**MINISTRY OF PUBLIC HEALTH
AND SANITATION**

TRAINING COMMUNITY HEALTH COMMITTEES IN KENYA

THE CURRICULUM
FOR COMMUNITY HEALTH COMMITTEES

**Division of Community
Health Services
*"Afya Yetu, Jukumu Letu"***

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THE CURRICULUM
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**Division of Community
Health Services**
"Afya Yetu, Jukumu Letu"

MASAAI SAYING
*"WHEN YOU WALK ALONE,
YOU MAY WALK VERY FAST BUT YOU DON'T GET VERY FAR.
WHEN YOU WALK WITH OTHERS,
YOU MAY NOT WALK VERY FAST BUT YOU CAN GO VERY FAR"*

AFYA YETU JUKUMU LETU: OUR HEALTH, OUR RESPONSIBILITY

This song, in both languages, is sung to the popular tune of "IF YOU'RE HAPPY AND YOU KNOW IT, CLAP YOUR HANDS". Verses 1 & 4 are the same deliberately!

KISWAHILI

1. Afya yetu, afya yetu jukumu letu!
   Ndio! Ndio!
Afya yetu, afya yetu jukumu letu!
   Ndio! Ndio!
Afya yetu, Afya yetu;
Afya yetu, afya yetu;
Afya yetu, afya yetu jukumu letu!
   Ndio! Ndio!

2. Tukiwa na afya vijijini tuna afya!
   Ndio! Ndio!
Tukiwa na afya vijijini tuna afya!
   Ndio! Ndio!
Tukiwa na afya vijijini;
Tukiwa na afya vijijini;
Tukiwa na afya vijijini tuna afya!
   Ndio! Ndio!

3. Mawazo yetu ya kiafya yaleta afya!
   Ndio! Ndio!
Mawazo yetu ya kiafya yaleta afya;!
   Ndio! Ndio!
Mawazo yetu ya kiafya;
Mawazo yetu ya kiafya;
Mawazo yetu ya kiafya yaleta afya;!
   Ndio! Ndio!

4. Afya yetu, afya yetu jukumu letu!
   Ndio! Ndio!
Afya yetu, afya yetu jukumu letu!
   Ndio! Ndio!
Afya yetu, Afya yetu;
Afya yetu, afya yetu;
Afya yetu, afya yetu jukumu letu!
   Ndio! Ndio!

MWISHO

ENGLISH

1. We, indeed, are responsible for our health!
   Yes, indeed!
We, indeed, are responsible for our health!
   Yes, indeed!
We, indeed, are responsible;
We, indeed, are responsible;
We, indeed, are responsible for our health!
   Yes, indeed!

2. When there's health in the community there is health!
   Yes, indeed!
When there's health in the community there is health!
   Yes, indeed!
When there's health in the community;
When there's health in the community;
When there's health in the community there is health!
   Yes, indeed!

3. When our focus is on health we'll be healthy!
   Yes, indeed!
When our focus is on health we'll be healthy!
   Yes, indeed!
When our focus is on health;
When our focus is on health;
When our focus is on health we'll be healthy!
   Yes, indeed!

4. We, indeed, are responsible for our health!
   Yes, indeed!
We, indeed, are responsible for our health!
   Yes, indeed!
We, indeed, are responsible;
We, indeed, are responsible;
We, indeed, are responsible for our health!
   Yes, indeed!

END

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FOREWORD

In 2006, the Ministry of Public Health & Sanitation embarked on launching the Community Health Strategy, province by province. This was in line with Kenya's stated commitment to good health for all Kenyans. Indeed, health is not only a right but also a responsibility for all. Promotion of good health at different levels of society is the responsibility of all individuals, families, households, and communities. The purpose of the Community Health Strategy is to enable communities to improve and maintain a level of health that will enable them to participate fully in national development towards the realization of Vision 2030. Community Health Committees have an important governance role in the processes that take place to improve health at the community level.
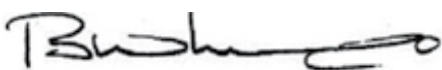
A one day consultation took place at which stakeholders deliberated on the Community Health Strategy and what roles and responsibilities Community Health Committees (CHCs) would play. Deliberations also included presentations on Principles of Curriculum with respect to what needs to be taken into account in preparing a curriculum for Community Health Committees. This was followed by a week's retreat attended by a wide spectrum of stakeholders to develop the Curriculum for Community Health Committees. The product was harmonised through a number of processes and I am happy to present the final product.

This document will assist the Ministry of Public Health and Sanitation and the Division of Community Health Services along with other stakeholders who work at the community level to achieve the Ministry's strategic objectives as outlined in the National Health Sector Strategic Plan (NHSSP-II) 2008-2012, with particular reference to the Community Health Strategy. Successful undertaking of these activities will significantly contribute towards the attainment of health-related MDG targets. The modular format of the Curriculum has facilitated the development of the Trainers' Manual for Community Health Committees and the take-home Handbook for Community Health Committees. These documents have been pilot-tested and refined and will greatly facilitate the successful undertaking of training Community Health Committees to carry out their leadership, governance oversight and coordination roles at the community level.

Therefore, on behalf of the Ministry of Public Health and Sanitation, I wish to thank all stakeholders who work at the community level for their interest and involvement in the development of this curriculum and the other two documents for Community Health Committees.

In particular, my Ministry expresses our thanks to USAID which, through Management Sciences for Health (MSH), provided financial and technical support that made the preparation of the documents possible. I thank MSH for tirelessly supporting and following up on this work which included the provision of the consultant who has facilitated the preparation these documents.

I am confident that the implementation of this curriculum will help us address the issue of equitable access to primary health services and by so doing, bring about a much improved health status for all Kenyans that will be reflected in robust positive health indices.

Hon. Beth Mugo, EGH, MP
Minister for Public Health and Sanitation

PREFACE

One of the dominant themes in health policy and planning today is the need for interventions based on sound evidence of effectiveness. The responsibility of ensuring programmes are consistent with the best available evidence must be shared between providers, policy makers and consumers of services.

Community Health Committees (CHCs) are key for providing an appropriate and supportive social environment for the work of Community Health Workers (CHWs) and Community Health Extension Workers (CHEWs). Community Health Committees do this by taking responsibility for leadership, governance oversight and coordination at the community level. They also have the responsibility of mobilising communities for involvement in health-promotive and disease-prevention activities. To enable Community Health Committees (CHCs) to be effective and efficient, the need for appropriate training was clear.

Community Health Committees need to ensure smooth working relationships with CHWs at level one and also at the link health facility. To bolster the evidence base, Community Health Committees need to have the required skills in record keeping and report writing and to be familiar with the information gathering tools used by CHWs under the supervision of CHEWs. In order for CHCs to carry out these functions, they need training guided by an appropriately developed curriculum. This Curriculum has been the basis of developing the Trainers' Manual and the take-home Handbook for Community Health Committees.

The Government of Kenya is committed to supporting community health initiatives and in so doing accelerating the achievement of the current National Health Sector Strategic Plan II (NHSSP II) goals, and the MDGs, while providing the support to the achievement of Vision 2030.

This curriculum is organised in 7 modules and the proposed timeframe for the training is 7 days spread over two weeks so that in the first week the training is for three days and four days in the second week, thus leaving time for CHC team members to look after personal concerns in their lives including their livelihood.

These documents have been pilot-tested and appropriately adjusted to provide a solid base for the training of CHC team members. It is my expectation that all stakeholders engaged in community health activities will utilise this Curriculum, the Trainers' Manual and the take-home Handbook for Community Health Committees so as to have a standardized approach in training CHCs and to institutionalize procedures on governance at the community level.

Mark K. Bor, CBS
Permanent Secretary,
Ministry of Public Health and Sanitation

IMPLEMENTATION OF THE CURRICULUM FOR COMMUNITY HEALTH COMMITTEES

T his Curriculum was developed by key stakeholders who work at the community level and who are aware that Community Health Committees (CHCs) are of crucial importance for the success of both CHWs and CHEWs. This Curriculum formed the basis for developing the Trainers' Manual, out which was derived the take-home Handbook for Community Health Committees. Development of the curriculum was guided by the roles and responsibilities of CHCs. These roles and responsibilities for CHCs hinge on their core functions of providing leadership and governance oversight in the community. These are:

1. Provide leadership and governance oversight in the implementation of health and related matters in community health services at level 1
2. Prepare and present to the Link Health Facility Committee (and to others as may be needed) the community Annual Operational Plan (AOP) on health related issues at level 1
3. Network with other sectors and developmental stakeholders towards improving the health status of people in the Community Unit, e.g. Ministries of Water, Agriculture, Education, etc.
4. Facilitate resource mobilisation for implementing the community work plan and ensure accountability and transparency
5. Carry out basic human resources and financial management in the community
6. Plan, coordinate and mobilise the community to participate, along with themselves, in community dialogue and health action days through social mobilisation skills
7. Work closely with the Link Health Facility Committee to improve the access of the CU to health services
8. Facilitate negotiations and conflict resolution among stakeholders at level 1
9. Lead in advocacy, communication and social mobilisation
10. Monitor and   evaluate the community work plan including the work of the CHWs through monthly review meetings
11. Prepare quarterly reports on events in the CU
12. Hold quarterly consultative meetings with the Link Health Facility Committee

In order for the Community Health Committees to effectively carry out these roles, it was decided that the competencies they need include:

1. Effective leadership and management skills
2. Communication skills
3. Mobilisation and management of resources
4. Networking
5. Report writing
6. Record/bookkeeping

7. Basic analysis and utilization of data
8. Basic planning, monitoring and evaluation skills
9. Performance appraisal skills
10. Conflict resolution skills

With Community Health Committees equipped to effectively carry out these roles, the Ministry of Public Health and Sanitation is confident that this will be a value added to the implementation of the Community Health Strategy which will become a robust foundation for the entire National Health System.

Dr. S. K. Sharif, *Mb ChB, MMED, MSc, DLSHTM, MBS*
Director of Public Health and Sanitation

ACKNOWLEDGEMENTS

Documents for establishing effective Community Health Committees in Kenya are three: The Curriculum for Community Health Committees, The Trainers' Manual for Community Health Committees and The Handbook for the Community Health Committees. The development of these three documents went through various stages and we acknowledge all the agencies and individuals involved in the preparation of these documents.

We acknowledge with thanks both the financial and technical support for work on Community Health Committees from USAID through Management Sciences for Health (MSH). For this, the Ministry records deep appreciation and gratitude. Further, we acknowledge those who took part in:

1. Stakeholders' Consultation on Community Health Committees held on 28th of March, attended by officers from the Ministry of Public Health and Sanitation as well as the Ministry of Medical Services (MOMS). At that consultation, decisions were made on roles and responsibilities for CHCs and the competencies that CHC Team Members need to have in order to carry out those roles and responsibilities. We acknowledge presentations by officers of MSH on curriculum development. We acknowledge the partners who participated in this consultation namely AMREF, JICA, MDG Village Project, JHPIEGO, USAID, MSH and UNICEF.

2. A weeks' retreat to develop the curriculum was held in April 2011. Those who participated in addition to the Health Sector Ministries included the partners AMREF, JICA, MDG Village Project, JHPIEGO, USAID and MSH.

3. Another retreat to review the manual once the consultant had developed it. We acknowledge the diligent work of officers from MOPHS and MOMS at this retreat. We also acknowledge our partners who took part namely AMREF, JICA, MDG Village Project, JHPIEGO, USAID and MSH.

4. A day's planning on how the pilot was to be carried out. We particularly acknowledge the guidance from the Provincial Focal Persons for the Community Health Strategy on who should be trained for training CHC Team Members and on who was to be in the Training of Trainers (TOT) workshop. We also acknowledge our partners who participated in this event, namely: AMREF, JICA, MDG Village Project, JHPIEGO, USAID and MSH.

5. The Master Trainers' planning day with the health sector Ministries and our partners at which the exact modalities to be used and the content for the TOT workshop was planned. These plans included communication approaches for training adult learners as well as the modalities to use for successfully passing on messages contained in the Trainers' Manual.

6. The week-long TOT workshop which was marked with 100% attendance at all sessions by both trainers and trainees during this critical week! We particularly appreciate the Provincial Focal Persons who came with those to be trained from the provinces and who presented an excellent example of sticking to the task by their own presence.

7. The successful undertaking of the pilot testing phase in Coast and Nyanza Provinces. We acknowledge the excellent leadership of the Provincial Directors and Provincial Focal Persons with their teams of trainers during the period of pilot testing.

8. The review of the appropriateness of the Trainers' Manual and modalities used as well as that of the Handbook for Community Health Committees as used in the pilot testing phase. It was at this review that final adjustments on the Training Manual and the Handbook were made.

The consultant services of Professor Miriam K. Were during this entire process is acknowledged and greatly appreciated.

A list of individuals & agencies involved at every stage is in the annex.

Dr. James Mwitari
Head, Division of Community Health Services

ACRONYMS

AMREF	African Medical and Research Foundation
CHS	Community Health Strategy
CHS	Community Health Services
CHW	Community Health Worker
CHEW	Community Health Extension Worker
CU	Community Unit
GOK	Government of Kenya
ICTs	Information and Communication Technologies
IEC	Information Education and Communication
ICC	Interagency Coordinating Committee
KEPH	Kenya Essential Package for Health
MOH	Ministry of Health
MOMS	Ministry of Medical Services
MOPHS	Ministry of Public Health and Sanitation
MSH	Management Sciences for Health
NHSSP II	National Health Sector Strategic Plan II
PHC	Primary Health Care
UNICEF	United Nations Children's Education Fund
USAID	United States Agency for International Development
WHO	World Health Organization

1.0 INTRODUCTION

1.1 Background

This Curriculum for Community Health Committees is one of three documents for the CHCs. The other two documents are the Trainers' Manual for Community Health Committees and the take-home Handbook for Community Health Committees, which was derived from the Trainers' Manual. The Curriculum was developed in consultation with stakeholders, including implementing agencies, the Interagency Coordination Committee for Community Health Services (ICC-CHS), bilateral and multilateral partners. Preparation of the curriculum was prompted by the longstanding need for training CHCs and the expression of the same at the 1st National Convention on Community Services held in December 2010. Those involved in the preparation of these three documents have been acknowledged and the list of agencies and individuals who participated at each event is given in a list presented in Annex 1 of this document.

Technical and financial support from USAID through Management Sciences for Health (MSH) facilitated the preparation of the three training materials in order that CHC team members be properly prepared to provide leadership and governance oversight at the level of Community Health Services under the umbrella of the Ministry of Public Health and Sanitation.

1.2 Vision and mission of Ministry of Public Health and Sanitation

The vision of the Ministry is to make Kenya:
"A nation free from preventable diseases and ill health through primary healthcare interventions at the individual, household, community and primary health care facility levels."

The mission of the Ministry of Public Health and Sanitation is to:
"Provide effective leadership and participate in the provision of quality Public Health and Sanitation services that are: equitable, responsive, accessible and accountable to Kenyans."

1.3 Vision and mission of Community Health Services

The vision for Community Health Services is that of healthy people living healthy and good quality lives in robust and vibrant communities that make up a healthy and vibrant nation.

The mission of Community Health Services is for the community health approach to become the

modality for social transformation for development from the community level by establishing equitable, effective and efficient Community Health Services in Community Units (CUs) all over Kenya. This is to be a contribution towards achieving Kenya's Vision 2030 anticipated to result in healthy and vibrant communities that significantly contribute to a healthy and vibrant nation.

1.4   Title of the Curriculum

This curriculum is entitled "Training Community Health Committees in Kenya: The Curriculum for Community Health Committees." The contents of this document include:

- The linkages between Community Health Committees (CHC) and Community Health Workers on the one hand and with the Link Health Facility on the other
- The aim of the curriculum and competencies that the CHCs need to have
- The roles and responsibilities of Community Health Committees
- Criteria for eligibility for membership in the Community Health Committees
- The actual content on which the Community Health Committees are to be trained on in order to enable them to have the needed competencies for their roles and responsibilities that CHCs are to carry out in the community.

This curriculum provides guidance on the content of the knowledge and skills to equip Community Health Committees with for carrying out their roles and responsibility at level 1, the foundation level, of the National Health System.

Together with this curriculum, there is the Trainers' Manual for Community Health Committees. The preparation of the manual was guided by the seven modules in the curriculum and the manual is structured along those seven modules of the curriculum.

There also is the Handbook for Community Health Committees. This contains selections from the Trainers' Manual for CHCs as a take-home reference on the training they went through.

1.5   Justification for the curriculum and the other training documents for CHCs

Many Kenyans continue to suffer from preventable diseases. This disease burden can be greatly reduced through health promotion and disease prevention so that most of these diseases don't occur at all or are treated promptly leading to complete cure in a short time. This is possible with existing knowledge and minimal addition to the available resources. Yet previously, as brought out by the independent evaluation of 2004, despite the well-defined national health policies, and a reform agenda whose overriding strategies were focused on improving healthcare delivery services and systems, there had not been a breakthrough in improving the situation of most households trapped in a vicious cycle of poverty and ill health. Poverty compounds helplessness and increases ill-health, which

in turn increases poverty. In Kenya, most household became progressively unhealthy during the 1990s, with marked disparities within and between provinces.

The situation was further complicated by the emergence of new diseases such as HIV and the resurgence of old communicable diseases like TB. The fact that the Independent Evaluation of 2004 pointed out deteriorating trends in health status throughout the country with unacceptable disparities between and within provinces prompted the adoption of the life-cycle approach to health systems development.   Thus in the National Health Sector Strategic Plan II (NHSSP II) of 2005-2010 was included the formulation of the Community Health Strategy.

Life Cycle Approach in six cohorts

Paradigm shift focuses attention on stages in the life cycle

1st stage   : Pregnancy

2nd stage : Mother & Newborn

3rd stage : Childhood

4th stage : Adolescents & Youth

5th stage : Adulthood

6th stage : The Elderly
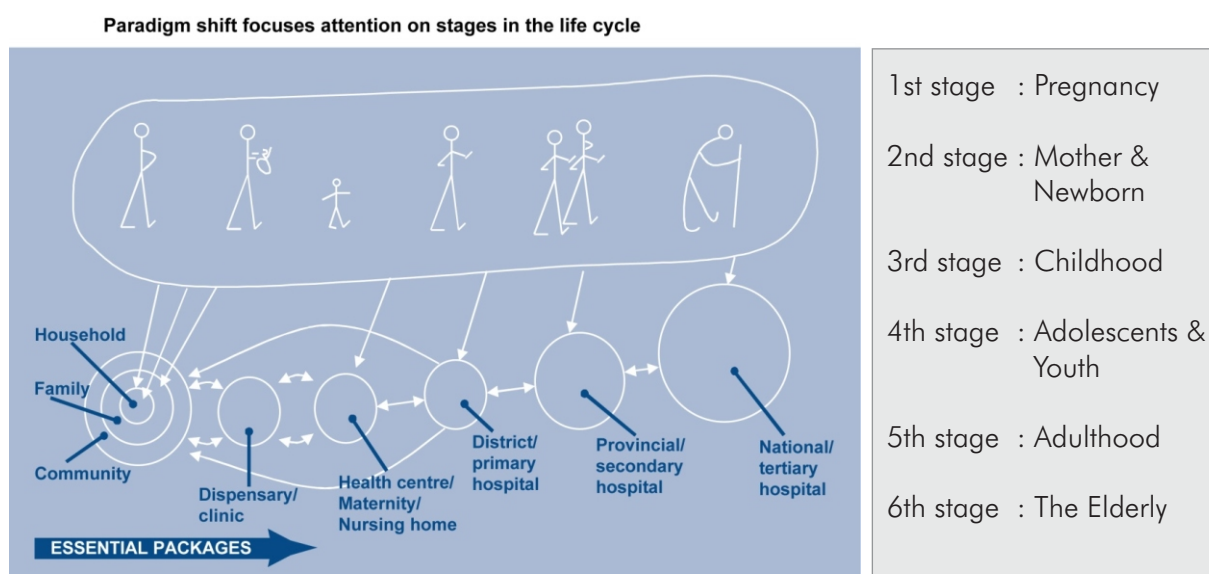
This translated into the 6 levels of the National Health System with the community level as the foundation for the National Health System as shown below.

Levels of health care delivery in the Kenya Essential Package for Health (KEPH)

6
Tertiary hospitals

5
Secondary hospitals

4
Primary hospitals

3
Health centres, maternities, nursing homes

2
Dispensaries/clinics

INTERFACE

1
Community: Villages/Households/Families/Individuals
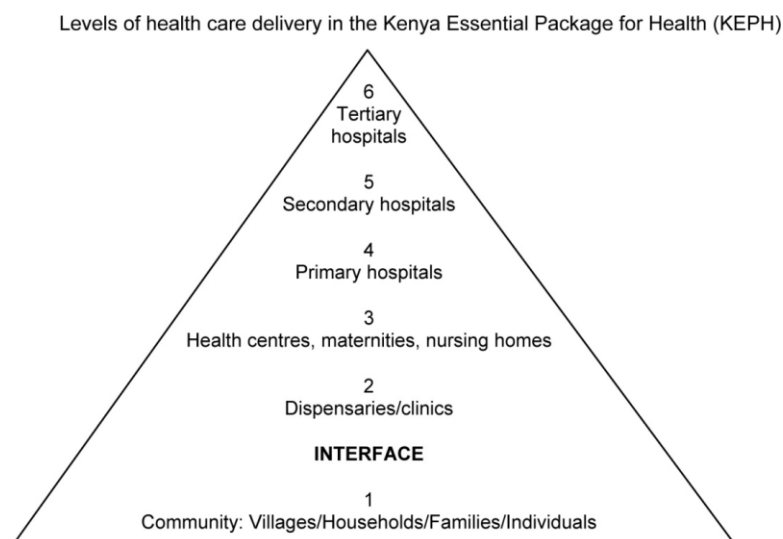
Involving communities offers the opportunity to engage a critical mass of people who are in communities to have appropriate behaviour for promoting health and prevention of disease as well as appropriate health care-seeking behaviour. Success in the majority of communities would result in reduction of the disease burden in the community and nation and would also reduce the burden at health facilities giving them a chance to provide health care services more efficiently and effectively.

The community health workforce is made up of the Community Health Worker (CHW) who is the health care provider at Level 1 under the supervision of the Community Health Extension Worker (CHEW) who supervises a number of CHWs. The Community Health Committee shoulders the responsibility for oversight/governance roles at the community level and the development of the curriculum was to establish the content with which the Community Health Committees are to be equipped in order to play these key roles.

1.6   The linkage between the health facilities and villages in the community

In the Kenya setting, the operational unit for the Community Health Strategy is the Community Unit (CU) which is the administrative unit known as the Sub location. Each sub location consists of several villages and each village is served by a Community Health worker (CHW). Thus there may be as many as 25 CHWs in one CU. The CU directly links to the rest of the health system through the first referral facility referred to as the link health facility for the community. The Community Health Extension Workers (CHEWs) are attached to these link health facilities for the communities in which they supervise CHWs and thus establish a direct links for CHWs with the first referral level. For most Community Units, the link health facility is a dispensary or a health centre. The link of the Community Health Committee (CHC) to the link health facility is the Health Facility Committee whose membership includes some from the CHCs for which it is the link facility.

The following schematic presentation shows how the community is linked to the National Health System as the Foundation to that system.

THE COMMUNITY LINKAGES TO THE NATIONAL LEVEL
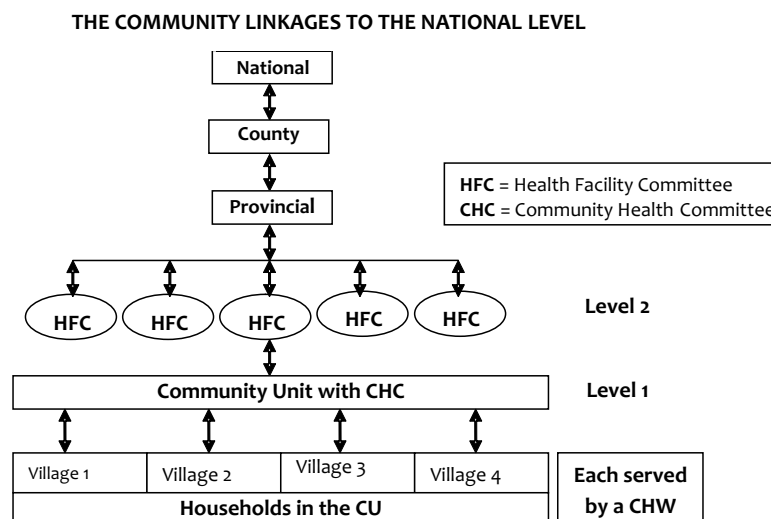
1.7 Linkages between the CHCs & level 1 health personnel

1. The CHEW is the Technical Adviser and Secretary to the CHC and shall oversee the operations of CHCs and CHWs in the CHEW's area of responsibility.
2. The CHC shall be the first body constituted in the operationalisation of the CHS in a Community Unit and shall come before the selection of CHWs.
3. The CHC chooses its own Chairman.
4. CHCs should have at least one CHW (and a maximum of 2 CHWs) in its membership who will be selected by the other CHWs in the Community Unit.
5. One CHW member of the CHC shall hold the position of treasurer.
6. If a CHC member should be selected to be a CHW, he/she ceases to be a member of the CHC unless he/she is one of the two selected by the other CHWs.
7. At least one member, preferably the chairman of every CHC, should be a member of the link Health Facility Committee.
8. The CHC and CHWS shall work together on implementing Community Dialogue Days and Community Action Days (quarterly). Further, the CHC may call all CHWs to a meeting in case of need such as the occurrence of an epidemic in the area.

1.8 Roles and responsibilities of CHCs

The roles and responsibilities of the CHCs shall be to:

1. Provide leadership and governance oversight in the implementation of health and related matters in community health services at level 1
2. Prepare and present to the Link Health Facility Committee (and to others as may be needed) the community Annual Operational Plan (AOP) on health related issues at level 1
3. Network with other sectors and developmental stakeholders towards improving the health status of people in the Community Unit, e.g. Ministries of Water, Agriculture, Education, etc.
4. Facilitate resource mobilisation for implementing the community work plan and ensure accountability and transparency
5. Carry out basic human resources and financial management in the community
6. Plan, coordinate and mobilize the community to participate, along with themselves, in community dialogue and health action days through social mobilisation skills
7. Work closely with the link facility health committee to improve the access of the CU to health services
8. Facilitate negotiations and conflict resolution among stakeholders at level 1
9. Lead in advocacy, communication and social mobilisation
10. Call for and coordination of community mobilisation for monitoring   and   evaluation of the community work plan including the work of the CHWs through monthly review meetings
11. Prepare quarterly reports on events in the CU
12. Hold quarterly consultative meetings with Link Facility Health Committees

1.9   Composition of the Community Health Committee

1.   The committee shall be made up of 11 - 13 members from the Community Unit of whom at least one third shall be women with one of them being from a Woman's Group. There shall also be one each from Faith Community, youth and from people with disability. The rest shall be selected to ensure equality of representation of areas/ villages in the community but not exceeding 11 members in the CHC.

2.   After forming the CHC, the CU may co-opt 3 – 5 members on the basis of specific qualities which the CU considers essential but which are not in the CHC.

1.10 Criteria /eligibility for membership in the CHC

There should be 9-11 members in the Community Health Committee selected on the following bases, ensuring an odd number of members in each CH committee:

1.   Adult of sound mind and good standing in the community
2.   He/she should be a resident in the area
3.   Ability to read and write at least in one language, local or national
4.   Elected/selected from the sub location baraza
5.   Demonstrated role model in positive health practices
6.   Demonstrated leadership qualities
7.   Representative of an interest group in the community, e.g. village, women who should be at least 1/3 of the CHC, faith communities, youth, disabled. The CHC shall ensure equality of representatives among the villages without going beyond 11 members.
8.   Demonstrated commitment to community service
9.   The term of members in a CHC is 3 years renewable once for a maximum of two terms unless the community specifically decides otherwise.
10. It must be ensured that at any one time at least one third of the CHC members are continuing members unless the CU decides otherwise

2.0 THE CURRICULUM

2.1   Aim

The aim of the Curriculum for Community Health Committees is to provide the required content for training so as to equip them with appropriate knowledge and skills to coordinate and support the provision of health services at level one.

2.2   Competencies required of Community Health Committees

1.   Effective leadership and management skills
2.   Communication skills
3.   Mobilisation and management of resources
4.   Networking
5.   Report writing
6.   Record/bookkeeping
7.   Basic analysis and utilization of data
8.   Basic, planning, monitoring and evaluation skills
9.   Performance appraisal skills
10. Conflict resolution skills

2.3   An outline of the modules and the units in each module

MODULE 1: APPLYING THE PRACTICE OF LEADERSHIP IN THE COMMUNITY HEALTH CONTEXT
Units:
1.   Roles and Responsibilities of CHCs
2.   Factors that Hinder and Promote Health and Development in Communities
3.   The Practice of Leadership and Management in the Community Context
4.   Use of the Challenge Model in leadership Practice at the Community Level

MODULE 2: GOVERNANCE IN THE CONTEXT OF COMMUNITY HEALTH SERVICES
Units:
1.   Governance Role of CHCs in the Community Unit
2.   Primary Health Care that Highlighted the Importance of Community Participation
3.   Kenya's Community Health Strategy

MODULE 3: THE ROLE OF CHCs IN EFFECTIVE COMMUNICATION, ADVOCACY, NETWORKING & SOCIAL MOBILISATION IN THE COMMUNITY UNIT
Units:

1. The Role of CHCs in Effective Communication
2. The Role of CHCs in Advocacy
3. The Role of CHCs in Networking and Partnership development
4. The Role of the CHC in Social Mobilisation

MODULE 4: PERSONNEL MANAGEMENT ISSUES
Units:

1. Human Resource Management by CHCs
2. Performance Appraisal of CHWs by CHC
3. Conflict Management and Resolution in the Community Unit

MODULE 5: RESOURCE MOBILISATION /FINANCIAL MANAGEMENT
Units:

1. The Role of CHCs in Resource Mobilisation for the Community Unit
2. Proposal Writing
3. The Role of CHCs in Financial Management in the Community Unit

MODULE 6: COMMUNITY HEALTH INFORMATION SYSTEM
Units

1. The Need For CHCS To Understand Basic Data Analysis & Utilization Of Data
2. The Need for CHCs to Understand the Importance of Record keeping
3. The Need for CHCs to Understand the Importance of Report Writing

MODULE 7: MONITORING & EVALUATION AND THE WAY FORWARD
Units

1. The role of CHCs in coordinating Monitoring & Evaluation in the Community Unit
2. Exposure of CHCs to preparation of a Plan of Action for 6 Months following Training & The Way Forward
3. The Final Session Conducted by the Chair of the Community Health Committee

2.4   Time allocation for carrying out the training by CHC trainers

It is recommended that the seven days of training be carried out in two weeks: three days in the first week and four days in the second week as shown in the following table.

Table 1. SCHEDULE FOR TRAINING CHC MODULES IN 7 DAYS*

Day	Time			
	8.30 - 10.30am	11 am - 1pm	2pm - 4pm	4.30 - 5.30pm
Week 1				
Tue	OPENING CEREMONY • Self introduction • Statement on competencies needed by CHC members • Opening by officials	Climate Setting*	Factors that hinder or promote health & development	
		Roles and responsibilities of CHCs	The practice of Leadership & Management in the community context	
Wed	Use of the challenge model in leadership at the Community level	The Governance role of CHCs in the Community Unit	Primary Health Care that highlights the importance of community participation	
Thurs	Kenya's Community Health Strategy	The Role of the CHC in Effective Communication	The CHC role in Networking & Partnership development	
		The Role of the CHC in Advocacy	The Role of the CHC in Social Mobilisation	
Week 2				
Mon	Human resource management in the Community Context	Performance Appraisal of CHWs by the CHC	Conflict Management & Resolution in the Community Unit	
Tue	The role of the CHC in Resource Mobilisation for the Community Unit	Proposal writing	The role of CHC in Financial Management in the Community Unit	
Wed	The need for CHCs to understand the importance of Basic Data Analysis & Use of Data	The need for CHCs to understand the importance of Record-keeping	Visit link health facility to see how data are collected, compiled and used	
		The need for CHCs to understand the importance of Report Writing		

THE CURRICULUM
FOR COMMUNITY HEALTH COMMITTEES

| Thurs | The role of the CHC in coordinating Monitoring & Evaluation in the Community Unit 8:30am - 11:00 am | Exposure of CHCs to preparation of a Plan of Action for 6 Months following Training, & The Way Forward 11:30am-1:30pm | The Final Session conducted by the Chair of the Community Health Committee 2:00 pm - 4:00 pm | Closing Ceremony
• Congratulations
• Awarding Certificates
• Tea Party! |

* **FOR CLIMATE SETTING** trainers are encouraged to make a list of what each CHC member can tell about herself/himself.

* **N.B:** On the first day in the afternoon, on Thursday of the 1st week and on Thursday of the 2nd week some adjustments have been made to provide more time for monitoring and evaluation

3.0CONTENTS OF EACH UNIT WITHIN THE MODULES

MODULE 1:

APPLYING THE PRACTICE OF LEADERSHIP IN THE COMMUNITY HEALTH CONTEXT

MODULE 1:

APPLYING THE PRACTICE OF LEADERSHIP IN THE COMMUNITY HEALTH CONTEXT

UNITS:
UNIT 1: Roles and Responsibilities of CHCs
UNIT 2: Factors That Hinder and Promote Health and Development in Communities
UNIT 3: The Practice of Leadership and Management in the Community Context
UNIT 4: Use of the Challenge Model in Leadership Practice at the Community Level

MODULE 1, UNIT 1:
ROLES AND RESPONSIBILITIES OF CHCS
(Day 1, 11:00 – 1pm, 2 hr)

1. Purpose

To ensure that members of the Community Health Committee are fully aware of the trust placed in them by the community and the specific roles expected of them in order for them to be successful in leading the Community Unit to higher levels of health.

2. Objectives

By the end of this unit, the participants will be able to:
1. State the process used to select member of the CHCs
2. State the criteria used in the selection of each member of the CHC
3. List at least 6 of the 12 roles of the Community Health Committee
4. State the 3 key roles of CHWs & 3 key roles of CHEWs

3. Content

1. Explanation of the community level health workforce
2. Criteria/eligibility for membership in Community Health Committee
3. Roles and responsibilities of CHC team members
4. Roles and responsibilities of Community Health Workers
5. Roles and responsibilities of Community Health Extension Workers

4. Teaching/Learning Methods to be selected from:

1. Interactive lectures
2. Group discussion
3. Role plays
4. Brainstorming
5. Experience sharing
6. Plenary sessions

5. Materials and Equipment to be selected from:

1. Newsprint / white boards
2. Felt pens/markers
3. Notebooks, pens
4. LCD/Overhead projector
5. Masking tape
6. Flipcharts/stand
7. Problem posing pictures

6. Methods of assessment to be selected from:

1. Question and answer sessions
2. Assignment
3. Pre and post test

7. Reference Materials

- MOH (2007) Linking Communities with the Health System: The Kenya Essential Package for Health at Level 1; a Manual for Training Community Health Workers
- Ministry of Health (2007), Reversing the Trends; Community Health Strategy
- MOH (2005) National Health Sector Strategic Plan II 2005-2010 (extended to 2012)
- Organization and Management of Community-Based Health Care, National Pilot Project of Kenya Ministry of Health/UNICEF (1982), Were, Miriam K.

MODULE 1, UNIT 2:
FACTORS THAT HINDER AND PROMOTE
HEALTH AND DEVELOPMENT IN COMMUNITIES
(Day 1, 2 – 3pm, 1 hr)

1. Purpose

To equip CHC members with the knowledge of factors that hinder and promote Health and Development to enable them appreciate the need for community participation in health and development for improving the quality of life in the community.

2. Objectives

At the end of this unit, the participants will be able to:
1. Give the definition of development
2. Give the definition of health as presented in the constitution of the World Health Organisation
3. Identify factors that hinder health challenges within their community
4. Identify factors that promote health within their community
5. Describe the relationship between health and development

3. Content

1. Definition of Development
2. Definition of Health as per the Constitution of the World Health Organisation
3. Explore health challenges in the community
4. Factors that hinder or promote health and development
5. Relationship between health and development

4. Teaching/learning methods to be selected from:

1. Interactive lectures
2. Facilitated group discussions
3. Plenary discussion
4. Case study and sharing of experiences
5. Demonstrations/ Role plays

5. Materials and equipments to be selected from:

1. Newsprint
2. Felt pens/markers
3. Masking tape

6. Methods of assessment to be selected from:

1. Question and answer sessions
2. Assignment
3. Pre- and post-test

7. Reference materials

- MOH (2007) Linking Communities with the Health System: The Kenya Essential Package for Health at Level 1; a Manual for Training Community Health Workers
- Ministry of Health (2007), Reversing the Trends; Community Health Strategy
- MOH (2005) National Health Sector Strategic Plan II 2005-2010 (extended to 2012)
- Organization and Management of Community-Based Health Care, National Pilot Project of Kenya Ministry of Health/UNICEF (1982), Were, Miriam K.

MODULE 1, UNIT 3:
THE PRACTICE OF LEADERSHIP AND MANAGEMENT IN THE COMMUNITY CONTEXT
(DAY 1, 3 – 4:30pm, 90 min)

1. Purpose

To equip the Community Health Committees with leadership and management skills to enable them effectively manage the delivery of health services at level one.

2. Objectives

By the end of the unit the CHCs should be able to:
1. Discuss the key functions of leading
2. Discuss the key functions of managing practices
3. Describe the integrated leading and managing process
4. State what training in leadership should help CHC team members to be able to do
5. Describe leadership by X and Y approaches
6. State the 6 leadership styles

3. Content

1. Definitions of leading and managing concepts
2. The Leading and Managing framework
3. Integrated leading and managing process, leading and managing for results

4. Diagram of integrated leadership producing results
5. Similarities and differences between leadership by theory X and theory
6. The 6 leadership styles

4. Teaching/learning methods to be selected from:

1. Interactive lectures
2. Group work
3. Demonstration
4. Role play
5. Brainstorming
6. Idea card
7. Plenary discussion

5. Materials and equipment to be selected from:

1. Newsprint
2. Felt pen/marker pens
3. Masking tape
4. Flip chart/stand
5. Manilla cards
6. Note books/pens
7. LCD Projector/Laptop
8. Chalk and Chalk- or white-board

6. Methods of assessment to be selected from:

1. Questions and answers
2. Pre- and post-test
3. Return demonstration

7. Reference materials

- MOH (2007), A Manual for Training Community Health Workers, Nairobi, Kenya: MOH – SPMD
- MOPHS (2011), Integrated Curriculum for Training Community Health Workers in Kenya, Draft, Nairobi Kenya, MOPHS – DCHS
- Management Sciences for Health (2005), Managers Who Lead: A handbook for improving health services

MODULE 1, UNIT 4:
USE OF THE CHALLENGE MODEL IN LEADERSHIP PRACTICE
AT THE COMMUNITY LEVEL
(Day 2, 8:30 – 10:30am, 2 hrs)

1. Purpose

To equip CHC members with the skills to think in terms of challenges rather than problems and take them through the process of developing personal and shared visions & missions.

2. Objectives

By the end of this unit, the CHC Members should be able to:
1. State the difference between seeing an obstacle as a challenge and seeing it as a problem
2. Describe the 8 steps of using the challenge model
3. Differentiate between vision and mission
4. Describe the process of moving from vision to result

3. Content

1. Distinguish between seeing problems and challenges
2. The fundamental concept behind using the challenge model
3. The 8 steps of the Challenge Model
4. Definitions of "vision" and "mission"
5. The process of creating a personal vision
6. The process of creating a shared vision
7. How to develop a measurable result
8. Examples of Measurable results

4. Teaching/learning methods to be selected from:

1. Interactive lectures
2. Group work
3. Demonstration
4. Role play
5. Brainstorming
6. Idea card
7. Plenary discussion

5. Materials and equipment to be selected from:

1. Newsprint
2. Felt pen/marker pens
3. Masking tape
4. Flip chart/stand
5. Manilla cards
6. Notebooks/pens
7. LCD Projector/Laptop
8. Chalk and Chalk- or white-board

6. Methods of assessment to be selected from:

1. Questions and answers
2. Pre- and post-test
3. Return demonstration

7. Reference Materials

- MOH (2007), A Manual for Training Community Health Workers, Nairobi, Kenya: MOH – SPMD
- MOPHS (2011), Integrated Curriculum for Training Community Health Workers in Kenya, Draft, Nairobi Kenya, MOPHS – DCHS
- Management Sciences for Health (2005), Managers Who Lead: A handbook for improving health services
- Internet search per given topic

MODULE 2:

GOVERNANCE AND COMMUNITY HEALTH SERVICES

MODULE 2:

GOVERNANCE AND COMMUNITY HEALTH SERVICES

UNITS:
UNIT 1: **Governance Role of CHCs in the Community Unit**
UNIT 2: **Primary Health Care That Highlighted the Importance of Community Participation**
UNIT 3: **Kenya's Community Health Strategy**

MODULE 2, UNIT 1:
GOVERNANCE IN THE COMMUNITY UNIT CONTEXT
(DAY 2, 11am – 1 pm, 2 hrs)

1. Purpose

To equip Community Health Committees (CHC) with knowledge and skills on governance.

2. Objectives

By the end of the unit, participants will be able to:
1. Define governance and describe its importance in community health
2. Discuss good governance principles and practices
3. Describe governance roles and responsibilities
4. Describe organization and participation of committee meetings

3. Content

1. Steps for formulating the CHC constitution
2. Legal obligations of the committee and laws the committee needs to be aware of based on the constitution of the CHC.
3. Basic principles / elements of good governance and ways of incorporating good governance in the committees
4. Procedure for CHC meetings, organising committee meetings, and ensuring equal participation on decision making
5. Areas of conflicts of interest in the community setting
6. Roles and responsibilities of the committee members

4. Teaching/learning methods to be selected from:

1. Interactive lectures
2. Group work
3. Demonstration
4. Role play
5. Brainstorming
6. Idea card
7. Plenary discussion

5. Materials and equipment to be selected from:

1. Newsprint
2. Felt pen/Marker pens
3. Masking tape
4. Flip chart/stand
5. Manilla cards
6. Note books/pens
7. LCD Projector/Laptop
8. Chalk and Chalk- or white-board

4. Methods of assessment to be selected from:

1. Questions and answers
2. Pre- and post-test
3. Return demonstration

5. Reference materials

- MOH (2007), A Manual for Training Community Health Workers, Nairobi, Kenya: MOH – SPMD
- MOPHS (2011), Integrated Curriculum for Training Community Health Workers in Kenya, Draft, Nairobi Kenya, MOPHS – DCHS
- Management Sciences for Health (2005), Managers Who Lead: A handbook for improving health services
- Internet search per given topic

MODULE 2, UNIT 2:
PRIMARY HEALTH CARE THAT HIGHLIGHTED THE IMPORTANCE OF COMMUNITY PARTICIPATION
(Day 2, 2 – 4pm, 2 hrs)

1. Purpose

To expose the CHC to the Primary Health care (PHC) concept from the 1978 International Conference on PHC in Alma Ata which emphasized community participation in health improvement and service from which the Kenya's Community Health Strategy arises.

2. Objectives

By the end of this session, the participant will be able to:
1. Present the Definition of Primary Health Care from Alma Ata
2. State the Elements of Primary Health Care from Alma Ata and those added by Kenya

3. Content

1. Definition of PHC
2. PHC elements from Alma Ata and the additional 4 added by Kenya
3. Kenya's addition to the PHC elements and why
4. Awareness of age-related and gender-related health problems and the need to take these relationships into account in health services at the community level
5. Background on community health services in Kenya and elsewhere

4. Teaching/learning methods to be selected from:

1. Interactive lectures
2. Group discussion
3. Role plays
4. Brainstorming
5. Experience sharing
6. Plenary sessions

5. Materials and equipment to be selected from:

1. Newsprint/white-boards
2. Felt pens/markers
3. Notebooks, pens
4. LCD/ Overhead projector

5. Masking tape
6. Flipcharts/stand
7. Problem posing pictures

6. Methods of assessment to be selected from:

1. Question and answer sessions
2. Assignment
3. Pre and post test

7. Time Allocated: 2 hours

8. Reference Materials

- Declaration of Alma Ata
- MOH (2007). Linking Communities with the Health System: The Kenya Essential Package for Health at Level 1; A Manual for Training Community Health Workers;
- Ministry of Health (2007). Reversing the Trends; Community Health Strategy
- MOH (2005) National Health Sector Strategic Plan II 2005-2010 (extended to 2012)
- Organization and Management of Community-Based Health Care, National Pilot Project of Kenya Ministry of Health/UNICEF (1982), Were, M.K.

MODULE 2: UNIT 3:
KENYA'S COMMUNITY HEALTH STRATEGY
(Day 3, 8:30 – 10:30am, 2 hrs)

1. Purpose

To equip the CHC with the knowledge of Community Health Strategy as an approach to deliver KEPH at level 1 and that community level health services is the foundation of the National Health System.

2. Objectives

By the end of this unit, the participants will be able to:
1. Define what a Community Unit (CU) is in the context of this strategy and what it is composed of
2. Enumerate the strategic objectives of Kenya's Community Health Strategy
3. Describe how the Community Health Strategy links into Kenya's Vision 2030
4. Describe how the Community Health Strategy links into the Millennium Development Goals (MDGs)
5. State the use of the 6 groupings of the human life cycle approach to understanding the national health challenges

6. Describe the 6 levels of the national health system
7. Explain that as the base of the pyramid in the 6 level structure, the level of community health services is the foundation of the national health system
8. State the key functions (promotive & preventive in one group and curative in the other group) of each of the 6 levels in the national health system
9. Define the Kenya Essential Package for Health for level 1 (KEPH 1)
10. Explain how the community level links to the rest of the national health system
11. Identify key actors (stakeholder analysis) for health at level 1
12. Identify health priorities for each cohort (age group) for service delivery at level 1 in their community
13. State why importance is laid on the group "Mothers and Children" in the community

3.   Content

1. Strategic objectives of Kenya's Community Health Strategy
2. The purpose of Kenya's Vision 2030 as well as the Millennium Development Goals
3. Service delivery at level 1 by cohort (age group)
4. Priority health services at level 1
5. Health promotion
6. Disease prevention and control
7. Care seeking
8. Compliance to treatment and referral
9. Community mobilisation
10. Claiming right
11. Key actors (stakeholder analysis) of health services at Level 1

4. Teaching/learning methods to be selected from:

1. Interactive lectures
2. Facilitated group discussions
3. Plenary discussion
4. Case study and sharing of experiences
5. Demonstrations/ role plays

5. Materials and equipments to be selected from:

1. Newsprint
2. Felt pens/markers
3. Masking tape
4. Flip chart/stand
5. Stationery

6. Methods of assessment to be selected from:

1. Questions and answer sessions
2. Pre- and post-test

7. Time Allocated: 2hours

8. Reference materials

- MOH (2007). Linking Communities with the Health System: The Kenya Essential Package for Health at Level 1; A Manual for Training Community Health Workers
- Ministry of Health (2007). Reversing the Trends; Community Health Strategy
- MOH (2005) National Health Sector Strategic Plan II 2005-2010 (extended to 2012)
- Organization and Management of Community-Based Health Care, National Pilot Project of Kenya Ministry of Health/UNICEF (1982), Were, M.K.

MODULE 3:

THE ROLE OF CHC IN EFFECTIVE COMMUNICATION, ADVOCACY, NETWORKING & SOCIAL MOBILISATION IN THE COMMUNITY UNIT

M3

MODULE 3:

THE ROLE OF CHC IN EFFECTIVE COMMUNICATION, ADVOCACY, NETWORKING & SOCIAL MOBILISATION IN THE COMMUNITY UNIT

UNITS:
UNIT 1: The Role of CHCs in Effective Communication
UNIT 2: The Role of CHCs in Advocacy
UNIT 3: The Role of CHCs in Networking and Partnership Development
UNIT 4: The Role of CHCs in Social Mobilisation

MODULE 3, UNIT 1:
THE ROLE OF CHCS IN EFFECTIVE COMMUNICATION
(Day 3, 11am - 12 noon, 1 hr)

1. Purpose

As CHCs have a critical role as effective communicators, the purpose of this unit is to provide CHCs with knowledge and skills on communication for effective leadership and management at level 1 health services.

2. Objectives

By the end of the unit, the participants will be able to:
1. Define communication
2. Explain the importance of communication
3. Describe communication process
4. Describe channels of communication
5. Identify types of communication
6. Describe qualities of a good communication
7. Identify barriers to effective communication and ways of overcoming them
8. Discuss consequences of ineffective communication

3. Content

1. Definition of communication
2. Importance of communication
3. Communication process
4. Channels of communication
5. Types of communication

6. Qualities of an effective communicator
7. Barriers of effective communication
8. Overcoming barriers of communication
9. Consequences of ineffective communication

4. Teaching/learning methods to be selected from:

1. Interactive lectures
2. Group work
3. Demonstration
4. Role play
5. Brainstorming
6. Idea card
7. Plenary discussion

5. Materials & equipment to be selected from:

1. News print
2. Felt pen/Marker pens
3. Masking tape
4. Flip chart/stand
5. Manilla paper/ cards
6. Note books/pens
7. LCD Projector/Laptop
8. Chalk and Chalk- or white- board

6. Methods of assessment to be selected from:

1. Questions and answers
2. Pre- and postest

7. Reference materials

- Community Strategy implementation guidelines for managers of KEPH at Community Level
- Linking communities with the health system: KEPH at level one, a manual for training CHEWs (March 2007)
- MOH (2007), A Manual for Training Community Health Workers, Nairobi, Kenya: MOH-SPMD
- MOPHS (2011), Integrated Curriculum for Training Community Health Workers in Kenya, Draft, Nairobi Kenya, MOPHS - DCHS
- George Oele (2009), A Guide for Training Community Health Committees, AMREF Kenya in Partnership with MOPHS, a Draft
- Daniel Chandler, "The Transmission Model of Communication", Aber.ac.uk; Partners IN Salford,

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MODULE 3, UNIT 2:
THE ROLE OF CHCS IN ADVOCACY
(Day 3, 12 noon -1 pm, 1 hr)

1. Purpose

To empower the CHCs with knowledge and skills on how to advocate within as well as on behalf of the community to achieve the desired health and health related outcomes.

2. Objectives

By the end of this unit, the participants should be able to:
1.   Define the term advocacy
2.   Outline the steps in advocacy
3.   Outline types of advocacy
4.   Describe the benefits of advocacy
5.   Describe strategies and approaches in advocacy
6.   Demonstrate skills for developing advocacy plan

3. Content

1.   Definition of the term advocacy
2.   Types of advocacy: (policy, programme, media advocacy)
3.   Benefits of advocacy approaches and strategies in advocacy
4.   Steps in advocacy, negotiation skills
5.   Planning and implementation
6.   Developing an advocacy plan

4. Teaching/learning methods to be selected from:

1.   Interactive lectures
2.   Group discussion
3.   Role plays
4.   Plenary sessions

5. Materials and equipment to be selected from:

1. Newsprint/white-boards
2. Felt pens/markers
3. Reference materials
4. Log books, chalk boards and registers
5. Notebooks, pens
6. LCD/ Overhead projector
7. Audio visual aid
8. Masking tape
9. Flipcharts/stand
10. Samples of advocacy materials
11. Posters
12. Pamphlets, brochures and fliers

6. Methods of assessment to be selected from:

1. Question and answer sessions
2. Return demonstrations
3. Assignment
4. Pre- and post-test

7. Reference materials

- Community Strategy implementation guidelines for managers of KEPH at Community level: Linking communities with the health system: KEPH at level one, a manual for training CHEWs (March 2007)
- MOH (2007), A Manual for Training Community Health Workers, Nairobi, Kenya: MOH-SPMD
- MOPHS (2011), Integrated Curriculum for Training Community Health Workers in Kenya, Draft, Nairobi Kenya, MOPHS - DCHS
- George Oele (2009), A Guide for Training Community Health Committees, AMREF Kenya in Partnership with MOPHS, a Draft
- Daniel Chandler, "The Transmission Model of Communication", Aber.ac.uk; Partners IN Salford, 2nd Floor, Unity House, Salford Civic Centre, Chorley Road, Swinton, M27 5FJ   0161 793 2929 partnersinsalford@salford.gov.uk   Privacy policy

MODULE 3: UNIT 3:
THE ROLE OF CHCs IN NETWORKING AND PARTNERSHIP DEVELOPMENT
(Day 3, 2pm - 3pm, 1 hr)

1. Purpose

To empower Community Health Committees with networking skills to enable them develop long lasting relationships with stakeholders for the mutual benefit of their communities.

2. Objectives

By the end of this unit, the participants should be able to:
1. Define networking and partnership
2. Define characteristics of a successful and unsuccessful partnership and networking
3. Demonstrate skills in networking and partnership
4. Describe the strategies of networking
5. Describe principles of partnership
6. Describe community entry process
7. Describe the benefits of networking and partnership

3. Content

1. Definition of networking and partnership
2. Characteristics of a successful and unsuccessful partnership and networking
3. Skills in networking and partnership
4. Principles of partnership
5. Community entry process
6. Community organization and household mapping
7. Strategies for networking
8. Who to network with
9. Benefits of networking and partnership

4. Teaching/learning methods to be selected from:

1. Interactive lectures
2. Group discussion
3. Role plays
4. Practical exercises and demonstration
5. Brainstorming
6. Experience sharing
7. Plenary sessions

5. Materials and equipment to be selected from:

1. Newsprint/white-boards
2. Felt pens/markers
3. Reference materials
4. Idea cards
5. Log books, chalk boards and registers
6. Notebooks, pens
7. LCD/Overhead projector
8. Audio visual aid
9. Masking tape
10. Flip charts/stand
11. Posters
12. Pamphlets, brochures and fliers

6. Methods of assessment to be selected from:

1. Question and answer sessions
2. Return demonstrations
3. Pre- and post-test

7. Time Allocated: 2 hrs

8. Reference materials

- Community Strategy implementation guidelines for managers of KEPH at Community level: Linking communities with the health system: KEPH at level one, a manual for training CHEWs (March 2007)
- MOH (2007), A Manual for Training Community Health Workers, Nairobi, Kenya: MOH-SPMD
- MOPHS (2011), Integrated Curriculum for Training Community Health Workers in Kenya, Draft, Nairobi Kenya, MOPHS - DCHS
- George Oele (2009), A Guide for Training Community Health Committees, AMREF Kenya in Partnership with MOPHS, a Draft
- Daniel Chandler, "The Transmission Model of Communication", Aber.ac.uk Partners IN Salford, 2nd Floor, Unity House, Salford Civic Centre, Chorley Road, Swinton, M27 5FJ   0161 793 2929 partnersinsalford@salford.gov.uk   Privacy policy

MODULE 3, UNIT 4:
THE ROLE OF THE CHC IN SOCIAL MOBILISATION
(Day 3, 3 - 4pm, 1 hr)

1. Purpose

The purpose of this unit is to equip CHC members with knowledge and skills in social mobilisation for effective engagement of community members and structures in addressing their health.

2. Objectives

By the end of the unit, the participants will be able to:
1. Define social mobilisation
2. Identify principles of social mobilisation
3. Describe the steps in social mobilisation
4. Identify approaches used in social mobilisation
5. Understand the techniques to social mobilisation

3. Content

1. Definition of social mobilisation
2. Principles of social mobilisation
3. Steps in social mobilisation
4. Approaches to social mobilisation
5. Techniques to social mobilisation

4. Teaching/learning methods to be selected from:

1. Interactive lectures
2. Facilitated group discussions
3. Plenary discussion
4. Case study and sharing of experiences
5. Demonstrations/ role plays

5. Materials and equipment to be selected from:

1. Community chalk board (MOH 516)
2. Newsprint
3. Felt pens/markers
4. Masking tape
5. Audio visual aid

6.   Stationery

6. Methods of assessment to be selected from:

1.   Questions and answer sessions
2.   Return demonstrations

7. Reference materials

- Social Mobilisation for Health Promotion, WHO 2002
- Social Mobilisation Programme-Sarhad Rural Support Programme, 1994-2007
- Making Advocacy, Communication, and Social Mobilisation (ACSM) Work for TB Control; PATH, the Stop TB Partnership Secretariat, USAID, and WHO Regional Advisors
- A handbook for trainers on participatory local development: the Panchayati- FAO 2003-07
- Communication for Development, UNICEF

MODULE 4:

PERSONNEL MANAGEMENT ISSUES

MODULE 4:

PERSONNEL MANAGEMENT ISSUES

UNITS:
UNIT 1: Human Resource Management by CHCs
UNIT 2: Performance Appraisal of CHWs by CHCs
UNIT 3: Conflict Management and Resolution in the Community Unit

MODULE 4, UNIT 1:
HUMAN RESOURCE MANAGEMENT BY CHC
(Day 4, 8:30 - 10:30 am, 2 hrs)

1. Purpose

To equip the CHCs with knowledge and skills to enable them manage human resources for the Community Unit.

2. Objectives

By the end of the unit, participants will be able to:
1. Define human resource management
2. Describe some elements of human resource management
3. Outline the selection criteria of CHWs
4. Describe the roles of CHCs, CHWs and CHEWs
5. Describe the retention and motivation system for CHWs
6. Describe ways of rewarding and disciplinary actions within the community set up
7. Outline advantages of teamwork and its challenge

3. Content

1. Definition of human resources management, motivation, delegation and team work
2. The ways of motivation
3. Selection criteria of CHWs, CHCs
4. Roles of CHCS, CHEWs and CHWs
5. Retention and motivation system of CHWs
6. Process of delegation
7. The advantages and challenges of team work

4. Teaching/learning methods to be selected from:

1. Interacting lectures
2. Group work
3. Demonstration
4. Role play
5. Brainstorming
6. Idea card
7. Plenary discussion

5. Materials & Equipment to be selected from:-

1. Newsprint
2. Felt pens/marker pens
3. Masking tape
4. Flip chart/stand
5. Manilla cards
6. Notebooks/pens
7. LCD Projector/Laptop
8. Chalk and chalk- or white-board

6. Methods of assessment to be selected from:

1. Questions and answers
2. Pre- and post-test
3. Return demonstration

7. Reference materials

- Huber, D.L (2006). Leadership and Nursing Care Management. (3rd Edition) Philadelphia: Saunders Elsevier.

MODULE 4, UNIT 2:
PERFORMANCE APPRAISAL OF CHWS BY CHCs
(Day 4, 11 am - 1:00 pm, 2 hrs)

1. Purpose

To familiarize CHC members with knowledge and skills on the criteria used to appraise CHWs performance.

2. Objectives

By the end of this unit the participants will be able to:
1. Define performance appraisal
2. Describe criteria for performance appraisal
3. Discuss the structure/steps to be applied for bringing about improvement in performance
4. Outline the criteria of recognizing of good performance on priority activities

3. Content

1. Definition of appraisal
2. Importance of appraisal
3. Appraisal criteria (based on work plan, role model, positive health attributes, performance indicators, etc.)
4. Frequency of appraisal
5. Types of awards

4. Teaching/learning materials to be selected from:

1. Interactive lectures
2. Facilitated group discussions
3. Plenary discussion
4. Case study and sharing of experiences
5. Demonstrations/ role plays

5. Materials and equipment to be selected from:

1. Community Chalkboard (MOH 516)
2. Newsprint
3. Felt pens/marker pens
4. Masking tape
5. Audio visual aid
6. Stationery

6. Methods of assessment to be selected from:-

1. Questions and answer sessions
2. Return demonstrations

7. Time Allocated: 2hrs

8. Reference materials

- MOH (2007) Linking Communities with the Health System: The Kenya Essential Package for Health at Level 1; A Manual for Training Community Health Workers
- Ministry of Health (2007) Reversing the Trends; Community Health Strategy
- MOH (2005) National Health Sector Strategic Plan II 2005-2010 (extended to 2012)
- MOH (2010) Community health information system tools (MOH 513, 514,515, 516)

MODULE 4, UNIT 3:
CONFLICT MANAGEMENT AND RESOLUTION IN THE COMMUNITY UNIT
(Day 4, 2 - 4pm, 2 hrs)

1. Purpose

Familiarize the CHCS on underlying issues of conflict resolution and steps

2. Objectives

1. Define conflict resolution
2. State negative effects of conflicts and benefits of conflict resolution
3. Define steps in conflict resolution
4. Define principles of conflict resolution
5. Determine steps in resolving conflicts in the Community Units

3. Content

1. Introduction to conflict resolution
2. Negative effects of conflict resolution and benefits of conflict resolution
3. Steps in conflict resolution
4. Principles of conflict resolution
5. Steps in resolving conflicts in the Community Units

4. Teaching/learning materials to be selected from:

1. Interactive lectures
2. Facilitated group discussions
3. Plenary discussion
4. Case study and sharing of experiences
5. Demonstrations/ role plays

5. Materials and equipment to be selected from:

1. Newsprint
2. Felt pens/marker pens
3. Masking tape
4. Audio visual aid
5. Stationery

6. Methods of assessment to be selected from:

1. Questions and answer sessions
2. Return demonstrations

7. Reference materials

- Jeanne Segal, Ph.D., and Melinda Smith, M.A., contributed to this article. Last reviewed: Nov
- Roger Darlington 18 April 2007 mediation ADRnet- http://www.mediationadr.net/Conflict/WhatIsConflict.html http://ezinearticles.com/?Conflict-Resolution-Handbook. What-Is-Conflict-(Chapter-1)&id=5038537
- Active Listening Skill Builder Page 1 Copyright © 2005 Laura Lee Symes, MA International Learning Association Homepage (ILA). (2004 September 20). Retrieved October 20, 2004, from www.listen.org
- Listening: The Forgotten Skill. Burley-Allen, Madelyn. John Wiley & Sons. 1995. ISBN 0-471-01587-3

MODULE 5:

RESOURCE MOBILISATION, PROPOSAL WRITING & FINANCIAL MANAGEMENT

M5

MODULE 5:

RESOURCE MOBILISATION, PROPOSAL WRITING AND FINANCIAL MANAGEMENT

UNITS:
UNIT 1: The Role of CHCs in Resource Mobilisation for the Community Unit
UNIT 2: Proposal Writing
UNIT 3: The Role of CHCs in Financial Management in the Community Unit

MODULE 5, UNIT 1:
THE ROLE OF CHCs IN RESOURCE MOBILISATION FOR THE COMMUNITY UNIT
(Day 5, 8:30 - 10:30 am, 2 hrs)

1. Purpose

Equip the CHCs with knowledge and skills to enable them mobilise resources for the community.

2. Objectives

By the end of the unit, participants will be able to:
1. Define a resource
2. Define resource mobilisation
3. Identify the resources in and outside the community unit
4. Identify partners in and outside the community unit
5. Describe resource mobilisation strategies for the community
6. Discuss the challenges of resource mobilisation in the community and how to overcome them
7. Describe ways of generating income and its sustainability, accountability and transparency

3. Content

1. Understanding concepts and practices of resource mobilisation
2. Strategies used to mobilize resources
3. Types of resources
4. Resource mobilisation request form, stakeholder analysis sheet

4. Teaching/learning methods to be selected from:

1. Interactive lectures
2. Group work
3. Demonstration
4. Role play
5. Brainstorming
6. Idea card
7. Plenary discussion

5. Materials and equipment to be selected from:

1. Newsprint
2. Felt pen/marker pens
3. Masking tape
4. Flip chart/stand
5. Manilla cards
6. Notebooks/pens
7. LCD Projector/Laptop
8. Chalk and chalk- or white-board

6. Methods of assessment to be selected from:

1. Questions and answers
2. Pre- and post-test
3. Return demonstration

7. Reference materials

- MOH (2007), a Manual for Training Community Health Workers, Nairobi, Kenya: MOH - SPMD
- MOPHS (2011), Integrated Curriculum for Training Community Health Workers in Kenya Draft, Nairobi Kenya, MOPHS - DCHS
- George Oele (2009), A Guide for Training Community Health Committees, AMREF Kenya in Partnership with MOPHS, a Draft

MODULE 5, UNIT 2:
PROPOSAL WRITING
(Day 5, 11am - 1:00 pm, 2 hrs)

1. Purpose:

To expose CHC members to the preparation of proposals as a way of seeking resources to support the community health work in their Community Unit.

2. Objectives

1. The definition of a proposal
2. Generating the questions that a proposal addresses
3. The elements that constitute the structure of a good proposal
4. The 10 steps that may be followed in preparing a proposal

3. Content

1. Definition and general explanation about a proposal
2. Questions to address in a proposal
3. Structure of a good proposal
4. Ten steps often followed in preparing a proposal

4. Teaching/learning methods to be selected from:

1. Interactive lectures, group work, demonstration
2. Role play
3. Brainstorming
4. Idea card
5. Plenary discussion

5. Materials and equipment to be selected from:

1. Newsprint
2. Felt pen/marker pens
3. Masking tape
4. Flip chart/stand
5. Manilla cards
6. Note books/pens
7. LCD Projector/Laptop
8. Chalk and chalk- or white-board

6. Methods of assessment to be selected from:

1. Questions and answers
2. Pre- and post-test
3. Return demonstration

7. Reference materials

- MOH (2007), a Manual for Training Community Health Workers, Nairobi, Kenya: MOH - SPMD
- MOPHS (2011), Integrated Curriculum for Training Community Health Workers in Kenya Draft, Nairobi Kenya, MOPHS - DCHS
- George Oele (2009), A Guide for Training Community Health Committees, AMREF Kenya in Partnership with MOPHS, a Draft

MODULE 5, UNIT 3:
THE ROLE OF CHC IN FINANCIAL MANAGEMENT IN THE COMMUNITY UNIT (Day 5, 2 pm - 4 pm, 2 hrs)

1. Purpose

Equip the CHCs with knowledge and skills to enable them manage financial resources for the community unit

2. Objectives

By the end of the unit, participants will be able to:
1. Define financial management
2. Outline steps of basic financial management
3. Outline the principles of financial management
4. Define bookkeeping and its purpose and benefits
5. Describe the different types of financial records

3. Content

1. Definition of financial management and bookkeeping
2. The phases of financial management
3. Benefits/uses of bookkeeping
4. Process and purpose of bookkeeping
5. Different types of financial bookkeeping tools (payment voucher, petty cash, imprest, requisition and surrender)
6. Filing and serialization

7.   Accountability and transparency

4. Teaching/learning methods to be selected from:

1.   Interactive lectures, group work, demonstration
2.   Role play
3.   Brainstorming
4.   Idea card
5.   Plenary discussion

5. Materials and equipment to be selected from:

1.   Newsprint
2.   Felt pen/Marker pens
3.   Masking tape
4.   Flip chart/stand
5.   Manilla cards
6.   Note books/pens
7.   LCD Projector/Laptop
8.   Chalk and chalk- or white-board

6. Methods of assessment to be selected from:

1.   Questions and answers
2.   Pre- and post-test
3.   Return demonstration

7. Reference materials

• Huber, D.L (2006). Leadership and Nursing Care Management. (3rd edition) Philadelphia: Saunders Elsevier.

MODULE 6:

COMMUNITY HEALTH INFORMATION SYSTEM

M6

MODULE 6:

COMMUNITY HEALTH INFORMATION SYSTEM

UNITS:
UNIT 1: The Need for CHCs to Understand Basic Analysis & Utilization of Data
UNIT 2: The Need for CHCs to Understand the Importance of Record Keeping
UNIT 3: The Need for CHCs to Understand the Importance of Report Writing

MODULE 6, UNIT 1:
THE NEED FOR CHCs TO UNDERSTAND
BASIC DATA ANALYSIS AND UTILIZATION OF DATA
(Day 6, 8:30 - 10:30am, 2 hrs)

1. Purpose

To equip CHC members with the basic skills in data analysis for overseeing evidence based implementation of Community Health activities.

2. Objectives

By the end of this unit, the participants should be able to:
1.   Define data and information
2.   Review the types of community data/ information to be collected at HH level
3.   Demonstrate Basic data analysis techniques
4.   Describe the methods of information dissemination

3. Content

1.   Definition of data and information
2.   Types of community data/information to be collected at HH level
3.   Basic tools used to collect data
4.   Basic analysis techniques
5.   Information Dissemination

4. Teaching / learning methods to be selected from:

1.   Interactive lectures

2. Facilitated group discussions
3. Case study and sharing of experiences
4. Demonstrations/ role plays

5. Materials and equipment (1-4 are mandatory) to be selected from:

1. Household register(MOH 513)
2. Service logbook (MOH514)
3. CHEWs summary (MOH 515)
4. Chalk and chalk- or white-board
5. Newsprint
6. Felt pen/Marker pens
7. Masking tape
8. Flip chart/stand
9. Manilla cards
10. Notebooks/pens
11. LCD Projector/Laptop

6. Methods of assessment to be selected from:

1. Questions and answer sessions
2. Return demonstrations

7. Reference materials

- Integrated Curriculum for training community Health workers in Kenya (Jan. 2011)
- A Guide for training Community Health Committees (CHC) - AMREF
- Community Strategy implementation guidelines for managers of KEPH at Community level: Linking communities with the health system: KEPH at level one, a manual for training CHEWs (March 2007)
- Handout 2.2: Community Collaborations: A Growing Promise in Child Welfare. Best Practice/Next Practice: Family-Centered Child Welfare. Volume 1, Number 2, Fall, 2000. Washington, DC: National

MODULE 6, UNIT 2:
THE NEED FOR CHCS TO UNDERSTAND
THE IMPORTANCE OF RECORD KEEPING
(Day 6, 11 am - 12 pm, 1 hrs)

1. Purpose

To equip the Community Health Committees with knowledge and skills on record keeping to enable them to understand data/information storage and retrieval for informed decision making in planning, management for action and reference.

2. Objectives

By the end of this unit, the participants should be able to:
1. Define record keeping
2. Outline the purpose, importance and benefits of record keeping
3. Describe the characteristics of good record keeping/storage
4. Describe the different types of records needed for level 1
5. Describe the Information gathering process and the type of information to record

3. Content

1. Definition of record keeping
2. Benefits/uses of record keeping
3. Purpose of record keeping
4. Different types of record keeping tools (Log books, registers and chalk boards)

4. Teaching/learning methods to be selected from:

1. Interactive lectures
2. Group discussion
3. Brainstorming
4. Plenary sessions

5. Materials and equipment to be selected from:

1. Newsprint/white boards
2. Felt pens/markers
3. Samples of record tools
4. Log books, chalk boards and registers
5. Notebooks, pens

6. LCD/ Overhead projector
7. Audio visual aid
8. Masking tape
9. Flipcharts/stand
10. Posters
11. Pamphlets, brochures and fliers

6. Methods of assessment to be selected from:

1. Question and answer sessions
2. Assignment
3. Pre and post test

7. Reference materials

- Integrated Curriculum for training community Health workers in Kenya (Jan. 2011)
- A Guide for training Community Health Committees (CHC) - AMREF
- Community Strategy implementation guidelines for managers of KEPH at Community level: Linking communities with the health system: KEPH at level one, a manual for training CHEWs (March 2007)
- Handout 2.2: Community Collaborations: A Growing Promise in Child Welfare. Best Practice/Next Practice: Family-Centered Child Welfare. Volume 1, Number 2, Fall, 2000. Washington, DC: National

MODULE 6, UNIT 3:
THE NEED FOR CHCs TO UNDERSTAND THE IMPORTANCE OF REPORT WRITING
(Day 6, 12 pm - 1 pm, 1 hr)

1. Purpose

To equip the CHCs with knowledge and skills on report writing at the community level.

2. Objectives

By the end of this unit the participants should be able to:
1. Define report writing
2. Discuss why reports are written and who writes reports
3. Identify sources of data and information for report writing
4. Demonstrate how to write a report
5. Explain the benefits of report writing

6. Outline types of reports
7. Describe how to disseminate a report
8. Explain the process of conducting meetings
9. Explain how to take minutes in a meeting

3. Content

1. Definition of a report:
2. Types of reports;
3. Structure of a report;
4. Sources of data/information for report writing
5. Recording minutes
6. Benefits of reports & evaluation

4. Teaching/learning methods to be selected from:-

1. Interactive Lectures
2. Group discussion
3. Brainstorming
4. Plenary sessions

5. Materials and Equipment to be selected from:-

1. Newsprint / white boards
2. Felt pens / markers
3. Notebooks, pens
4. LCD/ Overhead projector,
5. Audio visual,
6. Masking tapes
7. Flipcharts/stand
8. Posters
9. Pamphlets, Brochures and fliers

6. Methods of Assessment to be selected from:-

1. Question and answer sessions
2. Assignment
3. Pre and post test

7. Reference Materials

- Integrated Curriculum for training community Health workers in Kenya (Jan. 2011)
- A Guide for training Community Health Committees (CHC) - AMREF;
- Community Strategy implementation guidelines for managers of KEPH at Community level; Linking communities with the health system: KEPH at level one, a manual for training CHEWs (March 2007)

MODULE 7:

MONITORING & EVALUATION & WAY FORWARD

MODULE 7:

MONITORING & EVALUATION AND THE WAY FORWARD

UNITS:

UNIT 1: The Role of CHCs in Coordinating Monitoring & Evaluation in the Community Unit

UNIT 2: Exposure of CHCs to the Preparation of a Plan of Action for 6 Months Following Training

UNIT 3: The Final Session Conducted by the Chair of the Community Health Committee

MODULE 7, UNIT 1:
THE ROLE OF CHCs IN COORDINATING MONITORING & EVALUATION IN THE COMMUNITY UNIT
(Day 7, 8:30 - 11 am, 2 ½ hrs)

1. Purpose

To equip CHCs with the basic knowledge and skills in monitoring and evaluation in order for the CHC to coordinate these events in the Community Unit and make informed decisions on the trends of health indicators in the community.

2. Objectives

By the end of this unit, the participants should be able to:
1. Define monitoring and evaluation
2. Outline the process of monitoring and evaluation
3. Outline the key indicators in health
4. Describe the importance of basic monitoring and evaluation
5. Describe types of evaluation

3. Content

1. Definition of monitoring and evaluation
2. Key indicators in health monitoring and evaluation
3. The importance of basic monitoring and evaluation
4. Types of evaluation

4. Teaching/learning methods to be selected from:

1. Interactive lectures
2. Facilitated group discussions
3. Case study and sharing of experiences
4. Demonstrations/role plays

5. Materials and equipment to be selected from:

1. Community chalk board (MOH 516)
2. Newsprint
3. Felt pens/markers
4. Masking tape
5. Household register (MOH 513)
6. Service logbook (MOH 514)
7. CHEW summary (MOH 515)
8. Audio visual aid

6. Methods of assessment to be selected from:-

1. Questions and answer sessions
2. Return Demonstrations

7. Reference materials

- MOH (2007). Linking Communities with the Health System: The Kenya Essential Package for Health at Level 1; A Manual for Training Community Health Workers
- Ministry of Health (2007), Reversing the Trends
- Community Health Strategy
- MOH (2005) National Health Sector Strategic Plan II 2005-2010 (extended to 2012)
- MOH (2010) Community health information system tools (MOH 513, 514,515, 516)

MODULE 7, UNIT 2:
EXPOSURE OF CHCs TO THE PREPARATION OF A PLAN OF ACTION FOR 6 MONTHS FOLLOWING TRAINING & THE WAY FORWARD
(Day 7, 11 am - 1 pm, 2 hrs)

1. Purpose

To equip Community Health Committee (CHC) members with knowledge and skills in action planning

in order to develop an action plan for six months that follow the training.

2. Objectives

By the end of this unit, the participants will be able to:
1. Formulate a vision and mission for their Community Unit
2. Define an action plan
3. Describe the process of developing an action plan
4. Develop an action plan for their community unit for six months following the training
5. Describe how to monitor and evaluate the implementation of the action plan

3. Content

1. Identification of the priority issues through the priority matrix approach
2. Evaluating the challenges attached to addressing each of the priorities
3. Developing a vision of where they would like the community to be in 6 months
4. Developing a mission by which to get the community there guided by vision and mission
5. Constructing action steps through which the mission will be expressed
6. Applying the ideas of SMART indicators and how these will help the group in monitoring and evaluation

4. Teaching/learning methods to be selected from:

1. Brainstorming
2. Plenary sessions
3. Group work

5. Materials and equipment to be selected from:

1. Newsprint
2. Felt pens/markers
3. Masking Tape

6. Methods of assessment to be selected from:

1. Successful production of a six months Plan of Action

7. Reference materials

• http://www.bonner.org/resources/modules/modules_pdf/BonCurActionPlanning.pdf

MODULE 7, UNIT 3:
THE FINAL SESSION CONDUCTED BY
THE CHAIR OF THE COMMUNITY HEALTH COMMITTEE
(Day 7, 2 pm - 4 pm, 2 hrs)

1. Purpose

The purpose of this session is to authenticate the leadership role of the chair of the CHC team.

2. Objectives

By the end of the unit, CHC members will be able to:
1. Describe themselves as a team
2. State how they will approach their work
3. Accept the leadership role of the chair of the CHC

3. Content

1. Each member of the CHC introduces herself or himself
2. Brainstorming on how they'll use in their community what they've learnt
3. The CHC team members begin to describe what resources they have in the community and what they will need to get from outside
4. The group begins discussion on what role each one will play in the CHC team

In a situation where two or more CHCs have been trained together for this session they should be in separate rooms/spaces so that each CHC chair is with his/her CHC members.

CLOSING CEREMONY
(4:30 - 5:30 pm)

1. Speeches of congratulations to the CHC teams that have complete the training
2. Comments of the chairs of the CHC committees represented
3. AWARDING OF CERTIFICATES as developed by the division of Community Health Services
4. A joyful tea-party with lively music crowns the end of CHC training!

Annex 1

Training Community Health Committees in Kenya Development of the Curriculum

Participant List

	Name	Organization
1	Charity Tauta	DCHS/MOPHS
2	Jane Koech	DCHS/MOPHS
3	Lorraine Wachira	DCHS/MOPHS
5	Judy Ruto	MVP
6	Lenet Bundi	NASCOP
7	Julius Kimitei	DOMC
9	George Oele	AMREF/MOPHS
10	Jane Otai	JHPIEGO
11	Jane Onteri	DLTLD
13	Stanley Mbuva	DTH
14	Christopher Twala	MOPHS/Afya House
15	Tabitha Mwangi	DRH
16	Ruth Mutua	DCHS
18	Judy Khanyola	MSH/LMS
19	Prof. Miriam Were	Consultant
20	Josephine Mbiyu	MSH/LMS
22	Ndemo Simon	DCHS/MOPHS-Afya House
23	Rakeli Kiiru	MOPHS/Nyayo House
24	Elijah Kinyangi	JICA
26	Yumiko Nakahara	JICA
27	Mwanza Joachim	DPHS Afya House
28	Clementine Gwoswar	PHMT Nyanza
29	Joshua Chweya	MOPHS
31	James Oguk	MOPHS
32	Leonida Ogake Asanya	MOPHS
33	Darius Mbela	MOPHS
35	Charity Kule	MOPHS
36	Catherine Munywoki	DMOH/MOPHS
37	Charles Mito	Intra Health International
39	Caroline Ndegwa	MOPHS
40	Ramson Ndii	MOPHS
41	John Mugenyo	MOPHS
44	Ofafa A.Juliet	AIC Health Ministries
45	Francisca Nyaboke Gati	MOPHS

THE CURRICULUM
FOR COMMUNITY HEALTH COMMITTEES

46	Benson Chacha Mwita	Komasimo Health Center
48	Samuel Gakene Nyahiri	Kohanga Dispensary
49	George Oele	DCHS/MOPHS
50	Joseph Kimwele	DPHS Mombasa
52	Emmanuel Baya	MOPHS
53	Leah Jepchumba Rutto	PMO/MOPHS
54	Cosmas Mutua	KANCO
55	Eunice Ndungu	UNICEF
57	Beatrice Okundi	HENNET
58	Nakiko Kinoshia	JICA
61	Daniel Mwangi	MOPHS
62	Christopher Lengushranga	MOPHS
63	James Karisa Luganje	Madamani Dispensary
65	Hillary Chebon	DCHS Afya House
66	Gideon Nyaringita	MoPHS
67	Josphat Mutua	DFH/MOPHS
68	Beth Mburu	AIC Health Ministries
70	Asumpta Matekwa	PDPHS western
71	Francis Odhiambo	PDPHS western
72	Timothy Olubero	PDPHS western
74	Ibrahim Shiwalo	MOPHS
75	Cyprian Langat	MOPHS
76	Aden Hussein	MOPHS
78	Abdullah Daudi	MOPHS
79	Omar A.Omar	MSH/LMS
80	Rose Kerubo	Pathfinder
81	Dr.Eric Osoro	MOPHS
83	Jackline Aridi	MDG Center
84	Isabella Ndwiga	DHP/MOPHS
85	Charles Matanda	DCAH/MOPHS
87	Ruth Ngechu	DCHS/MOPHS
88	Ambrose Were	APHIA Plus /AMREF
89	Dr.S Ocholla	MOPHS
91	Wilfred Marete	APHIA Plus /Coast
92	Caroline Sang	DOHS/MOPHS
93	Daniel Kavoo	DPHS/MOPHS
96	June Omollo	APHIA Plus Western
97	Ruth Gisembe	DCHS/MOPHS
98	James Mwitari	MOPHS
100	Felix Agoi	AKHS, K-CHD
101	Josephine Lesiangai	AMREF
102	Dorcus Indalo	AMREF

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Management Sciences for Health