Health Workforce: Training of Community Health Workers

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Examples from health worker programs in rural Guatemala

This module was developed to train students and others who plan to work in areas throughout the world where community health workers play an important role in the health of the local population. We hope that the work you do will strengthen and add capacity to the local health workers. One way to do that is to collaborate with the health workers in training sessions on topics that are important to their community’s health.

The module was based on experiences with health workers in Guatemala. Although communities and countries vary, we believe that the lessons and experiences from Guatemala can be applied to health workers throughout the world.
Module outline

• What are community health workers?
• Ethical principles and guidelines
• Principles and strategies for teaching
• Examples of teaching methods
• Plan your own training

The module begins with a basic definition and description of community health workers. We then discuss ethical principles that shape the relationship between us as representatives of first world nations and citizens of developing nations. We continue with some educational principles and strategies to use when training people with limited literacy and formal education. You are then asked to develop a training using some of your new skills and knowledge.
Goals

To improve the health and well-being of people and communities throughout the world

- Transfer knowledge and skills from first world professionals to local community members
- Build self-confidence, self-reliance, problem-solving skills and independence of community members
- Identify and enhance assets and resources that reside in the local community
- Contribute to viable and sustainable programs

The overarching goal of this module is to help you, the learners, improve the health and well-being of people and communities throughout the world by contributing to the skills and knowledge of local health workers.
Learning objectives

*Ethics and principles:*

– Raise awareness of ethical principles for first world professionals working as trainers with lay health workers in communities of developing countries
  
  • Community-centered, community-driven
  
  • Sustainable

– Expose trainers to principles of empowerment and active learning

We divide our learning objectives into two types - ethics and principles and skills and knowledge. We encourage you to begin this type of work with some guiding principles. The work we do in communities should be community-centered, driven by community values and needs. The work should be sustainable. We should recognize and appreciate the community’s assets. Our teaching should be directed at empowering the health workers, and actively engaging them in learning. We hope to impart skills of teaching and learning in communities with low literacy and limited resources.
Learning objectives

Skills and knowledge:
– Learn to work with local people so they can choose topics that serve local health needs and address their priorities
– Learn to work with local people so they can choose culturally appropriate teaching techniques
– Learn tools and skills appropriate for low-literacy communities with limited resources and technology
Community health workers are...

Women and men who are recognized by their neighbors and communities. They receive formal training in order to promote and maintain the health of their communities. They learn to diagnose and treat common illnesses, they learn about prevention and public health, and they participate in major health initiatives carried out by the national government, local health post and/or non-governmental organizations. Whether paid or voluntary, they are integral to the health and public health infrastructure, and are critical to any effort to improve health and well-being at the local level.
Community health workers....

- Live in their own communities
  - Share language and dialect
  - Share the same culture
  - Experience same living conditions/problems
- Collaborate with the community to improve health
- Are recognized by neighbors
  - Special knowledge, training and wisdom
  - Trust and confidence
- Are recognized by the health/public health system
Common attributes of health workers

- Friendly, responsible
- Respect ideas, traditions
- Leaders, organizers, advocates
- Trusted by community—especially mothers and children
- Exercise good judgment
- Motivated to learn and serve their community
- Positive role models of healthy practices
There are many types of health care workers. In Guatemala there have been organizations doing promoter training for nearly 30 years. The programs vary, depending on the needs and resources of each area.

The role of health workers can vary, but in general they are involved with diagnosis and treatment of common illnesses, community education and health screening. In many parts of the world they are critical to the implementation of key health programs such as TB and HIV treatment, prenatal care and public health efforts such as sanitation and nutrition.
Health workers and the health infrastructure

- Structured relationship to clinic, hospital, health post or other institution
  - Training
  - Supervision
  - Back-up and referral
  - Coordination

- Critical to success of health promotion

Community health workers are part of the local health infrastructure. Although the structure may vary from community to community, country to country, community health workers have typically undergone some type of recognized and authorized training and supervision. Their work is connected to a hospital, clinic, government health post or other part of the formal health care system.
Ethical Guidelines for Training Health Workers

• Remember whose community you are in…
  – Collaborate with host community to assess assets and needs
  – Teaching program must benefit and meet expressed needs of local community

• Remember where you are…
  – Trainers with cultural and linguistic competency
  – Resources, technology, materials appropriate to local community
    • Accessible
    • Available
    • Sustainable
Notes on Ethical Guidelines for Training Health Workers

Focusing on assets as opposed to problems or deficits are principles that are derived from the field of community development. Begin with the community’s strengths and assets. Don’t think flashy - think sustainable. For more information on Asset-Based Community Development, see reference to the work of John McKnight and Jody Kretzmann., Megan Foster and Alison Mathie.

When you consider bringing resources and supplies – think sustainable. In most parts of the world, it isn’t useful to bring fancy digital thermometers that need batteries and probe covers. Use the old mercury thermometers that can be bought in the third world country.

DO NOT bring expired medications. Do not donate equipment and supplies that cannot be used by the sites and people you will be working with.
• **Community development** – the process of supporting community groups in identifying *their* health issues, planning and acting upon *their* strategies for social action/social change, and gaining increased self-reliance and decision-making power as a result of *their* activities.

Toronto Dept of Public Health, 1994, in Labonte, Forming Authentic Partnerships, in Minkler, ed. *Community Organizing and Community Building for Health*
Starting principles – it's a process, not a one-shot deal...

- Training involves a relationship
- Training requires commitment to ongoing learning and transfer of knowledge
- Training requires collaboration
- Trainings that helicopter in and then leave do a dis-service
- Training is ultimately about empowerment and transformation
Question your own assumptions and motives

• Do I believe that local lay people can be trained to do first line assessment, minor treatment and prevention?
• Can an adult with a third grade education learn to diagnose and treat pneumonia?
• What are my motives for working in this community...to come with all of the answers? To treat many “patients” and then leave with lots of stories to bring home? To leave knowledge and skills behind?
• Who am I accountable to?
Keep in mind…

• First world professionals working in the third world want to do the right thing…..

• Visitors to project areas are always difficult… they always create problems, the biggest is raising expectations. White people are rich – it takes a great deal of awareness and self assurance for poor people not to expect benefits as a result of a visit.  

_People First, by Stan Burkey_

Despite our best intentions, as outsiders, we can create problems. The wealth, resources, education and knowledge that we bring may represent power and authority. Local people may begin to look to us for answers. We have to be careful to build and reinforce, rather than undermine - the respect that people have for their local health workers.
Your trainings will address basic health problems Remember...

- More than 10 million children die a year, most from preventable causes and almost all in poor countries.
- Almost universally, no matter what poor country, pneumonia and diarrhea remain the diseases most often associated with child deaths.

Purpose of training health workers

- Share skills and knowledge to improve the health of the community
- Identify and use resources that are reliably available to health workers to improve local health
- Build self confidence, self reliance, independence, and problem solving skills that will continue when you go home
Health worker training

• Content
  – Preventive
  – Diagnostic
  – Curative
  – Public health

• Implementation
  – 1 weekend per month
    or
  – 6 weeks per year x 3yrs
    +
  – opportunities for further training and refreshers

Sample first year topics

What is a health promoter?
How to take vital signs
Oral re-hydration solution
Amoebas and Parasites
Three signs of pneumonia
Ear, Nose and Throat
Nutrition and malnutrition
WHO essential medicines
(Part I and II)
Notes on: Health worker training

This is an example of a training program for health workers. Training for an advanced health worker would take place over 3 years and would cover prevention, diagnostic skills, treatment and concepts of public health. Trainings might be held one weekend per month, or take place in a concentrated 6 weeks period. The first year would typically include topics such as what is a health worker/health promoter and where do you fit in to the health care system; vital signs - what are they, how do you take them? The World Health Organization has designated a list of essential medicines that are inexpensive, reliably available in most settings, and address many of the common infections and other conditions seen throughout the world. Trainers should be aware of these medicines and include these at appropriate times in health worker trainings.
Health workers educational background
*generalizations that may be applicable of some workers*

“Low-literacy”

- Read and write
- Do not own books or dictionaries
- Completed 6th grade? Or perhaps only 3rd grade?
- Limited experience with formal teaching
- Know the alphabet but do not understand an index
Notes on: Health workers educational background

What does “low literacy mean? It is best to ask the health workers themselves about their educational experiences. However, these are some generalizations to consider. Health workers have often had some formal education, and are able to read and write. The level of school they have completed may not accurately reflect their reading level. They most likely do not own books, have little or know experience with dictionaries, reference books. While they may know their alphabet, they may not understand the concept of alphabetizing. They may not know how to use an index. You may need to incorporate some of these skills into your training.

Many of us have completed years of schooling, and have learned to be comfortable as learners. We appreciate being challenged. We have learned to ask questions and think critically. However, many health workers have had minimal formal education. In addition, formal educational experiences may not have been positive. Corporal punishment and humiliation are not uncommon teaching methods in many parts of the world.
Common teaching methods in poor/rural areas:

- Students copy from the board into small notebooks
- Rote memorization of material
- Concrete thinking; not experienced with conceptualization
- No experience with open ended questions (as in the Socratic method)
- Books are scarce
- Punishment and humiliation are common teaching methods
Trainers need to acknowledge that the people they are working to train live in an environment of social injustice, poverty and lack of power.

Rarely have they been told that they can learn, and can help their people.

Paolo Freire, an educator, reminds us that the educational experiences that many people around the world have had have served to reinforce their lack of power. As trainers, we must recognize that teaching and training can and should be, fundamentally, about empowerment.

As trainers, we should model the principle of empowerment, as well as many of the teaching techniques and strategies, that health workers will learn and then apply when they teach and train their own communities. We want to embody the attributes that are consistent with the principles of empowerment, respect for participants, and understanding of multiple learning styles.
Trainers must treat the participants as equals

“We must place ourselves at the service of all those who suffer from and who struggle against all forms of oppression and social exclusion, doing everything possible in our reach to empower them; through dialogue, concerted action and solidarity, to acknowledge and amplify their voices and present existence, trying to foster and enhance their participation in the decision-making processes wherever they live their lives, as rightfully endowed, fully fledged and engaged critical citizens that they are.”

Basic Educational Principles

- Process of teaching is as important as the content
- Model the strategies and techniques that health workers will use in their work
- Active learning techniques
- Discussion
- Lots of hands – on
- Limit “passive learning”

Making Oral Rehydration Solution

Photo by Will Smith
A good trainer is...

• Aware of multiple learning styles
• Uses multiple strategies to teach the same material
• Collaborative
• Non-authoritarian
• Non-judgmental
• Encourages dialogue, questioning and critical thinking
• Flexible
Critical thinking and problem solving are the objective. However...

Question and answer style can be challenging, at first.

- People with low literacy often feel that their questions demonstrate ignorance
- People who have been shamed and humiliated are afraid to give the “wrong answer”
- It takes time before they trust trainers not to laugh or ridicule them
- It takes time to trust that trainers will try to understand their frame of reference

As trainers, we must tread gently. Shame, low self-confidence, humiliation and fear are deeply ingrained.
A good trainer...

- Establishes safety – so everyone can express opinions and thoughts
- Encourages active participation
- Encourages active listening to their fellow participants
- Encourages everyone to ask questions and not accept simple answers
- Models her own “mistakes” and critical thinking
- Opens the door into the wonderful world of critical thinking.

Helping Health Workers Learn – p. 538
Notes on: A good trainer… We can’t possibly teach health workers every fact, every bit of important information. Instead, we want to impart the skills to be able to think critically, ask and answer questions. This way, health workers will be able to apply new knowledge and skills in their communities. However, we must recognize that learning to think critically is a process.

As a trainer, you want to make sure that the training session is a positive learning experience for all participants. You want the participants to learn the material and the skills, to teach it to other community members, and be able to use their skills and knowledge to improve the health of their communities. And - you want the session to be fun.

These teaching strategies are useful for teaching in any setting. They are particularly important when teaching in a setting in which learners have not had a great deal of formal education, or when experiences with formal education might have been negative. The process is as important as the content.
Teaching strategies

• Begin with what people already know
• Make learning fun
• Use active learning and problem solving
• Encourage peer and group learning
• Don't be the expert
• Acknowledge your own questions and mistakes

Good trainers are the experts on their own community

Helping Health Workers Learn – p. 538
Teaching tools and techniques

Teaching from real patients / real life situations

Group discussion:
- Take the story of one of the kids that died and ask what symptoms the child had, for how long, what help the parents tried to get, then what happened, who was involved, etc.
- Then ask if the death could have been prevented. If so, at what points could death have been prevented.
- Assure the participants it is not to seek blame but to learn lessons and gain understanding.

Using the principle of beginning with what people already know, have small groups discuss the stories of children from their community who have died. Each small group can generate a list of causes of death of young children. You can carry this further by focusing on one story. Review this story in a large group. Then, in either small or large group, discuss what went wrong. What could have been done differently? What lessons can be learned? Make sure that everyone understands that the discussion is not to seek blame, but to learn lessons and gain understanding.
Teaching tools and techniques

- Flip Charts
  - Don’t think fancy, glossy and commercial.
  - Do think simple drawings on a series of newsprint clipped together.
  - Do check with local people. Ask what they understand from the drawings. Check visual literacy and the clarity of your message.

- Familiar example:
  Use simple drawings to tell a story of a child who had a cough that got worse. Illustrate the three signs of pneumonia:
  - fever
  - rapid breathing
  - cough

Visual learning is important for all learners, but especially for learners with low literacy. It is important that the visuals - flip charts, posters, are accessible and give the message that the health workers could make them. Use materials that are readily available. Make drawings that anyone can draw. The health workers will be the ones teaching and training their own community members.
Teaching tools and techniques
Diagram of TB system from TB Training

- Available materials
- Simple drawings (anyone can do it!)
- Clear visual message
Teaching tools and techniques

Familiar example – Juanito

Juanito did not make it to his second birthday. He died of “swelling”. He had a five-year-old sister who was healthy. When he was 1½ years old a little sister was born. His mother had stopped breastfeeding him when she discovered she was pregnant again. She gave him porridge with rice in a bottle and sometimes with milk. He got sick with diarrhea. He never seemed to gain any more weight. He kept getting sick. Once he got sick with a cough. Then he died.

Case Studies

Give the health workers a handout with a story on it. Have them read it in small groups and answer some questions about the case.

Case studies can be a useful technique to discuss common scenarios. Write a short paragraph describing a familiar problem in a story form. Have small groups read and discuss the scenario. Bring the full group together and discuss key learning and questions that came up in the small groups. Small groups allow everyone to participate, including those who might not speak up in a larger group.
Teaching tools and techniques

Handouts
Good way to summarize, update information and emphasize key points.
May use sections from the book, *Where there is No Doctor* (WTND)
Review every column and row

Example:
Handout for the common cold

<table>
<thead>
<tr>
<th>Signs</th>
<th>Diagnosis</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough</td>
<td>Common cold</td>
<td>Vicks rub</td>
</tr>
<tr>
<td>Mucus</td>
<td></td>
<td>Homemade cough syrup</td>
</tr>
<tr>
<td>Stuffy nose</td>
<td></td>
<td>Lemon / sugar</td>
</tr>
<tr>
<td>No fever</td>
<td></td>
<td>Acetaminophen</td>
</tr>
<tr>
<td>Sore throat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bodyaches</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 1 week</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Teaching tools and techniques

Role plays, dramas, puppets, scenarios.
- Works with some groups,
- May not work with all groups
- Good way to review and summarize a lesson
- Simple puppets or masks may make it easier to participate

Example: Act out a parent bringing their sick child with a cough to the health worker.

Role plays and dramas and puppet shows can be used to teach important concepts, demonstrate skills such as history taking, and to utilize familiar scenarios to teach new ideas. Be prepared to participate yourself so that others will feel comfortable “looking silly” or taking risks. Puppets may be less threatening than acting and role plays.
Teaching tools and techniques

Board Games

• may be time consuming but ...
• brings full attention and concentration
• are familiar and non-threatening
• provide techniques health workers can use in their own communities
• also – good strategy for non-threatening tests

Example:

- *Chutes and Ladders* (In Spanish becomes, *Snakes and Ladders*)
- For good health habits one gets to go up the ladders, for bad health habits one tumbles down the snakes.

*Helping Health Workers Learn 11-26-11-28.*
Think outside the box
Use what’s available locally

- Don’t be afraid to go to the butcher and purchase cow lungs to demonstrate anatomy and physiology of the respiratory system.

Even in very poor areas of the world, there are lots of materials available to teach complicated topics such as anatomy and physiology. These familiar materials will make learning fun and accessible.
Health workers can learn to perform complicated tasks such as collecting sputum, fixing and staining slides and finding acid fast bacteria on a slide. Break the tasks down into simple, clear steps.
Doing it - Planning a session

Remember this.....

- “... self reliant participatory development is the only foundation for true development – human, economic, political and social. It is a slow and difficult process, one totally dependent on men and women themselves assisted by those who are willing to work among them.”

*People First*, by Stan Burkey
Always ask yourself.....

Whose needs am I serving?

- ... am I increasing the confidence of the poor, their faith in themselves, their self-reliance, their knowledge and skills
- OR, am I making them instruments of my own agenda? (eg, setting up a site for student rotation, writing a thesis, getting experience, data mining, enhancing my own career)
Planning - Always collaborate with a local co-trainer

- Learn about cultural context
- Learn about logistical possibilities & constraints
- Constantly bounce around ideas with this person
- Train the co-trainer for when you leave
- Use co-trainer as a facilitator for information gathering before and during the training (knowledge, attitudes, beliefs)
- **Example**: To learn about knowledge and beliefs about Tuberculosis...have the co-trainer facilitate the discussion.

Plan the session with a co-trainer. This is an important learning opportunity for you. As you work closely with a community health worker, you will learn about her/his life, the culture and history of the community. Working together is also a strategy for sustainability. You will model and share the skills of developing and implementing a training with your co-trainer so she/he will be able to conduct trainings in the future.
PLAN, PLAN, PLAN (everything!)

- Topic priorities
- Logistics – time, day, length, location
- Goals and objectives
- Cultural factors and beliefs
- Assemble resources – materials, people
- Practice the session, get feedback and make changes
Outlining the session

• What is essential – most important
• What is useful
• What is interesting
• Sequence of session
  – Familiar material first - build on what people already know / feel confident about
  – Introduce challenging / difficult material next
• Use frequent repetition / recapitulation

Sequence is important. Always begin with what people already know. This will make the training less threatening. Then ask what questions people have - based on what they already know or have already seen. Then introduce the newest and most challenging ideas and/or skills. Use multiple strategies to teach new material. Combine visual, hands-on, interactive and written teaching methods. Repeat, recapitulate, check- in. Are people “getting it”? Can they demonstrate their knowledge and skills? Are you ready to go on to new material? Are people getting tired or overloaded? Plan breaks to restore energy and interest. It is probably true for teaching and learning anywhere - but it is especially true in areas of the world where people rarely sit still. Teaching must be active. Don’t expect people to sit and be passive for long periods of time. Games and icebreakers are an important part of any training. They also allow you to learn about the culture.
Rule of thumb

• Never …
  – leave the participants in their chairs for more than 30 minutes
• Campesinos – rarely sit
  – Many do not even own a chair
  – When they do sit, they fall asleep
• Training must be active!
Using games and icebreakers

- Generates laughter, trust, safety
- Gives everyone a break
- Wakes everyone up
- Provides an opportunity for participants to get to know each other and support one another
- Creates bonds between trainers and participants
- Gets people ready to learn

Health Workers playing rifle, wall and cow (similar to rock, paper and scissors)  
photo by Will Smith
Now for some hands on....(your hands)

Objective:

• Design a course that teaches a group of promoters the three basic signs of pneumonia:
  – Cough
  – Fever
  – Rapid respiratory rate

Let’s practice designing a training. It is important to break down a topic into small, definable skills and tasks. Pneumonia is a good topic to begin with, since it is one of the most important causes of suffering and death among children and adults. It is also a great way to teach the knowledge and skills related to history taking and vital signs.
1. What are the tasks? What are the skills they need to learn to do this?

- Write down your thoughts on a piece of paper – then compare to ideas on the right
- Take a history
- Count respirations
- Be able to read time on a watch
- Take a temperature
- Be able to identify the mercury (fancy thermometers need batteries and probe covers, mercury thermometers can usually be bought in country)
- Learn the normal limits for temperature and respirations.

Helping Health Workers Learn. p. 280 - 281
2. Think of three activities that teach each skill......

• Take a history

• Ask the group what questions are important
• Give them a handout with the questions that are important
• Have them do a role play interviewing a patient with a cough

Think of activities that teach a skill. As participants do each activity, they will demonstrate their knowledge and understanding of the skill and the lessons (without having to put people on the spot.) Remember to use materials that are always going to be available. For example, digital thermometers may be easier to read, but when the batteries are gone, they are useless. Repeat important ideas and skills, using several methods. For example, create a large thermometer and practice reading temperatures in a large group, practice again in small groups, practice on real subjects, collect the results and discuss it. All of these methods reinforce the learning, and allow learners with a variety of learning styles to learn the important material.
Think of three activities that teach each skill.....

- Count respirations
- Be able to read “one minute” on a watch. (We have found this is easier than counting for 15 seconds and multiplying by four.)
- Establish what a minute is on their watches (digital or analogue). Use large drawings on newsprint of both types of watches.
- Count respirations of a partner, write the results on the whiteboard.
- Review findings to establish what is the normal per minute rate.
- Discuss what is normal for newborns and children under 1 years old. If available have each pair count the respiratory rate of a child. (Often participants bring their children or neighbor kids are around)
Think of three activities that teach each skill......

- Take a temperature
- Be able to identify the mercury (fancy thermometers need batteries and probe covers, mercury thermometers can usually be bought in country)

- Make a giant thermometer. Change the number frequently to have the participants read the number. *Helping Health Workers Learn*, 14-sections 14-4 and 14-5.

- In pairs read p. 31 in *Where There is No Doctor*.

- Take temperatures in pairs and write the number on the whiteboard.

- Review the findings together.

- Discuss the difference between oral, axillary and rectal temperatures.
3. Think of two games to give students a break (but maybe they can still learn something!)

Think back to simple games and songs...

- For an anatomy review – Simon says touch your stomach, liver, heart, etc…
- Sing “put your finger on your…” to review body parts
- Ask simple review questions and play spin the bottle

As you probably remember from your own education, breaks and games can be some of the most important learning opportunities - mainly because it isn’t pressured and threatening. You’re not really thinking about learning or demonstrating what you know. But - the clever trainer can pay attention and use the games to see if the participants have learned some of the information from today’s or previous sessions.
4. Put it all together in a day

Morning session

• 8:00 Welcome and presentation of each participant
• 8:30 What do they understand as “vital signs”
• 9:00 Small groups – write on newsprint what they know about “temperature” what it is and where fever comes from. Present their newsprint to the group at large.
• 10:00 Read in pairs pages 30 and 31 from Where There is No Doctor
• 10:15 Discussion on the three places to take temperatures (rectal, oral, axilla)
• 10:30 Game / break
• 11:00 Present the huge thermometer and teach the technique
• 11:30 In pairs – have them take temperature

Facilitators go between groups to help them with technique

This is an example of a plan for a day-long training. Develop this with your co-trainer. Plan the work and the rest. When the day is over, review the plan and make notes and comments. Save the plan and your notes for the next training. These notes and plans will be very useful for your co-trainer when s/he plans sessions after you have gone back home.
Afternoon session

- 1:00 Questions from the morning session?
- 1:15 Respiration: Introduction – Demonstration of putting a jar over a lit candle. Ask them what is in the air that lets a candle burn?
- 1:30 Explain that one respiration has two parts – inhalation and exhalation.
- 1:45 In pairs - count each other’s respirations. (The most difficult is to “see” respirations. Ask them to put a hand on their partner’s chest to “feel” respirations.)
- 2:15 Put the results on the whiteboard and discuss what is normal.
- 3:00 GAME/ Break
- 3:30 – Put it all together. A child with cough, fever and rapid respirations – probably has pneumonia – needs to be referred or the appropriate medication.

Review Questions:

1. What is the normal temperature of an adult? Put a number on the giant thermometer and ask someone what it is?
2. How to clean a thermometer after use?
Putting it into practice – bringing it to the community

MANY trainings fall down here

• Many programs, visitors come to a community, donate books, equipment and medicine

……. but never go into the communities to actually work with the health workers
More on bringing learning into the community

Mentoring

- Builds the confidence of the community health worker
- Builds the confidence of the people in their health worker

The people of the community need to see the promoter working side by side with the trainers. Then they see the health worker as someone who has studied, who is learning, who can help them when their child is sick.

As the health workers develop confidence they can then organize health activities in their communities and the people will begin to learn how to prevent illness with culturally appropriate suggestions.

The ultimate outcome of training health workers is to develop the capacity of the more experienced community health workers to train new health workers.

Many volunteer health providers bring equipment, books and other materials to areas of high medical need throughout the world, but fail to take the critical step of making sure that these materials are appropriate, and that they are placed into the hands of the people who remain in the communities when we leave. By training and mentoring health workers, you add knowledge and capacity, resources and technical skills. You also enhance the trust that community members have in their health workers.
Putting the learning into action

Judit Salguerro, supervising a promoter learning to take blood pressure

Photo by Will Smith
Assessment - was the session successful?

Standard evaluations don’t work in these settings

- Trainees don’t want to offend
- They're likely to say everything was great
- Any suggestions?
  - “Bring more tortillas”
  - “Provide childcare”

It is important to get feedback on the training sessions in order to make improvements, and to emphasize that the trainings are meant to serve the needs of the participants and their communities. It is also important to communicate to the participants that their needs, ideas and criticisms are listened to and taken seriously. Large group feedback sessions are likely to yield polite comments that everything was “fine” because participants don’t want to offend the trainers. You might get comments on the meals or snacks, but not on the content or process of the training.

Small group discussions that are broadly about “how things went”, “what else we need to know”, “what was good” and “what could be better” are more likely to yield useful feedback than a discussion in a larger group about specific aspects of the training.
Assessment – what works?

• Small group discussions
  Ask participants to meet in small groups to discuss how the session went. What worked well? What would work better? Then ask each group to write down or share out loud one or two ideas with the full group

• Unstructured discussions work better than structured discussions
Concluding thoughts – Independence and empowerment

“We were learning ourselves, however slowly. You came with your science that you developed with your money and power, and its dazzling light blinded us.”

“Can you throw the light not on our face but on the road so that we can see it better and walk ourselves, holding your hand occasionally?” Asked by an Indian peasant

*People First*, by Stan Burkey (p.192)
Questions to consider: Background – resources - ethics

1. What is a health worker? What functions and roles do they provide for their communities?
2. Who is the master of popular education?
3. What book(s) can you use as a reference for yourself and your local in country trainer to prepare trainings?
4. What book(s) will you give to the promoters, so they can continue to learn after you leave?

Answers:

1. A health worker is a man or woman who is recognized by his or her community as someone who cares about the health of the community. She/he has received special training about common illnesses and public health and participates in local health initiatives.
2. Paolo Freire
3. Where There is No Doctor; Helping Health Workers Learn
4. Where There is No Doctor (and others in the same series)
Questions to consider: Skills

1. How long is a typical training program for health workers?
2. What are some of the challenges in training health workers? What are some strategies that can be used to address these challenges?
3. What does a trainer need to be aware of in using the technique of Q&A? What are alternative ways of promoting critical thinking?
4. How do you know if your training was successful?
Answers to the previous questions

1. 24 days per year for 3 years.

2. Health workers have often had bad experiences in school and other learning situations. Try to use active learning methods – games, hands-on learning. Try to make the learning environment safe and non-threatening. Plan your trainings with a local person and test them out.

3. Question and answer methods can be threatening to people who have learned in schools where they have been intimidated and humiliated. You can use scenarios and ask people to discuss what they would do. You can use theater and puppet shows to engage people directly in a scenario and see how they solve problems.

4. Most people will give polite answers when asked directly. Instead, ask participants to divide into small groups to discuss amongst themselves what they liked and didn’t like about the training, what worked well, what could be better. Then ask each group to share some of their thoughts and recommendations to the larger group.
Summary of Key Points

• An ethical framework for working with poor and disempowered communities includes:
  – assessment with full community participation
  – community-centered decisions driven by community's expressed felt needs and that are of lasting benefit to host community
  – cultural and linguistic competency,
  – emphasis on sustainable knowledge, skills and resources

You are a visitor – it's not about you!
Key Points (continued)

- Active, collaborative, participatory teaching strategies are the most effective
- Training is an opportunity to build sustainable capacity
  - Participants gain new knowledge and skills
  - Co-trainer learns skills of teaching and training
- Training takes time; relationship and trust are key
This module was developed by Sue Hammerton, a Nurse Practitioner, who lived and worked in Guatemala for many years. Sue collaborated with Dr. Barbara Gottlieb who has visited and worked with health workers in San Lucas Toliman, Guatemala since 2000. Photos are by Will Smith, who also lived and worked in Guatemala for many years.
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References

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