on hepatitis B vaccination for those testing negative. • Explain food and other diet restrictions where needed. • Explain about WASH activities. • Encourage enrolment in specific hepatitis programmes, services and support groups.
S12. Distribute health kits and resources.	• Monitor resource allocation and use, including inventories and making orders. • Demonstrate the correct use of condoms. • Distribute condoms and lubricants. • Distribute needles in cases of drug injection. • Distribute water treatment kits and food and sewage disposal units.

Topic 14.5 Severe acute respiratory infections

Basic science (knowledge only)	
General knowledge	**Knowledge**
S1. Describe the modes and mechanisms of communicable disease transmission and how immunization works to enable prevention.	• Recall how acute respiratory infections such as COVID-19 primarily affect the respiratory system, causing inflammation. • Recall how respiratory viruses spread through droplets when infected individuals cough, sneeze or talk.
S1. Recognize the signs and symptoms of communicable diseases, including active illness and disease progression.	• Recognize the clinical manifestations of COVID-19. • Recognize the clinical manifestations of influenza. • Recognize the clinical manifestations of pneumonia.
S1. Describe common treatment options for communicable diseases.	• Explain the importance of physical rest and sufficient rehydration in the recovery from acute viral respiratory infections. • Understand the basic difference between bacterial and viral acute respiratory infections.
S1. Discuss concepts of stigma and discrimination, social issues, and legal risks related to communicable diseases, and their impacts on testing, care seeking and disease management.	• Discuss concepts of stigma and discrimination related to acute respiratory infections such as COVID-19 or Middle East respiratory syndrome.
Practice activities for individual health	
General tasks	**Tasks**
S2. Gather information about an individual's history that is relevant to the risk factors and symptoms of communicable diseases.	• Gather information about an individual's health history. • Identify risk factors for acute respiratory infections. • Identify symptoms of the main acute respiratory infections, such as pneumonia, influenza or COVID-19.
S3. Conduct clinical assessment and point-of-care disease screening and testing.	• Take vital signs, including respiratory rate. • Discuss the rapid test with the individual, addressing any concerns they may have. • Conduct point-of-care testing where kits are available, for example for COVID-19. • Provide support and information about self-testing.
S4. Communicate results, including reporting.	• Explain the test result and any potential outcomes to the individual. • Provide post-test counselling, including psychosocial support. • Report results of testing to authorized supervisors or health system focal points.
S5. Advise on preventive or risk reduction measures, including contact tracing.	• Provide counselling on preventive measures for acute respiratory infections (social distancing, face masks, handwashing and hygiene, isolation, quarantine). • Provide counselling on vaccines. • Assess reasons for low or poor vaccine uptake.
S6. Provide treatment and support.	• Provide counselling on mental health impacts of COVID-19. • Provide home-based care for COVID-19 cases. • Provide psychosocial support for patients exhibiting signs and symptoms and prolonged symptoms (post-COVID-19).

S7. Document individual records.	• Conduct patient registration, track vaccination status and monitor for adverse events following immunization.
S8. Process referral to other services.	• Facilitate referral and follow-up for patients with progressing symptoms.
Practice activities for community health	
General tasks	**Specific tasks**
S9. Assess communicable disease risk factors in the community.	• Identify target or at-risk populations. • Support forecasting, tracking and identification of "hidden" or difficult to identify populations requiring vaccination.
S10. Contribute to active surveillance.	• Provide community-level testing for acute respiratory infections, as appropriate. • Report notifiable or suspicious patterns of acute respiratory infections to health authorities, as appropriate.
S11. Provide community-level information and advice.	• Promote vaccine acceptance and uptake, as necessary. • Participate in local vaccination planning committees. • Provide information leaflets and resources for acute respiratory infections, such as COVID-19 or Middle East respiratory syndrome.
S12. Distribute health kits and resources.	• Support community mobilization activities for vaccine service delivery. • Issue health kits such as face masks and hand sanitizers, and demonstrate their correct use.

Topic 14.6 Neglected tropical diseases (NTDs)

Basic science (knowledge only)	
General knowledge	**Specific knowledge**
S1. Describe the modes and mechanisms of communicable disease transmission and how immunization works to enable prevention.	• Explain the life cycles of common NTD-causing parasites, such as helminths and protozoa, and their relevant vectors, to identify the appropriate intervention strategies to interrupt disease transmission. • Discuss the role of environmental factors, such as poor sanitation and hygiene practices, inadequate housing conditions, and limited access to clean water sources, and other risk factors that can facilitate the transmission of NTDs. • Describe the anatomical sites of disease and routes of entry of the common NTDs in the human body. • Identify the impacts of infections, such as malnutrition, anaemia, paralysis, and impaired cognitive development, that may contribute to disability.
S1. Recognize the signs and symptoms of communicable diseases, including active illness and disease progression.	• Recognize the clinical manifestation of NTDs endemic to the region. • Discuss potential complications and long-term consequences of untreated or chronic NTDs. • Identify most at-risk groups for NTDs endemic to that region.
S1. Describe common treatment options for communicable diseases.	• Discuss the common medications associated with the most common NTDs in the region, for example, ivermectin for onchocerciasis and anthelmintics for tapeworms.
S1. Discuss concepts of stigma and discrimination, social issues, and legal risks related to communicable diseases, and their impacts on testing, care seeking and disease management.	• Discuss concepts of stigma and discrimination related to NTDs.
Practice activities for individual health	
General tasks	**Tasks**
S2. Gather information about an individual's history that is relevant to the risk factors and symptoms of communicable diseases.	• Counsel individuals about any changes in skin, body or health condition (such as lumps, ulcers, swelling, patches, itchy skin).
S3. Conduct clinical assessment and point-of-care disease screening and testing.	• Examine body surface to identify key signs for NTDs, noting the wide possible range of manifestations. • Discuss the relevant test with the individual, addressing any concerns they may have. • Obtain informed consent. • Conduct point-of-care testing, as available.
S4. Communicate results, including reporting.	• Explain the test result and potential outcomes to the individual. • Provide post-test counselling, including psychosocial support for illnesses prone to stigma and discrimination. • Report results of testing to authorized supervisors or health system focal points.
S5. Advise on preventive or risk reduction measures, including contact tracing.	• Provide behaviour change communication in relation to specific NTDs, as relevant. • Encourage testing for partners and others with risk factors within the family and community. • Collect information relevant to disease surveillance.

S6. Provide treatment and support.	*Note: As testing and treatment for each NTD will vary, tutors may need to modify the content accordingly.* • Provide psychosocial support for persons with NTDs. • Encourage treatment adherence and morbidity management through peer support, education and individual follow-up. • Provide preventive chemotherapy or mass drug administration as relevant for conditions, for example, deworming agents in the case of suspected tapeworm infection. • Administer vaccines where authorized by the national health system for NTDs, such as tick-borne encephalitis. • Monitor treatment response. • Recognize side-effects of medications or adverse events following immunization and encourage or assist consultation or clinic visits when necessary. • Provide treatment adherence support. • Address stigma, encourage care-seeking and identify other relevant support mechanisms. • Administer pre-referral treatment, as relevant to different NTDs.
S7. Document individual records.	• Conduct patient registration, track vaccine and medicine delivery if available, and monitor for side-effects or adverse events following immunization.
S8. Process referral to other services.	• Refer or accompany (if feasible) patients with severe symptoms to relevant referral health facility.
Practice activities for community health	
General tasks	**Specific tasks**
S9. Assess communicable disease risk factors in the community.	• Identify specific populations or population subgroups with higher risks of contracting certain NTDs. • Investigate barriers to accessing NTD testing and treatment, including availability of services and treatment, as well as stigma and discrimination. • Assess the risk factors for NTDs in the community. • Conduct vector control for NTDs prevalent in the region or community.
S10. Contribute to active surveillance.	• Conduct community surveillance of NTDs.
S11. Provide community-level information and advice.	• Provide information specific to the NTD. • Provide awareness messaging to promote early detection of NTDs. • Provide awareness on the role of WASH (safe water supply, sanitation and hygiene) in preventing and controlling certain NTDs. • Provide community-level information and advice.
S12. Distribute health kits and resources in the community.	• Mass drug administration for NTDs where and when recommended. • Provide insecticide-treated bednets for relevant vector-borne NTDs. • Provide medications, such as anthelmintics and oral supplements. • Provide oral rehydration solution for NTDs displaying or accompanied by diarrhoeal symptoms.

Topic 14.7 Immunization

Basic science (knowledge only)	
General knowledge	**Knowledge**
S1. Describe the modes and mechanisms of communicable disease transmission and how immunization works to enable prevention.	• Describe common vaccine-preventable diseases and their causative agents, such as viruses (for example, measles, poliomyelitis) and bacteria (for example, tetanus, diphtheria), as well as the specific vaccines available for preventing these diseases.
S1. Recognize the signs and symptoms of communicable diseases, including active illness and disease progression.	• Recognize the common side-effects of vaccination. • Describe the local or national disease surveillance reporting mechanisms.
S1. Describe common treatment options for communicable disease.	• Describe the best practices for vaccine storage, handling and administration, including cold chain management, vaccine preparation techniques, injection safety and injection site selection (where CHWs are authorized to vaccinate), to ensure vaccine potency and effectiveness and minimize the risk of adverse events following immunization. • Describe national and local vaccination schedules.
S1. Discuss concepts of stigma and discrimination, social issues, and legal risks related to communicable diseases, and their impacts on testing, care seeking and disease management.	• Discuss the concept of stigmatization and its linkage to vaccine acceptance in general, or vaccines associated with specific conditions, such as mpox, cholera or COVID-19.
Practice activities for individual health	
General tasks	**Tasks**
S2. Gather information about an individual's history that is relevant to the risk factors and symptoms of the communicable diseases being vaccinated against.	• Assess the health status of an individual, including prior vaccinations. • Assess eligibility and possible contraindication of individuals for vaccination.
S3. Conduct clinical assessment and point-of-care disease screening and testing.	• [not applicable]
S4. Communicate results, including reporting.	• Document, record and report vaccination activities. • Identify individuals who did not attend a vaccination session, as well as the reasons for this. • Maintain immunization reports (for example, monthly progress reports or coverage monitoring charts) or longitudinal registers for pregnant women until two years after delivery. • Review due lists of immunization sessions. • Report adverse events following immunization.

S5. Advise on preventive or risk reduction measures.	• Develop communication messages and materials for social mobilization and social and behaviour change for vaccination. • Deliver communication messages and materials for social mobilization and social and behaviour change for vaccination. • Engage in conversations aimed at building trust in vaccines. • Identify the reasons for children missing vaccinations (refusals, dropouts, or left-outs) and possible interventions. • Record "zero-dose children" and find out why they are unvaccinated.
S6. Provide treatment and support.	• Explain what vaccines will be given and the diseases they prevent. • Mention possible adverse events (including adverse events following immunization) and explain how to handle them. • Explain the need for a child to return for each contact in the immunization schedule in order for them to be fully protected. • Check vaccine name to make sure the correct vaccine is being given. • Observe the individual after vaccination for any adverse events following immunization. • Remind the caregiver when to return with the child for follow-up vaccinations, as applicable. • In the event of any stock-out of vaccine at the time of the session, inform the caregiver where and when to return for the next doses. • Answer any questions or concerns. • Administer oral or injectable vaccines (if allowed by relevant national policies and scope of practice). • Prevent needle-stick injuries. • Dispose of used syringes and needles in a sharps box or container, as appropriate.
S7. Document individual records.	• Update coverage monitoring charts to quantify refusals, left-outs and dropouts. • Compile a list of unreached or zero-dose children and share (as appropriate) with other authorized health workers for immunization follow-up. • Update individual immunization cards, check immunization status of mothers and set reminders for the return of both child and mother, as necessary. • Prepare and update due list of individuals.
S8. Process referral to other services.	• Refer patients to the facility or hospital in the case of refusal or moderate or severe adverse reactions or known contraindications to immunization.

Practice activities for community health	
General tasks	**Tasks**
S9. Assess communicable disease risk factors in the community.	• Involve supportive community leaders and local staff to promote child immunization. • Identify reasons for low vaccine uptake by engaging with communities and leaders. • Address misconceptions, doubts and fears by offering listening and support.
S10. Contribute to active surveillance.	• Conduct surveillance of vaccine-preventable diseases and adverse events following immunization. • Contribute to surveys of households to identify outbreaks of vaccine-preventable diseases.
S11. Provide community-level information and advice.	• Engage with community leaders, schoolteachers, faith or religious leaders, youth networks, and women's groups and encourage them to talk to parents about the benefits of immunization. • Conduct community meetings to disseminate information on the benefits of immunization. • Use communication channels, such as social media, wall paintings and posters, announcements via religious venues, and traditional and folk media. • Assist in adverse events following immunization investigations and inform the community about cases, causes and actions taken.
S12. Distribute health kits and resources in the community.	• Prepare for immunization sessions by arranging equipment and supplies and ensuring cold chain maintenance. • Develop microplans for reaching target populations. • Ensure that migrant populations and temporary settlements are included in planning. • Provide support with the management, storage and handling of vaccines according to their requirements (such as temperature or expiry date). • Support with handling cold chain equipment and vaccine carriers to keep vaccines at the correct temperature.

Module 15. Noncommunicable diseases and mental health

Content

This module is a menu of training materials that enable CHWs to undertake a range of practice activities and tasks in the broad health service areas (health topics) of noncommunicable disease (NCD), mental health, oral health, eye care, and ear, nose and throat (ENT) care.

Rationale

NCDs and mental health disorders are significant contributors to the global burden of disease, and can affect individuals across all age groups and socioeconomic backgrounds. CHWs can play a crucial role in preventing and managing NCDs and mental health disorders by conducting community-based screenings to identify individuals at risk; promoting healthy lifestyle behaviours such as regular physical activity, balanced nutrition, tobacco cessation, reducing harmful use of alcohol, managing exposure to indoor and outdoor air pollution and stress management; and facilitating access to preventive services and early intervention programmes. Additionally, CHWs can provide education and support to individuals living with NCDs and mental health conditions, empowering them to manage their conditions effectively, adhere to treatment regimens, and access mental health services and psychosocial support. By mitigating the impacts of the determinants of health and promoting holistic approaches to care, CHWs can contribute to reducing the prevalence of NCDs and mental health disorders, improving health outcomes, and enhancing the overall well-being of individuals and communities.

Module outline

	Module 15 Noncommunicable diseases and mental health	Include one or more health topics, as appropriate
Individual	Basic science	1. Chronic respiratory diseases 2. Cancer 3. Diabetes 4. Hypertension and cardiovascular disease 5. Mental heath 6. Dementia 7. Eye care 8. Ear, nose and throat (ENT) 9. Oral health
	Education on prevention	
	Screening	
	Support and management	
	Case follow-up	
Community	Assessing community risk	
	Managing community risk	
	Advocacy	

This module comprises nine health service areas (health topics) that are underpinned by eight learning sessions that are relevant to each of the health topics covered in the module. Learners should be trained using all eight sessions, but only with material that is relevant to the planned scope of practice of the CHW being trained.

For example, if the CHW's intended scope of work was provision of diabetes and hypertension services, with no responsibility for the other health services in this module, each session might still include some related tasks from the lists for other NCDs. The specific practice activities and tasks they would be trained in would depend on the CHW programme in question. The integration of training across related topics is encouraged – so in this example, the session on screening could engage learners in understanding screening for diabetes and hypertension.

Priority competencies

These priority competencies should be included in both learning activities and assessments in this module.

4. Incorporates a holistic approach to health
16. Learns from, with and about others
22. Works within the limits of competence and scope of practice
23. Demonstrates high standards of ethical conduct

Learning activities and assessments

Learning objectives (LO)	Learning activities
Session 1: Basic science (knowledge only) (2 hours per topic)	
1. Describe the basic epidemiology, pathology, presentation and associated risk factors for the disease or health condition. 2. Identify the common risks and determinants for the disease or health condition. 3. Identify the range of strategies and approaches to promote healthy living and reduce the risks of disease or ill-health.	(LO 2) Learners engage in small group discussion on risk factors and determinants in their community. (LO 1) The tutor presents information and shares images about the type, nature and characteristics of the disease or health condition and the populations most at risk, including signs and symptoms. (LO 3) Facilitated whole group discussion on different strategies for risk reduction, for example behaviour change, nutrition, exercise and self-care approaches. (LO 1) Pairs exercise – based on scenario cards, discuss potential diagnoses of diseases or conditions.
Practice activities for individual health	
Session 2: Educate individuals about disease prevention (2 hours per topic)	
4. Educate individuals about chronic disease prevention. 5. Encourage healthy behaviours, risk reduction strategies and health service utilization.	(LO 4, 5) The tutor explains the concept of prevention from a chronic disease prevention perspective. The different types of prevention for the condition in question are also highlighted. (LO 4, 5) Learners review reference materials such as pamphlets, brochures, information, education and communication materials, and videos (or other illustrative tools). (LO 4) In groups, learners draw a diagram (for example, in "fishbone" format) that indicates the determinants of the condition. (LO 5) In pairs, learners engage in role play scenarios in which they advise others on healthy behaviours and risk reduction strategies, followed by a whole group reflection on some of the challenges that may be raised in these interactions, approaches to overcome barriers to adopting risk reduction strategies, and ways to integrate these into interactions. (LO 4, 5) In groups, learners brainstorm effective advocacy messages to raise awareness of disease prevention and risk management. The learners then work together to select 10 messages and refine them for their target audience.
Session 3: Perform clinical assessments and screenings for disease or health condition (2 hours per topic)	
6. Perform clinical assessments and screen for relevant health conditions.	(LO 6) The tutor presents guidelines on who to test for the condition, based on individual risk factors. The tutor presents the steps and considerations for conducting clinical assessments (including taking vital signs), screening tests and the process to obtain test results, and risk reduction measures that can be taken. (LO 6) Recalling the discussion on taking informed consent from module 1, learners examine any programme-specific consent forms. (LO 6) In a simulated role play, learners follow the steps and the process to conduct a point-of-care screening test, including obtaining informed consent and communicating about risk factors and how to obtain test results. (LO 6) The tutor debriefs with learners about how to conduct a point-of-care test and communicate about risk factors, the need for testing, the test results, and the opportunity presented by the interaction to promote behaviour change.

7. Connect individuals to appropriate social, support and care services through referral and health service linkage.	(LO 7) The tutor presents an overview of the different treatment options and supports available for individuals living with the disease or condition. Learners discuss ways of connecting individuals with those supports. (LO 7) Tutors show video clips (or comparative illustrative materials) with examples of CHW activities to provide support to individuals. (LO 7) Tutors present the type and nature of follow-up needed for the given health condition. (LO 7) Using case scenarios, in small groups, learners brainstorm the different services that individuals may need for treatment support and adherence. The groups also reflect on the different referral pathways and their roles as CHWs in organizing and facilitating referrals. (LO 7) Following the previous case scenarios, in pairs, learners determine the needs of the individual for referral services, and outline the actions they would take to organize referrals.
Session 4: Provide basic support for disease management, including self-management (2 hours per topic)	
8. Counsel on the requirements for effective chronic disease self-management and health service utilization, including support and follow-up.	(LO 8) The tutor presents a case study of an individual living with the condition and walks through the steps an individual would need to take to manage the condition. Learners reflect on any barriers to effective disease management, and additional supports that the individual may need. (LO 8) Learners interpret a sample management plan to identify their role in providing treatment and support, and the needs of the individual. (LO 8) Based on case studies highlighting a mixture of individuals with and without effective treatment adherence, learners practise role plays in which they: • interact with the individual to ask them about their treatment, adherence, signs, symptoms and any challenges they are having; • conduct monitoring for changes in clinical signs and symptoms; • dispense medication and provide information about taking the medication; • provide psychosocial support, including education and peer support; • encourage treatment adherence and service utilization.
Session 5: Conduct case follow-up (2 hours per topic)	
9. Conduct case follow-up.	(LO 9) The tutor outlines the various client scenarios following counselling, care or support. The tutor outlines techniques for interviewing individuals about their current state of health. (LO 9) Learners then discuss in a group why it is important for individuals to follow their programme of treatment and maintain a healthy lifestyle. Learners discuss strategies on how they could motivate individuals. (LO 9) The tutor outlines the various referral centres and services closest to the community and outlines indications for referral depending on the condition. Learners brainstorm actions that they can take to facilitate referrals and case follow-up.
Formative assessment (2 hours) Learners are accompanied by an experienced CHW to meet with an individual living with a chronic disease or health condition. This may include the assessment and monitoring of vital signs and symptoms, taking a history, and providing psychosocial support or other measures to ensure treatment adherence. The CHW provides the learner with feedback on their approach. A whole group reflective discussion considers the community visits, reflecting on challenges encountered, what went well and what went less well, and how to handle situations they may encounter in future.	

Practice activities for community health	
Session 6: Assess community disease risk factors (3 hours per topic)	
10. Develop, utilize and interpret community-based assessments to identify risk factors for the disease or health condition in the community.	(LO 10) In a guided group discussion, learners discuss which population subgroups are at higher risk for the disease or health condition based on the earlier discussion. They also reflect on what puts certain groups more at risk. (LO 10) The tutor introduces a discussion on the determinants of health to elaborate on the different kinds of risks for the disease or health condition. (LO 10) In groups, learners conduct a site visit to document the most prevalent risk factors for the disease or health condition in the community. The whole group, together with the tutor, discusses potential risks and strategies to mitigate those risks, and how these might inform their strategies to provide education and support.
Session 7: Manage the risk of disease or health conditions in the community (3 hours per topic)	
11. Plan health promotion activities in the community.	(LO 11) Learners identify a particular health risk area, then analyse currently available information sources to identify one or more specific information needs for one or more groups of community members. Learners then create an information resource (such as a pamphlet, booth or presentation) for a health promotion day.
Session 8: Support the organization of community awareness or screening events (3 hours per topic)	
12. Organize health screening sessions or community awareness events.	(LO 12) The tutor introduces the purposes and benefits of community health screening or community awareness events. (LO 12) In small groups, learners discuss the goals of such a screening or awareness event, as well as potential partner organizations and stakeholders who would need to be involved for the event to achieve its goals. (LO 12) In small groups, learners create a plan for a screening day for one particular disease or health condition they encountered the day before, thinking about the outreach, the supplies needed, information and counselling, and anticipated challenges in screening individuals in the community. They present their plans to the whole group and receive feedback. In a whole group discussion, learners reflect on some of the barriers or challenges they may encounter, and strategies they may employ to overcome them.
Summative assessment (2 hours)	
Individually, and for each health topic, learners present the various strategies for individual and community education for risk reduction, diagnosis, treatment, adherence support and referrals, highlighting their role as CHWs. Learners include a brief reflection on field experience (formative assessment) and peer discussions, highlighting the challenges they may anticipate, and approaches they would consider to overcome them.	

Topic 15.1 Chronic respiratory diseases

Basic science (knowledge only)	
General knowledge	**Knowledge**
S1. Describe the basic epidemiology, pathology, presentation and associated risk factors.	• Explain the anatomy of the respiratory system, including the airways and the lungs. • Explain how asthma and chronic obstructive pulmonary disease (COPD) are chronic conditions characterized by narrowing of the airways, leading to symptoms such as wheezing, coughing, chest tightness and shortness of breath. • Recognize the clinical manifestations of asthma and COPD.
S1. Identify the common risks and determinants.	• Recognize common triggers (such as allergens, air pollution, tobacco smoke, respiratory infections) and their potential to exacerbate chronic respiratory symptoms.
S1. Identify the range of strategies and approaches to promote healthy living and reduce the risks of disease or ill-health.	• Explain the role of strategies such as tobacco cessation and air purification programmes in preventing COPD and asthma.
Practice activities for individual health	
General tasks	**Tasks**
S2. Educate individuals about disease prevention.	• Educate individuals about the range of factors that may be associated with chronic respiratory diseases, including genetic risk, prematurity, allergic conditions, urbanization, lifestyle, and environmental exposure to allergens, tobacco smoke and air pollution. • Educate on healthy lifestyles, including tobacco cessation and avoiding substance use. • Educate on how to reduce personal exposure to air pollution. • Support individuals to seek medical review if they have chronic respiratory symptoms.
S3. Perform clinical assessments and screenings for disease or health conditions.	• Screen for symptoms and risk factors using an appropriate questionnaire. • Conduct lung function test using a peak flow meter if the individual is symptomatic or is exposed to risk factors for chronic respiratory illnesses. • Identify any comorbidities based on signs and symptoms.
S4. Provide basic support for disease management, including self-management.	• Explain what asthma and COPD are. • Explain chronic respiratory symptoms, such as persistent cough, wheezing, shortness of breath, chest tightness and common triggers. • Explain treatment options, symptom triggers and strategies to avoid them. • Train patients on using self-medication delivery devices. • Train patients on asthma and COPD self-management skills. • Educate patients on home maintenance, helping ensure homes are dry, clean, ventilated, tobacco smoke free, pest free, safe and free from contaminants. • Educate affected individuals on how to limit personal exposure to air pollution by strategies such as cooking and heating with clean fuels and technology, safe waste disposal and staying away from busy roads.
S5. Conduct case follow-ups.	• Refer to health facilities for bronchodilator test if lung impairment is suspected. • Create individual behaviour change plans. • Review individual behaviour change plans.

Practice activities for community health	
General tasks	**Tasks**
S6. Assess community disease risk factors.	• Identify common triggers for asthma and COPD at the community level, including environmental triggers such as air pollution and tobacco smoke.
S7. Manage the risk of disease or health conditions in the community.	• Promote indoor environmental improvements, including clean cooking and heating practices, to limit household air pollution. • Identify reasons why symptomatic individuals may not seek medical review for chronic respiratory conditions. • Support community members to access health systems and related services. • Advocate the introduction of community policies and initiatives to reduce tobacco use.
S8: Support the organization of community awareness or screening events.	• Communicate about the importance of awareness of asthma and COPD.

Topic 15.2 Cancer

Basic science (knowledge only)	
General knowledge	**Knowledge**
S1. Describe the basic epidemiology and pathology of cancer.	• Explain the basic concept of cancer as the uncontrolled growth and division of abnormal cells in the body. • Describe the basic differences between benign and malignant tumours.
S1. Identify the common risks and determinants.	• Discuss the role of modifiable risk factors (such as obesity, tobacco use, alcohol, physical inactivity, HPV), environmental factors (such as air pollution), and other risk factors for cancers.
S1. Identify the range of strategies and approaches to promote healthy living, reduce the risks of disease or ill-health, and enable earlier detection of cancer.	• Recall the most common "red flag" symptoms for cancer. • Explain why early detection of signs and symptoms is fundamental to identifying cancers that cannot be screened for, such as most childhood cancers. • Describe the common early detection strategies, including early diagnosis strategies (such as breast self-examination) and screening programmes (such as cervical cancer screening). • Explain the importance of referral, diagnosis, treatment, encouraging follow-up and adherence to care, and facilitating community support groups to improve the outcomes of affected individuals.
Practice activities for individual health	
General tasks	**Tasks**
S2. Counsel individuals about disease prevention.	• Educate about the general risks and determinants for cancer and cancer prevention. • Educate about tobacco cessation. • Educate about reducing exposure to air pollution. • Educate about the risks for cancer, including breast, cervical and oral cancer. • Raise awareness of childhood cancer warning signs to promote health-seeking behaviour.
S3. Perform clinical assessments and screenings for diseases or health conditions.	• Educate about the signs and symptoms of cancer, including the importance of early diagnosis for curable cancers, such as breast and childhood cancers. • Encourage breast self-examination. • Teach techniques to undertake breast self-examination. • Educate about how screening and HPV vaccination can reduce risk for cervical cancer. • Explain the health benefits of regular Papanicolaou (Pap) smear tests. • Identify individuals who are eligible for cancer screening. • Refer eligible individuals for cancer screening. • Maintain screening records.

S4. Provide basic support for disease management, including self-management.	• Support cancer patients and their households in the grief, loss and anger related to their disease. • Provide psychosocial support, including screening for depression during treatment and survivorship care. • Provide reminder systems to help individuals remember regular screening tests for cancers for which frequent check-up is recommended. • If bed-bound for palliative care or any reason, provide information to relatives on the prevention and management of bedsores. • Administer pain relief medication, as appropriate.
S5. Conduct case follow-ups.	• Refer individuals to dietitians for appetite and weight loss concerns. • Assess patient well-being. • Assess adherence to drug regimen.
Practice activities for community health	
General tasks	**Tasks**
S6. Assess community disease risk factors.	• Identify reasons why at-risk individuals do not obtain screening. • Assess the community for environmental risk factors, such as presence of air pollution or carcinogenic waste.
S7. Manage the risk of chronic disease or health conditions in the community.	• Support programmes for stopping tobacco use or any other harmful lifestyle practices. • Support action to reduce local air pollution (for example, stop burning waste, encourage clean cooking and heating, reduce polluting transport). • Take action to address reasons for at-risk individuals failing to obtain cancer screening.
S8. Support the organization of community awareness or screening events.	• Raise awareness of the importance of cancer screening. • Support individuals in obtaining cancer screening in the community. • Inform the community about cancer referral centres, as available or applicable.

Topic 15.3 Diabetes

Basic science (knowledge only)	
General knowledge	**Knowledge**
S1. Describe the basic epidemiology, pathophysiology, presentation, and associated risk factors.	• Describe the basic epidemiological concepts relevant to diabetes, including the burden of disease, sociodemographic distribution and its determinants. • Explain the clinical manifestations of diabetes. • Describe the role of the pancreas in producing insulin, a hormone that regulates blood sugar levels. • Recall the difference between type 1 diabetes (insufficient insulin production) and type 2 diabetes (the body's inability to effectively use insulin).
S1. Identify the common risks and determinants.	• Identify the potential complications of uncontrolled diabetes.
S1. Identify the range of strategies and approaches to promote healthy living and reduce the risks of disease or ill-health.	• Explain the role of a healthy lifestyle, including physical activity and good diet, in preventing type 2 diabetes. • Explain the role of insulin management in controlling type 1 diabetes.
Practice activities for individual health	
General tasks	**Tasks**
S2. Educate individuals about disease prevention.	• Educate about the general risks and determinants for diabetes and strategies to prevent diabetes. • Educate individuals to deal with common misconceptions about diabetes. • Educate about the major risk factors, such as overweight, known family history, and modifiable factors, such as physical inactivity, diet and sugar intake. • Refer people with diabetes to regular comprehensive foot and eye examination.
S3. Perform clinical assessments and screenings for disease or health conditions.	• Identify, as part of early detection measures, at-risk individuals who are eligible for diabetes testing (aged over 40 years in general, or with family history or comorbidities). • Measure blood glucose, blood pressure, height, and weight to calculate body mass index and presence of obesity or risk of type 2 diabetes based on body size. • Maintain screening records.

S4. Provide basic support for disease management, including self-management.	• Educate individuals about the signs and symptoms of diabetes. • Discuss treatment options for diabetes management, including insulin, other medications, diet, exercise and physical activity. • Counsel patients on blood glucose monitoring. • Explain how to interpret blood glucose readings. • Provide education regarding glucose levels, correct dosing of medications and adherence strategies, as stipulated by the prescriber. • Counsel individuals on common infections in diabetes, their early identification and appropriate management. • Educate individuals about the other potential complications of diabetes, such as foot wounds. • Provide dietary planning for households with a member who has diabetes. • Provide tailored nutritional and exercise advice. • Recognize the signs of acute complications of diabetes, such as fainting spells, frequent urination, excessive thirst and shortness of breath. • Address treatment fears or concerns. • Identify depression and mental health concerns that may adversely affect diabetes self-care in patients. • Demonstrate the use of approved evidence-based technology, such as apps, online platforms and telehealth, for diabetes management.
S5. Conduct case follow-ups.	• Follow-up on glucose level management, adherence strategies and correct dosing of medications. • Refer individuals living with diabetes and mental health comorbidities for dedicated care.
Practice activities for community health	
General tasks	**Specific tasks**
S6. Assess community disease risk factors.	• Identify reasons why at-risk individuals do not undergo diabetes testing and make referrals as needed. • Collect data on the number of individuals at risk or identified to be suffering from diabetes and report to supervisor or the appropriate health authority.
S7. Manage the risk of disease or health conditions in the community.	• Counsel using motivational interviewing techniques to encourage dietary recalls, physical activity and lifestyle modifications. • Take action to address reasons why at-risk individuals do not obtain screening. • Encourage the formation of NCD and diabetes support groups.
S8. Support the organization of community awareness or screening events.	• Produce messages about diabetes and the importance of early detection. • Disseminate messages on diabetes awareness and early detection. • Support individuals in obtaining diabetes testing.

Topic 15.4 Hypertension and cardiovascular disease

Basic science (knowledge only)	
General knowledge	**Knowledge**
S1. Describe the basic epidemiology, pathology, presentation, and associated risk factors.	• Describe the basic anatomy and physiology of the cardiovascular system, including the heart and blood vessels (arteries, veins, capillaries). • Describe the role of blood pressure in circulating blood throughout the body, and how hypertension (high blood pressure) can damage blood vessels and organs over time.
S1. Identify the common risks and determinants.	• Explain briefly the causes and risk factors for hypertension and cardiovascular disease. • Describe potential complications of uncontrolled hypertension.
S1. Identify the range of strategies and approaches to promote healthy living and reduce the risks of disease or ill-health.	• Explain the basics of hypertension and cardiovascular disease management.
Practice activities for individual health	
General tasks	**Tasks**
S2. Educate individuals about disease prevention.	• Educate about the general risks and determinants for hypertension and cardiovascular disease, and its prevention. • Provide health education on lifestyle changes, such as diet and exercise and smoking cessation, to reduce potential cardiovascular disease risk. • Educate about comorbid conditions that affect heart disease risk, as well as the complications of untreated hypertension. • Educate about air pollution as a risk factor that can both trigger and aggravate cardiovascular disease, and how to limit personal exposure.
S3. Perform clinical assessments and screenings for disease or health conditions.	• Measure blood pressure in individuals aged over 18 years using an automated (or manual if conversant with it) sphygmomanometer to diagnose hypertension. • Measure the mid-upper arm circumference to establish the correct cuff size for blood pressure readings (if the arm circumference is greater than 32 cm, use large cuff). • The patient should be sitting with back supported, legs uncrossed, empty bladder, relaxed for 5 minutes and not talking. • For persons who are getting their blood pressure measured for the first time, it is preferable to take at least two readings and to use the second reading. • Measure height and weight and calculate body mass index. • Assess an individual's risk factor history. • Calculate a cardiovascular disease risk score. • Maintain confidentiality throughout the screening process. • Collect and report data, as appropriate.
S5. Conduct case follow-ups.	• Schedule individual check-ups. • Follow-up on individuals who missed scheduled visits. • Report adverse events. • Collect and report data during follow-up visits. • Refer patients to appropriate services.

Practice activities for community health	
General tasks	**Tasks**
S6. Assess community risk factors.	• Identify common community-level barriers preventing at-risk individuals from accessing hypertension screening.
S7. Manage the risk of chronic disease or health conditions in the community.	• Raise community awareness regarding cardiovascular disease risk factors, including environmental risk factors such as air pollution. • Recommend community action to improve air quality, such as using clean household fuels and technologies for cooking and heating, eliminating burning of waste or agricultural residues, limiting polluting transport, and promoting walking and cycling. • Recommend steps for at-risk individuals to obtain screening. • Recommend mechanisms and activities for peer-to-peer support in the community (for example, establishment of hypertension and diabetes clubs).
S8. Support the organization of community awareness or screening events.	• Communicate about the importance of hypertension screening. • Support patients in obtaining hypertension screening.

Topic 15.5 Mental health

Basic science (knowledge only)	
General knowledge	**Knowledge**
S1. Describe the basic epidemiology, presentation, and associated risk factors.	• Define mental health, and the common signs and symptoms of mental health conditions. • Explain the overlap between mental health and other communicable diseases and NCDs, and the increased susceptibility of people living in vulnerable conditions (such as those with perinatal depression or living in marginalized communities).
S1. Identify the common risks and determinants.	• Explain the continuum of well-being (including severe conditions), the dynamic nature of mental health, the impact of the immediate environment (stress), postpartum stress, and the role of social determinants (using the experience of the COVID-19 pandemic, for example).
S1. Identify the range of strategies and approaches to promote healthy living and reduce the risks of disease or ill-health.	• Recall the role of stress and trauma in mental health to highlight the need to enable supportive environments.
Practice activities for individual health	
General tasks	**Tasks**
S2. Educate individuals about disease prevention.	• Educate about the mental health support services as a way of preventing mental health conditions and the stigma associated with them. • Share information and resources about mental health and coping skills, such as “doing what matters in time of stress”. • Educate individuals about environmental risk factors, and how to limit personal exposure.
S3. Perform clinical assessments and screenings for disease or health conditions.	• Screen for mental health conditions only in high-risk individuals or populations (such as perinatal women). • Identify individuals experiencing common and severe mental health conditions. • Provide relevant referral advice, counselling and information. • Refer for targeted mental health and other needed services when mental health conditions are detected or suspected.

S4. Provide basic support for disease management, including self-management.	• Educate about the importance of timely access to mental health support services. • Educate about signs and symptoms of mental health conditions. • Discuss the impact of alcohol on mental health, including increased risk of depression, anxiety and substance use. • Mobilize community support groups for people living with mental health conditions to help reduce stigma, discrimination and social exclusion. • Prepare an action plan for individuals with severe mental health conditions, such as psychosis and severe depression. • Provide crisis first aid for suicidal thoughts and behaviours. • Assess self-harm and suicide risk in people with mental, neurological and substance use issues. • Provide mental health first aid for all emergency cases encountered. • Provide crisis first aid for panic attacks. • Assist individuals in treatment adherence, including for psychotropic medication. • Link individuals with social support. • Teach coping skills to individuals and promote their resilience. • Provide relevant referral advice, counselling and information.
S5. Conduct case follow-ups.	• Assess self-harm risk and provide first aid. • Refer to a health facility if self-harm risk is present. • Provide psychoeducation and psychosocial support, including for carers.
Practice activities for community health	
General tasks	**Tasks**
S6. Assess community disease risk factors.	• Identify risk factors for mental health conditions, such as poor sleeping habits, substance use and stressful life events.
S7. Manage the risk of chronic disease or health conditions in the community.	• Increase the participation of people affected by mental health conditions in community-level meetings. • Take collective action to stop the stigma attached to and discrimination against people affected by mental health conditions. • Mobilize community support for people with mental health conditions. • Take action to address reasons why at-risk individuals do not seek support. • Provide psychosocial support and facilitate referral in times of emergency or disaster.
S8. Support the organization of community awareness or screening events.	• Conduct advocacy campaigns for mental health awareness, including the importance of screening for high-risk individuals or populations. • Support individuals in obtaining mental health screening.

Topic 15.6 Dementia

Basic science (knowledge only)	
General knowledge	**Knowledge**
S1. Describe the basic epidemiology, pathology, presentation, and associated risk factors.	• Explain the basic anatomy and physiology of the brain. • Explain how dementia involves the progressive deterioration of brain regions leading to deterioration in cognitive function. Changes in cognitive function may be accompanied by changes in mood, emotional control, behaviour or motivation. • Describe the common symptoms of dementia and the different types of dementia.
S1. Identify the common risks and determinants.	• Recall the risk factors for dementia, such as age, genetic predisposition, head injuries, NCDs (such as poorly controlled hypertension), environmental factors (such as social isolation), and lifestyle factors (such as physical inactivity, tobacco use and excessive alcohol use).
S1. Identify the range of strategies and approaches to promote healthy living and reduce the risks of disease or ill-health.	• Explain the role of strategies such as good nutrition, management of NCDs, and physical activity in reducing the risk of dementia.
Practice activities for individual health	
General tasks	**Tasks**
S2. Educate individuals about disease prevention.	• Educate about the general determinants of late-onset dementia. • Educate about the risk factors for dementia, such as age, genetic predisposition, head injuries, NCDs (such as poorly controlled hypertension), environmental factors (such as social isolation), and lifestyle factors (such as physical inactivity, tobacco use and excessive alcohol use).
S3. Perform clinical assessments and screenings for disease or health conditions.	• Identify and screen people at risk of dementia. • Refer patients for further assistance and care.
S4. Provide basic support for disease management, including disease self-management.	• Educate individuals on the signs and symptoms of dementia. • Identify and help manage accompanying conditions, including mental health conditions. • Promote safe environments and home-based care for individuals living with dementia. • Provide non-complex rehabilitation interventions, as appropriate. • Provide support to caregivers. • Link individuals with dementia and caregivers to community resources, such as support groups.
S5. Conduct case follow-ups.	• Assess self-harm risk and provide first aid. • Refer to health facility if self-harm risk is present.

Practice activities for community health	
General tasks	**Tasks**
S6. Assess community disease risk factors.	• Identify the reasons why older individuals do not seek care.
S7. Manage the risk of disease or health conditions in the community.	• Address reasons why at-risk individuals do not seek care. • Promote actions to improve air quality in the community, such as using clean household fuels, reducing waste and agricultural burning, reducing polluting transport, and promoting walking and cycling.
S8. Support the organization of community awareness or screening events.	• Organize public awareness campaigns for dementia. • Communicate about dementia and the importance of screening. • Support at-risk groups in obtaining dementia screening, including from verified online sources and tools.

Topic 15.7 Eye care

Basic science (knowledge only)	
General knowledge	**Knowledge**
S1. Describe the basic epidemiology, pathology, presentation, and associated risk factors.	• Explain the basic anatomy and physiology of the eye, including key structures such as the cornea, lens, retina and optic nerve. • Explain how these components work together to enable vision. • Describe common eye diseases, disorders and injuries, such as refractive errors, cataracts, ocular injury, diabetic retinopathy and glaucoma, including their common associated symptoms. • Explain the basic symptoms of common eye problems, such as blurred vision, eye pain, floaters, flashes of light and vision loss. • Explain the importance of early detection and prompt referral for diagnosis and treatment.
S1. Identify the common risks and determinants.	• Recall the risk factors for eye diseases, including age, genetics, diabetes, hypertension, ultraviolet radiation exposure, air pollution, smoking and poor nutrition. • Recall the significance of preventive measures, such as regular eye examinations, proper eye protection and healthy lifestyle choices to maintain eye health.
S1. Identify the range of strategies and approaches to promote healthy living and reduce the risks of disease or ill-health.	• Explain basic eye care practices, including proper hygiene to prevent infections and maintain eye health, the use of corrective lenses (spectacles or contact lenses), the importance of adhering to prescribed treatments (such as eye drops for glaucoma), and accessing eye care services.
Practice activities for individual health	
General tasks	**Tasks**
S2. Educate individuals about disease prevention.	• Educate individuals about good eye health practices. • Provide counselling on behaviour change to delay the onset and progression of myopia. • Provide counselling on lifestyle or behavioural risk factors for eye diseases, such as smoking and ultraviolet radiation exposure. • Provide counselling on ocular injury prevention. • Provide counselling on digital eye strain and the importance of screen breaks. • Provide counselling on how to control key risk factors for diabetic retinopathy. • Promote clean fuels and technologies for cooking and heating to improve indoor air quality.
S3. Perform clinical assessments and screenings for disease or health conditions.	• Assess the state of the external eye features. • Conduct vision screening test. • Explain findings of the eye examination and test to the individual.

S4. Provide basic support for disease management, including self-management.	• Educate individuals about the eye condition, causes, signs and symptoms of refractive error, and eye diseases such as cataracts or diabetic retinopathy. • Conduct irrigation of the eye using clean water or saline solution if there is a chemical injury or if foreign bodies are present. • Provide counselling on adherence to the treatment regimen for chronic eye diseases. • Provide near-vision spectacles according to prescription and if available. • Provide counselling on the use of spectacles. • Identify dry eye and eye allergies and educate individuals or households on detection, signs and symptoms, such as itching. • Identify common eye conditions and refer individuals where needed.
S5. Conduct case follow-ups.	• Provide postprocedural counselling and advice. • Monitor patients with eye problems to ensure they complete their treatment. • Ensure follow-up of patients requiring long-term medication for management of eye health. • Monitor adherence to treatment (including use of spectacles) for postoperative cataract patients.
Practice activities for community health	
General tasks	**Tasks**
S6. Assess community disease risk factors.	• Assess communities for risk of transmission of onchocerciasis (river blindness) through infected black flies. • Assess communities for risk of transmission of trachoma.
S7. Manage the risk of chronic disease or health conditions in the community.	• Provide counselling on the importance of regular vision and eye screenings for at-risk groups.
S8. Support the organization of community awareness or screening events.	• Support community members in obtaining eye assessment. • Assist in organizing community outreach eye care activities. • Generate awareness of vitamin A prophylaxis and measles immunization.

Topic 15.8 Ear, nose and throat (ENT)

Basic science (knowledge only)	
General knowledge	**Knowledge**
S1. Describe the basic epidemiology, pathology, presentation, and associated risk factors.	• Describe the basic anatomy and physiology of the ear, including the outer ear, middle ear and inner ear, and their roles in hearing and balance, as well as common issues such as ear infections (for example, acute or chronic suppurative otitis media) and hearing loss. • Describe the basic anatomy and physiology of the nose, including the nasal cavity and sinuses, and the role of the nose in filtering, humidifying and warming inhaled air, as well as common conditions such as sinusitis, nasal congestion and allergies. • Describe the basic anatomy and physiology of the throat, including the pharynx, larynx and tonsils, and their functions in breathing, swallowing and speaking, as well as common conditions such as sore throat, tonsillitis and laryngitis.
S1. Identify the common risks and determinants.	• Identify the common risk factors and recognize symptoms of common ENT disorders, such as ear pain, ear discharge, hearing loss, nasal obstruction, snoring, sore throat and voice changes, and the importance of early recognition of associated danger signs (such as airway obstruction) for prompt referral and management.
S1. Identify the range of strategies and approaches to promote healthy living and reduce the risks of disease or ill-health.	• Recall basic ENT care practices, including ear hygiene to prevent infections, otoscopy, ear washout, ear dry mop, managing allergies and nasal congestion, and vocal care to prevent strain and injury, as well as educating the community on when to seek medical attention for persistent or severe ENT issues.
Practice activities for individual health	
General tasks	**Tasks**
S2. Educate individuals about disease prevention.	• Educate on the determinants of ENT infections. • Provide counselling on ear hygiene. • Provide counselling on recreational sound exposure. • Provide counselling on workplace noise reduction and hearing protection. • Educate communities about prevention and treatment of common ENT diseases and infections.
S3. Perform clinical assessments and screenings for disease or health conditions.	• Identify hearing loss and speech disorders and their effect on language delays. • Identify people with hearing loss in the community. • Screen for hearing loss in the community. • Mobilize individuals found to be at risk for further screening. • Mobilize caregivers of children and adolescents for screening. • Identify chronic ear conditions. • Perform regular ear checks, especially in individuals at risk (for example, school-age children).

S4. Provide basic support for disease management, including self-management.	• Educate about signs and symptoms of hearing loss, speech disorders and ENT infections. • Promote use of hearing protection to people with hearing loss and those exposed to high levels of sound (occupational or recreational). • Collaborate with ENT specialists and other health workers providing related services to support individuals. • Offer support services to hearing aid users, including the hygiene of hearing devices.
S5. Conduct case follow-ups.	• Monitor individuals with ENT infections and other conditions to ensure they complete their treatment. • Ensure follow-up of individuals requiring long-term medication and post-operative patients.
Practice activities for community health	
General tasks	**Tasks**
S6. Assess community disease risk factors.	• Assess the level of awareness about noise or sound exposure and the availability of protective measures.
S7. Manage the risk of chronic disease or health conditions in the community.	• Support individuals in obtaining ENT screening.
S8. Support the organization of community awareness or screening events.	• Communicate about the importance of ENT screening. • Create awareness of the importance of avoiding use of any form of tobacco. • Create awareness of the need for protection against excessive noise, safe listening, and improving the acoustic environment. • Organize community outreach activities. • Create awareness in the community regarding maintenance of ENT hygiene and environmental and lifestyle modifications.

Topic 15.9 Oral health

Basic science (knowledge only)	
General knowledge	**Knowledge**
S1. Describe the basic epidemiology, pathology, presentation, and associated risk factors.	• Describe the basic anatomy and physiology of the mouth, teeth and orofacial structures, including the face, lips and inside of the mouth (cheeks, tongue, palate, floor of mouth, teeth, gums, tongue and salivary glands), and their roles in eating, breathing and speaking. • Describe common oral diseases and conditions, such as dental caries, periodontal diseases, tooth loss, oral cancers, noma, and cleft lip and palate, and the impact they can have on overall health if left untreated. • Outline the basic disease processes (etiology) of dental caries, periodontal diseases, tooth loss, oral cancers, noma, and cleft lip and palate.
S1. Identify the common risks and determinants.	• Identify common risk factors of major NCDs, including oral diseases, including unhealthy diet high in sugars, inadequate oral hygiene practices, all forms of tobacco use, alcohol consumption, and certain medical conditions (such as diabetes).
S1. Identify the range of strategies and approaches to promote healthy living and reduce the risks of disease or ill-health.	• Explain the importance of preventive measures, for example, twice-daily toothbrushing with fluoride toothpaste, limiting intake of free sugars, and avoiding the use of any form of tobacco and alcohol, to prevent oral diseases and other NCDs.
Practice activities for individual health	
General tasks	**Tasks**
S2. Educate individuals about disease prevention.	• Provide general advice on oral diseases, common NCD risk factors such as tobacco use (as well as use of areca nut or betel quid), alcohol consumption and unhealthy diet (including high intake of free sugars). • Promote, protect and support exclusive breastfeeding up to age 6 months, and introduction of nutritionally adequate and safe complementary (solid) foods at age 6 months, together with continued breastfeeding up to 2 years of age or beyond. • Prevent the intake of free sugars from drinks and foods, and promote a healthy balanced diet for young children. • Show caregivers how to open and inspect the mouth. • Educate about the importance of maintaining oral hygiene through twice-daily toothbrushing with fluoride toothpaste. • Educate caregivers on supervising toothbrushing with fluoride toothpaste for their child; use a pea-sized amount for adults and a smear (rice-sized) amount for children. • Promote awareness of oral disease, its early symptoms, and the “Don’t delay!” message to encourage visiting a health care facility. • Counsel, according to the specific context and individual needs, on the use of fluoride mouth rinse, maintaining denture hygiene, oral function exercise and salivary gland massage. • Counsel on the protection of the teeth and face from injury, including wearing a helmet that covers the mouth when riding a motorcycle, use of protective equipment when doing sports, and seat-belt use when travelling in a car.

S3. Perform clinical assessments and screenings for disease or health conditions.	• Conduct history and physical examination for oral diseases. • Refer for treatment if dental caries or soft oral tissue lesions are present. • Provide appropriate guidance and timely referral in cases of severe pain, swelling, damage or unusual lesions in or around the mouth. • Identify individuals who require immediate oral health care for urgent referral.
S4. Provide basic support for disease management, including self-management.	• Counsel on daily oral hygiene, including toothbrushing with fluoride toothpaste. • Provide general advice on oral disease and common NCD risk factors, such as tobacco use (as well as use of areca nut or betel quid), alcohol consumption and unhealthy diet (including high intake of free sugars). • Apply fluoride varnish or silver diamine fluoride application (twice a year). • Provide oral analgesics for pain relief. • Refer individuals for urgent and immediate oral health care in cases of excessive bleeding, severe pain, swelling, damage or unusual lesions in or around the mouth.
S5. Conduct case follow-ups.	• Provide postprocedural counselling and advice. • Monitor treatment adherence for individuals with oral problems or diseases to ensure they complete their treatment. • Provide or facilitate follow-up of individuals requiring long-term medication for diseases.
Practice activities for community health	
General tasks	**Tasks**
S6. Assess community disease risk factors.	• Assess the levels of awareness concerning oral hygiene and the prevalence of harmful practices such as smoking tobacco.
S7. Manage the risk of disease or health conditions in the community.	• Coordinate with community-based institutions such as schools, workplaces, aged care facilities and outreach programmes to integrate oral health in their programmes. This includes promoting daily toothbrushing with fluoride toothpaste, promoting a healthy balanced diet low in sugars, avoiding use of tobacco and alcohol, conducting history and physical examination for oral diseases, and providing essential oral health care, such as fluoride varnish and silver diamine fluoride application. • Promote exclusive breastfeeding up to 6 months of age, and the introduction of nutritionally adequate and safe complementary (solid) foods at age 6 months, together with continued breastfeeding up to 2 years of age or beyond. • Wipe with a wet cloth after breast- or bottle-feeding babies to promote healthy oral hygiene and reduce the risk of dental caries.
S8. Support the organization of community awareness or screening events.	• Coordinate integrated outreach activities for oral health as part of other activities, such as nutrition or vaccination campaigns, mass drug administration campaigns, or other activities to combat NTDs. • Support different community subgroups to maintain good oral hygiene and a healthy lifestyle. • Raise awareness about common oral diseases, including the role of twice-daily toothbrushing with fluoride toothpaste, diet counselling focusing on sugar intake, and advice on cessation of alcohol consumption and tobacco use. • Communicate the importance of oral health and the impact of oral diseases by using mass media campaigns and social media platforms. • Explore the opportunity to distribute oral hygiene kits (toothbrush and fluoride toothpaste) based on their availability in the local market.

Module 16. Population-based services

Content

This module is a menu of training materials that enable CHWs to address health issues that affect communities and populations.

Rationale and topics

A key role for CHWs in many contexts is to be stewards of community and population health. Several of the areas in which they may do this are covered in this module.

Water, sanitation and hygiene (WASH) is crucial to human health and well-being. CHWs can conduct hygiene promotion activities, assist in mapping functional WASH services and work with communities to broaden access to WASH services.

Interpersonal violence involves the intentional use of physical force or power against other persons by an individual or small group of individuals. Interpersonal violence may be physical, sexual or psychological (also called emotional violence), and it may involve deprivation and neglect. Interpersonal violence refers to violence between individuals, and can be subdivided into family and community violence. The former category includes child maltreatment, intimate partner violence, and elder abuse, while the latter is broken down into acquaintance and stranger violence and includes youth violence, assault by strangers, violence related to property crimes, and violence in workplaces and other institutions.

Environmental health, antimicrobial resistance and One Health have a major influence on the global burden of disease. Clean air, safe use of chemicals, healthy and safe workplaces, sound agricultural practices, health-supportive cities and built environments, and preservation of nature are all prerequisites of good health. CHWs can form coalitions with community members and partners and contribute to healthier environments.

Health emergency preparedness and response requires collaboration across sectors. Adopting an outbreak response plan can facilitate a collaborative, joint approach to disaster response with a clear distribution of roles and responsibilities. CHWs can play a role in this by contributing to insights on suitable local responses to disasters, threats and events, as well as local outbreak response measures, for example through indicator-based and event-based surveillance, contact tracing and immunization, as outlined in module 14 on communicable diseases.

Module outline

	Module 16 Population-based services
Individual	Basic science
	Identifying health risks
	Risk management counselling
	Referral
Community	Mapping community health risks
	Mapping community resources
	Informing and advising
	Product distribution

Include one or more health topics, as appropriate

1. Water, sanitation and hygiene (WASH)
2. Interpersonal violence
3. Environmental health, antimicrobial resistance and One Health
4. Health emergency preparedness and response

This module comprises four population-based service areas (health topics) that are underpinned by eight learning sessions that are relevant to each of the health topics covered in the module. Learners should be trained using all eight sessions, but only with material that is relevant to the planned scope of practice of the CHW being trained.

For example, if a CHW is being trained to provide WASH and environmental health services only, with no responsibility for interpersonal violence or emergency preparedness, each session might still include some related tasks from the lists for the other population-based services. The specific tasks they would be trained in would depend on the role of CHWs in that context. The integration of training across

topics is encouraged – so in this example, the session on mapping community resources could engage learners on mapping community health resources for both WASH and environmental health.

Priority competencies

These priority competencies should be included in both learning activities and assessments in this module.

2. Promotes individual and community agency
4. Incorporates a holistic approach to health
6. Incorporates a systems approach to decision-making
15. Upholds trusting partnerships

Learning activities and assessments

Learning objectives (LO)	Learning activities
Session 1: Basic science (knowledge only) (3 hours)	
1. Explain the basic principles, processes and considerations for the health topic. 2. Explain the principles of risk management and mitigation through a public health lens.	(LO 1, 2) The tutor introduces the foundations of basic science relevant to the chosen topics through a combination of the following learning activities: • tutor-led lecture; • hands-on models; • reflective discussions sharing experiences that CHWs have had with this health topic.
Practice activities for individual health	
Session 2: Identify health risks (2 hours plus 3 hours for community walk)	
3. Identify population health risk factors.	(LO 3) Facilitated discussion about the various types of health risks and health threats, including acute events, that exist in the community. (LO 3) Learners walk through a community. In a reflective discussion following the community walk, learners identify risks and threats present in a community, including those that may affect individuals, households or subgroups of the population.
Session 3: Provide counselling on risk management approaches (4 hours)	
4. Identify appropriate risk management approaches for individuals and households, with consideration of the determinants of health. 5. Provide counselling on relevant population-based services.	(LO 4) In small groups, learners reflect on the implications of the different community health risks and threats for individuals and households, and identify the range of risk management strategies. The tutor then facilitates a whole group discussion about the feasibility of different risk management strategies, resources needed, and barriers that individuals or households may encounter. Together, the group identifies different approaches that may be more or less appropriate for different risks and different individual or household contexts. (LO 5) The tutor guides a group brainstorming activity to map the range of different population-based services. (LO 5) The tutor shares ways to counsel on population-based services, and different risk management strategies for individuals or households.
Formative assessment (1 hour)	
In pairs, learners practise with the counselling techniques they have learned to advise on different risk management strategies for the relevant health risks or threats, asking questions of each other and challenging why the recommended actions may not be possible. Learners then provide feedback to each other. The tutor rotates and observes, and afterwards guides a whole group reflection.	

Session 4: Refer individuals to relevant resources and services (3 hours)	
6. Map the existing resources and referral services in the community. 7. Determine the needs of the individual for additional resources or referral services. 8. Organize referral.	(LO 6, 7) In small groups, learners brainstorm the different resources and services that individuals may need. They discuss where these resources and services may be available in the community. The groups also reflect on the different referral pathways, and their roles as CHWs in organizing and facilitating referrals. (LO 8) In pairs, learners review case studies to determine the needs of the individual for additional resources and referral services, and outline the actions they would take to organize referrals.
Practice activities for community health	
Session 5: Identify health risks within the community (3 hours)	
9. Identify the key demographic, behavioural and environmental factors in the community that place individuals and population subgroups at higher risk of the health issues.	(LO 9) In a guided group discussion, learners identify the different demographic, behavioural and environmental factors in the community. They discuss which groups are at higher risk, based on the earlier discussion. They also reflect on what puts certain groups more at risk. (LO 9) In small groups, learners illustrate these risks on chart paper.
Session 6: Examine and map community resources (3 hours)	
10. Identify the community resources and assets that support population resilience to the health issue. 11. Map the assets in the community and their relevance to different subgroups of the population.	(LO 10, 11) Learners brainstorm the assets available in their communities that would make communities and population subgroups resilient to the health issue, and any gaps in available community resources that may benefit from advocacy or mobilization activities. (LO 11) In small groups, learners map these resources on chart paper.
Session 7: Educate communities through health advocacy and health promotion activities (6 hours)	
12. Identify opportunities to provide community-level information and advice on risk management. 13. Identify the range of appropriate behaviour change communication techniques for community-level interventions. 14. Distribute information materials in a range of messages and formats. 15. Identify key advocacy messages for the health issue. 16. Contribute to community-based mechanisms for planning and management. 17. Support community-based actions and implementation. 18. Mobilize communities and resources.	(LO 12) In groups, learners brainstorm venues and opportunities for providing community education about risk management. (LO 16, 17, 18) Working in groups, CHWs review material on mobilizing communities and resources already covered in module 6. (LO 13) Learners review information materials and leaflets about the health topic. Referring back to the material on communication and behaviour change in module 2, learners describe behaviour change techniques that might be relevant to the health issue. (LO 14, 15) Working in groups, learners create key informational and advocacy messages and a plan for disseminating them in their community. They discuss how these messages will enable communities to address the community-level risks they identified in session 5, and how they can make the best use of the community-level resources they identified in session 6. (LO 16, 17, 18) In groups, learners conduct a guided simulation of a community meeting on a specific health issue. One learner facilitates a section of the meeting, drawing on relevant facilitation techniques, and the other learners represent various community stakeholders, in rotation.

Session 8: Distribute products for risk management (1 hour plus 7 hours community participation)	
19. Distribute products in the community. 20. Demonstrate the correct use of tools, commodities and resources. 21. Monitor resource allocation and use, including inventories and making orders.	(LO 19, 20) Group discussion to identify the relevant products, tools and commodities that may be needed for risk management, as well as any accompanying education or demonstration that may be needed. (LO 19, 20) As part of a health clinic day or going door to door, learners participate in distribution of products for individual and community risk management. (LO 21) As part of the above activity, CHWs also monitor resource allocation together with the other health clinic staff, observing and supporting, completing inventories, and making orders.
Summative assessment (3 hours)	
Learners individually choose a risk factor and a population at high risk for that risk factor. They then describe their plan for mapping community resources and assets relevant to mitigating those risks, and mobilizing the community to make the most of these resources and assets.	

Topic 16.1 Water, sanitation and hygiene (WASH)

Basic science (knowledge only)	
General knowledge	**Knowledge**
S1. Explain the basic principles, processes and considerations for the health topic.	• Describe common waterborne diseases, such as cholera, dysentery, typhoid and giardiasis, including their transmission routes (such as contaminated water, poor sanitation), symptoms, and the impact they can have on community health, especially among vulnerable populations. • Explain the basic principles of how clean water, proper sanitation and good hygiene practices are essential for preventing waterborne diseases and improving overall health, including the role of pathogens such as bacteria, viruses and parasites in causing diseases. • Explain the importance of safe water sources and proper methods for water purification, such as boiling, filtration and chlorination, and using safe water storage practices, in ensuring that drinking-water is free from harmful contaminants.
S1. Explain the principles of risk management and mitigation through a public health lens.	• Describe good hygiene practices, including regular handwashing with soap, proper food handling and storage, and maintaining cleanliness in living environments. • Explain the role of proper sanitation facilities, such as toilets and latrines, in preventing the spread of disease by safely managing human waste, and the importance of community efforts to improve sanitation infrastructure and practices, including preparedness for and response to public health emergencies.
Practice activities for individual health	
General tasks	**Tasks**
S2. Identify health risks and conditions.	• Identify symptoms of common adverse health conditions due to inadequate WASH provisions (including diarrhoea, trachoma, schistosomiasis and malnutrition).
S3. Provide counselling on risk management approaches.	• Promote point-of-use and household drinking-water treatment and safe storage. • Explain the importance of handwashing, anal cleansing and menstrual hygiene management.
S4. Refer individuals to relevant resources and services.	• [not applicable]
Practice activities for community health	
General tasks	**Tasks**
S5. Identify health risks within the community.	• Identify and monitor common drinking or household use water sources. • Identify hazardous events that could pollute water sources or farming areas. • Inspect sanitary facilities in homes and common public places, such as schools and public buildings. • Monitor water quality by checking for poor physical characteristics such as a visible colouration, presence of sediments or bad smell.
S6. Examine and map community resources.	• Support the mapping of the water and sanitary infrastructure, such as public toilets or baths. • Test water sources by using a water testing kit at the point of use.

S7. Educate communities through health advocacy and health promotion activities.	• Educate on the use of toilets and the water supply system. • Teach proper handwashing practices, explaining the key moments when hands should be thoroughly washed, for example, before preparing food and after using the toilet. • Create awareness about appropriate solid waste disposal. • Educate on treatment of water for domestic use. • Organize campaigns for improving WASH services. • Promote the installation of handwashing facilities. • Assist communities in mobilizing resources for improved WASH services. • Assist communities in developing business plans for improved WASH services. • Share a sanitation improvement plan with community members to support them in the design, construction and use of sanitary facilities.
S8. Distribute products for risk management.	• Distribute cleaning agents (such as soap) to households.

Topic 16.2 Interpersonal violence

Basic science (knowledge only)	
General knowledge	**Knowledge**
S1. Explain the basic principles, processes and considerations for the health topic.	• Describe the prevalence of and risk factors for interpersonal violence. • Recognize the important role that CHWs can play in identifying and supporting victims of violence.
S1. Explain principles of risk management and mitigation through a public health lens.	• Recognize that violence can be fatal and can lead to severe physical and mental health consequences. • Recognize the stigma that surrounds violence and that victims of violence rarely actively seek help. • Identify patterns of violence and abuse that result from the aftermath of health emergencies and disasters, especially with the influx of new actors in the community, as well as situations of population movement, evacuation and temporary shelters.
Practice activities for individual health	
General tasks	**Tasks**
S2. Identify risks, and signs and symptoms associated with violence.	• During routine care provision be alert to signs and symptoms associated with interpersonal violence. • Safely request further information about signs and symptoms of violence to confirm or exclude violence. • Assess personal safety, as the perpetrator of violence might be present.
S3. Provide counselling on risk management approaches.	• Educate parents and caregivers about positive parenting skills. • Teach about violence against women, children and older people, different forms of violence, contributing factors, and the consequences of violence. • Document signs and symptoms of violence. • Report violence in line with WHO guidelines and national or local legislation. • Provide immediate medical care, if needed. • Provide care as required for victims of intimate partner or sexual violence, including rape. • Provide victims of sexual violence with HIV, hepatitis and STI prophylaxis. For first-line support to child and adult survivors of violence: • Listen closely with empathy and without judging in a private space. • Enquire: assess and respond to needs, wishes and concerns. • Validate: show the survivor that you understand and believe them, and that they are not to blame for what happened. • Enhance safety: protect the victim or survivor from further harm. • Support: facilitate support by connecting to formal and informal support services. For children and adolescents in addition to the above: • Support caregivers to implement a child- and adolescent-friendly environment. • Provide support to non-offending caregivers to support the child or adolescent.
S4. Connect and refer individuals to relevant resources and services.	• Connect victims or survivors to formal and informal support services, as needed.

Practice activities for community health	
General tasks	**Tasks**
S5. Identify health risks within the community.	• Identify common violence issues and hot spots in the community.
S6. Examine and map community resources.	• Identify community resources for tackling violence. • Identify partners that can contribute to addressing known risks.
S7. Educate communities through health advocacy and health promotion activities.	• Educate communities about available support for survivors of violence and the importance of timely services, in particular, in instances of sexual violence. • Advocate equal gender norms and relations.
S8. Distribute products for risk management.	• Distribute information leaflets about community support access. • Distribute medications for pain relief, as needed.

Topic 16.3 Environmental health, antimicrobial resistance and One Health

Basic science (knowledge only)	
General knowledge	**Knowledge**
S1. Explain the basic principles, processes and considerations for the health topic.	• Explain the interconnectedness of human, animal and environmental health, and how hazards (such as pollution, climate change, sanitation) impact each other. • Describe the basic mechanism of antimicrobial resistance and its implications for public health, including the challenges of treating infections and potential for widespread disease outbreaks.
S1. Explain the principles of risk management and mitigation through a public health lens.	• Explain factors contributing to antimicrobial resistance and spillover events. • Describe the shared environmental factors affecting health and the need for coordinated efforts to promote human, animal and environmental health. • Explain the health impacts of specific environmental risk factors, such as air pollution, climate change, chemicals and radiation, and the interlinkages between and amplifying effects of environmental hazards, for example air pollution and climate change.
Practice activities for individual health	
General tasks	**Tasks**
S2. Identify health risks.	• Use screening tools and testing kits to assess common environmental risks, including air pollution or local water body poisoning. • Communicate about the increased risk of diseases due to short- and long-term exposure to environmental hazards, such as extreme heat or air pollution. • Identify risks for zoonotic infections in households. • Identify instances of inappropriate use of antimicrobials for infections, including through informal and over-the-counter providers.
S3. Provide counselling on risk management approaches.	• Educate about various preventive measures against health threats, including poor air quality or drinking-water poisoning. • Educate about the management of common infectious syndromes and appropriate use of medicines. • Provide care for heat-related illness.
S4. Refer individuals to relevant resources and services.	• Refer individuals with suspected signs and symptoms for management of infectious conditions, and connect individuals to the formal health care system. • Support individuals and households to understand their treatment plans and the need for adequate compliance.
Practice activities for community health	
General tasks	**Tasks**
S5. Identify health risks and conditions within the community.	• Identify environmental health risks in the community. • Identify health-seeking behavioural issues for common infectious syndromes and over-the-counter antimicrobial use.
S6. Examine and map community resources.	• Identify community partners across sectors to promote health using a One Health approach. • Collaborate with animal and agriculture personnel, wherever available, to harmonize infection prevention activities and share information on outbreak of infection.

S7. Educate communities through health advocacy and health promotion activities.	• Educate community members about appropriate use of antimicrobials. • Advise against over-the-counter use of antimicrobials. • Educate the community about common environmental health risks, including standing water and drowning, cooking, combustion, and flammable substances. • Educate the community about preventive measures, such as emptying stagnant water. • Organize community action to improve environmental health.
S8. Distribute products for risk management.	• Distribute fencing and barriers to prevent injuries when accessing water sources, and window guards to prevent falls. • Distribute cleaner fuels and cookstove guards to prevent accidents and air pollution.

Topic 16.4 Health emergency preparedness and response

Basic science (knowledge only)	
General knowledge	**Knowledge**
S1. Explain the basic principles, processes and considerations for the health topic.	• Describe the different phases of emergency management (mitigation, preparedness, response and recovery) and the potential roles of CHWs in each phase. • Identify the different types of health and security hazards that may affect the community in context, including the most common epidemic-prone communicable diseases, such as mpox, cholera and haemorrhagic fevers (for example, Ebola virus disease and Marburg virus disease). • Identify the contents and components of existing emergency mitigation, preparedness and response plans for the context.
S1. Explain the principles of risk management and mitigation through a public health lens.	• Explain the principles of risk communication and community engagement for public health emergency preparedness and response. • Explain the importance of enabling people at risk to make informed decisions to mitigate the effects of a threat (hazard) such as a disease outbreak, and the range of individual and community protective and preventive measures. • Explain the role of community engagement in fostering better preparation and readiness for emergency threats and hazards facing the community. • Identify the potential immediate and secondary consequences of hazards and compounding events for human, animal and environmental health and security, including disruption to health care and other services, forced displacement and economic losses, and for psychological well-being, through trauma, stress and grief reactions. • Describe key elements of immediate medical care and psychosocial support required by survivors, addressing both acute and long-term health needs, and promoting resilience and coping strategies to mitigate the impact of disaster-related stressors.
Practice activities for individual health	
General tasks	**Tasks**
S2. Identify health risks.	• Gather common types of surveillance data (photos, interviews, verbal autopsy and vital registrations). • Interpret surveillance data to identify individual or household health risks and conditions. • Conduct contact tracing. • Report notifiable health conditions. • Contribute towards a local capacity assessment to identify emergency risks and address them.
S3. Provide counselling on risk management approaches.	• Counsel individuals and households on approaches to manage their own health risks, for example, isolation, hand hygiene, the use of barriers and avoiding potentially hazardous areas. • Counsel individuals and households on surge resources (health and others) available to them as part of emergency preparedness and response. • Provide first aid to those affected by emergencies (see first aid unit in module 13 for specific relevant tasks). • Educate individuals and households on the use of non-medical products that can help them to manage their own health during emergencies. • Administer vaccinations to help control outbreaks such as cholera or Ebola virus disease, only where authorized by national policy or directives.
S4. Refer individuals to relevant resources and services.	• Refer individuals with complex health needs to health facilities and relevant services.

Practice activities for community health	
General tasks	**Tasks**
S5. Identify health risks within the community.	• Gather common types of surveillance data (photos, interviews, verbal autopsy and vital registrations) and interpret these to identify health risks and conditions. • Report notifiable health conditions. • Engage community stakeholders to gather common types of surveillance data. • Together with health officials, propose a set of key indicators for a community health profile. • Identify potential and actual risks and threats to human, animal and environmental health in the community.
S6. Examine and map community resources.	• Identify prevention and management measures suitable in case of a health emergency or disease outbreak. • Identify potential partners that are known to address the relevant health risks or threats. • Facilitate communication and partnership building between community stakeholders and local and district health facilities for local capacity. • Notify relevant stakeholders about evolving information related to health threats or emergencies (including health authorities, local partners, clinics and health workers) in accordance with national standard operating procedures. • Advocate community partnership in developing emergency mitigation, preparedness, management and recovery plans. • Establish community feedback mechanisms and communication channels. • Engage with credible sources and community leaders to strengthen relationships. • Establish community participation in governance or decision-making mechanisms for co-creation of solutions. • Seek the participation of community members in health promotion campaigns and vaccination campaigns. • Collaborate with local health authorities to manage or prepare isolation centres in the case of epidemic-prone illnesses or outbreaks.
S7. Educate communities through health advocacy and health promotion activities.	• Raise awareness of potential disease outbreaks or emergency situations. • Educate communities about symptoms, transmission and preventive measures in place. • Deliver timely and accurate information to communities and health workers. • Prevent stigma and discrimination by conducting sensitivity and awareness sessions, and sharing stories of recovery and positive outcomes. • Educate about protective measures to take in case of emergency. • Conduct health promotion campaigns to educate about common disaster coping mechanisms. • Conduct vaccination promotion campaigns. • Communicate to the community the importance of early warning systems to maintain disaster preparedness and response. • Educate and develop plans with community members on their roles in emergency mitigation, preparedness and management, for example, their readiness to prevent injury and provide first aid. • Advocate safe burial practices.

S8. Distribute products for risk management.	• Distribute first aid kits. • Distribute relief materials such as blankets and mosquito nets. • Distribute personal protective equipment (PPE) such as hazmat suits, hand gloves and masks.

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