

# **Community Health Workers' Manual**



**USAID**  
FROM THE AMERICAN PEOPLE

**APHIA II  
WESTERN**



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**APHIA II Western**

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## Acknowledgements

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# | Overview



This chapter outlines the roles and responsibilities of all the different community health workers in APHIA II Western, as well as provides an overview of the manual.



## Overview

### What is the APHIA II Western Program?

APHIA II Western stands for: The AIDS Population and Health Integrated Assistance Program II in Western Province, Kenya.

APHIA II aims to:

1. Promote the adoption of healthier behaviours.
2. Increase the use of HIV and AIDS health services and expand the use of other health services, including family planning/reproductive health (FP/RH), maternal and child health, TB and malaria prevention.

Through community-based activities, APHIA II works to ensure that men, women and youth are able to understand and act on their health needs. Activities will:

- Build the capacity of community members and community-based programs to offer health information.
- Establish linkages and referrals between community programs and health services.
- Encourage healthy dialogue and discussion on a broad range of health issues and gender equality with different audiences.

There are five strategic partners contributing to APHIA II Western:

- **PATH** - managing partner and leader of communication and community mobilization interventions.
- **Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)** - managing pediatric and adult anti-retroviral therapy (ART).
- **JHPIEGO Corporation** - strengthening service delivery, building capacity of providers.
- **Society for Women and AIDS in Kenya (SWAK)** - implementing programs with people living with HIV and AIDS (PLWA).
- **World Vision** - strengthening home-based care (HBC) and services for orphans and vulnerable children (OVC).

There are two implementing collaborators: **Cooperative League of the USA (CLUSA)** working on community mobilization and **BroadReach Health Care** involved in the development of public-private partnerships. All programs complement the work of the Ministry of Health and benefit the people of Western Province. The program is funded by USAID through 2011.

### What type of community activities does APHIA II work on?

APHIA II Western is responsible for working in both the community and health facilities. In each district, APHIA II works with specific identified health facilities. Community activities will take place in the areas surrounding these particular health facilities. Below is a description of some of the community programs APHIA II is working on. These programs may change or evolve over time.

**Community health workers (CHW):** APHIA II engages a large number of community volunteers to facilitate dialogue groups with community members. These dialogue groups will occur at the village, sub-locational, locational, and divisional levels.

**Worksite program:** APHIA II works with formal and informal worksites to help organizations and companies establish health programs for their employees. These programs may include training of worksite motivators (peer educators), on-site health education, dialogue groups, health information, education, and communication (IEC) materials, and access to health services.



**Peer family groups:** APHIA II trains peer family facilitators to establish peer family dialogue groups in the community. One dialogue group will consist of 6 different families; each family represented by a mother, father, and 2 adolescent children. These groups will meet on a monthly basis and discuss issues related to health.

**Ambassadors of Hope:** APHIA II trains and supports a group of volunteers who facilitate discussion groups and provide support to people living with HIV and AIDS. Ambassadors of Hope help to reduce stigma and discrimination of those infected and affected by HIV and AIDS by giving hope. They participate in community forums and conduct advocacy activities on the rights of the PLWA.

**Magnet Theatre outreach:** In each district, Magnet Theatre groups will conduct monthly performances about different health issues in a fixed place at a fixed day and time. The purpose is to attract a sizeable audience within the community who will regularly attend performances and engage with the actors to discuss and propose solutions to various health dilemmas.

**Teacher/youth program:** Certain teachers from primary and secondary schools throughout Western Province will be trained in various health topics. These teachers will go back to their schools and train approximately 20 peer educators who will form a health club and meet on a regular basis. The trained students will provide education to their fellow peers on health issues, as well as design activities with health messages to engage students (i.e., debates, dramas, etc.).

**Home-based care providers:** APHIA II provides training to health facility home-based care (HBC) coordinators, who work with HBC-trained CHWs for PLWA care and support.

**OVC:** APHIA II programs help OVC meet their basic needs such as education, health, psychosocial support, nutrition, and protection. Other support includes legal networking and livelihood.

**Married adolescents program:** Through various faith-based organizations, APHIA II identifies married older women as mentors. These mentors conduct monthly dialogue groups with young married adolescent women and discuss various health issues.

**Radio:** APHIA II will produce and broadcast a regular weekly radio program on health.

**IEC materials:** APHIA II will produce and distribute a health newsletter, as well as a comic book for adolescents.

## **What is the purpose of this manual?**

This manual is designed to help Community Health Workers or CHWs to provide community members with the information and skills they need to ensure good health for themselves, their families and their communities. The manual instructs readers how to mobilize dialogue groups within communities, as well as how to lead effective participatory discussions. In addition, this manual is a resource guide of technical information about HIV and AIDS, reproductive health (RH), family planning (FP); gender; maternal and child health (MCH); tuberculosis (TB); and malaria. It also talks about how to help individuals have satisfying and caring relationships, communicate and negotiate effectively, and make good health care decisions.

## **Who is the manual designed for?**

This manual is designed for Sub-location Community Health Workers, Divisional Youth Community Health Workers, Village Community Health Workers and Youth Community Health Workers in the Western province, but may also be utilized by Magnet Theatre troupes, peer family facilitators, worksite motivators, married adolescent mentors, as well as parents, teachers, and community and religious leaders.



## The structure of the manual

The manual is divided into 15 chapters. Each chapter contains information about a specific topic. Within each chapter are sessions. These sessions are meant to be used as a guide for the dialogue facilitator or CHW. They offer a step-by-step process for conducting a discussion with community members, starting first with objectives of the session, followed by questions and explanation for dialogue, finishing with 1-2 activities like games or role plays that can be conducted with your group members to help them to better understand the information. The sessions vary in length, but it is estimated that each session will last 1-1 ½ hours.

At the end of each chapter you will find *Background Notes*. This section is a complete reference guide that describes the information you need to know about the topic of that chapter.

Before conducting a dialogue group, facilitators should read the background notes to understand the topic completely. Next, they should review the session guide and make the necessary preparations in advance of the discussion group.

The chapters in the manual do not have to be followed in order. Facilitators or CHWs may choose to start at different points. What you talk about can be directed by your dialogue group – ask them what they want to learn about or consider what type of questions they ask you. This will help you to choose the next topic.

Once you choose a chapter (i.e., topic) for discussion, it is important to follow the sessions within that chapter in order. This is because the session guides build upon each other. In other words, the first session introduces the topic and provides an overview. Sessions that follow provide more detailed information.

If you begin with a session at the end of a chapter it means that your group may miss some important information needed to understand the concept being presented. However, there are times when you may decide to skip a session because you believe your group already knows the information. For example, if you are working with a group that knows how to prevent STIs, you may decide to skip that session. This flexibility means that it is important to understand the level of knowledge and the needs of the people in your dialogue group.

This manual is support material and should be adapted and applied in whatever way works best for the individual facilitator. A facilitator may choose to spend many sessions with a group on one topic or skip other sessions altogether. Other times, the facilitator may notice the discussion is leading naturally toward another topic, and may choose to focus on that new topic at the next meeting. For example, the CHW may notice that during a discussion on STIs, the participants had many questions about talking with adolescents about sex. In that case, the CHW may choose to focus the next meeting on a session from the chapter that addresses talking with children.

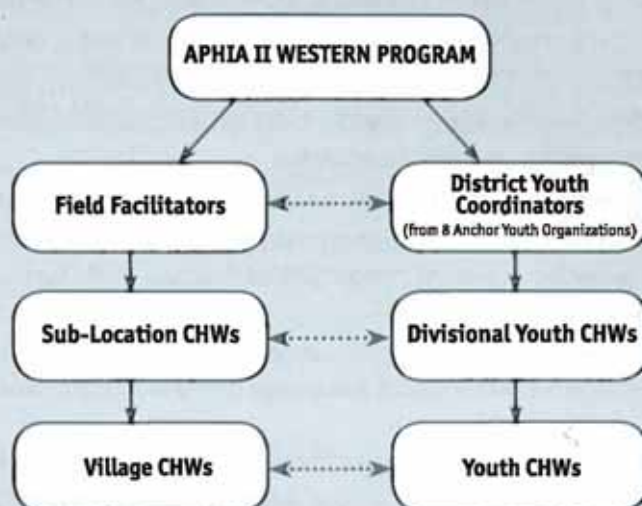
## Who are Sub-location CHWs, Divisional Youth CHWs, Village CHWs, and Youth CHWs?

A Community Health Worker (CHW) is a volunteer community educator. They are considered a part of the Ministry of Health Level One Services, operating in communities and households. CHWs should be able to read and write in English and their local language, be respected in their community, have a good heart and be willing to volunteer. Sub-location CHWs and Divisional Youth CHWs supervise and monitor Village CHWs and Youth CHWs, respectively, in addition to their own community dialogue activities. S/L CHWs and Divisional CHWs are expected to volunteer 3-4 days per week in this capacity. Village CHWs & Youth CHWs are expected to volunteer 1 day a week to work on APHIA II activities.

There are 4 different types of CHWs in the APHIA II program: Sub-Location CHWs, Divisional Youth CHWs, Village CHWs, and Youth CHWs. Although some of the work they do will be similar, they also have different responsibilities.



The structure of the CHW program looks something like this:



There is a lot of linkage and interaction between these groups. For example:

- Sub-Location Community Health Workers and the Divisional Youth Community Health Workers will hold joint monthly formal feedback meetings with Village Community Health Workers and Youth Community Health Workers to enable the sharing of information and reporting. This may not occur in every location. This linkage will only occur in areas where both the Village CHW and the Youth CHW are found in the same village.
- Youth CHWs and Village CHWs operate in the same village and both attend Village Health Committee meetings.
- As much as possible, APHIA II will try to coordinate meetings between Field Facilitators, District Youth Coordinators, and other program supervisors (i.e., worksite, teacher/youth, peer family, etc.) in order that they may share ideas and information.

### Sub-Location Community Health Worker (S/L CHW)

S/L CHWs are chosen via selection criteria and a process involving not only the community members at a sub-location level, but also the Field Facilitators. (Field Facilitators are full-time employees and supervisors of S/L CHWs, as well as responsible for managing the implementation of the CHW program.) S/L CHWs are people with significant experience, skills and ability to mobilize communities, facilitate dialogue, monitor and report, conduct meetings, manage and work with teams of people.

#### Responsibilities of S/L CHW

The main role of a S/L CHW is to supervise a group of approximately 20 Village CHWs and manage the community mobilization, training and dialogue activities in their particular sub-location. There is one S/L CHW per sub-location. Specifically, S/L CHWs are responsible for:

#### Training

- Attend 6 day training on CHWs Manual and 2 day annual refresher trainings facilitated by Field Facilitators.
- Attend trainings on community assessment, VHC action planning, and resource mobilization by Field Facilitators.

### ***Implementing community activities***

- Attend monthly Sub-Location Health Coordinating Committee (SLHCC) meetings.
  - Train members on effective management & record-keeping, as well as resource mobilization & proposal writing.
  - Share health information or conduct dialogue sessions.
  - Inform & update members on activities of CHWs.
  - Organize and coordinate health action days and community outreaches with the health facility.
- Funds are available to S/L CHWs for the mobilization of community members for comprehensive health action days (covering a range of integrated health services held far from the health centre with 500-1,000 people in attendance) .
- Identify 2 women's groups and 1 sub-locational community-based organization with which to conduct dialogue. Meet with each of these groups one time a month and conduct dialogue using the CHWs Manual.
- Refer community members, as needed, to available community resources and health services.
- Conduct training with representatives from local women's groups on health content, facilitating dialogue, health education, action planning and resource mobilization.
  - Mobilize 2 representatives from 30 women's groups at a sub-locational level.
  - Conduct two 3-day trainings with 30 women each in first year (total 60 women), followed by 1-day refresher training in subsequent years.
- Conduct additional activities or follow up as directed by the Field Facilitator.

### ***Supervision and monitoring***

- Assist the community selection process (using VHCs) of 2 Village CHWs per village.
- Train Village CHWs on the CHWs Manual in a 5-day training.
- Supervise and monitor Village CHWs to ensure the following:
  - Dialogue groups are mobilized and meeting as directed.
  - Problems are addressed and solved.
  - Data is collected and reporting forms are completed accurately and submitted in a timely manner.
  - Referrals of community members to health centres and community-based resources are on-going.
  - Informal monthly Village CHWs meeting are occurring. (All the Village CHWs supervised by the S/L CHW should be meeting once a month informally without the S/L CHW present to discuss issues, how to support each other, solve problems.)
- Conduct a formal monthly meeting with 1 Village CHW representative from each of the villages the S/L CHW supervises. This meeting should be held in conjunction with the Divisional Youth CHW and Youth CHW when they are found in the same area.
  - Discuss issues and problems.
  - Collect and review reporting forms.
  - Share success stories, areas for improvement, and new ideas.

### ***Reporting***

- Attend monthly meeting with Field Facilitator to submit reports, share problems, concerns, areas for improvement, success stories, etc.
- Submit financial accountability for released funds as necessary.



- Review all Village CHWs reports, summarize and compile into 1 summary document each month and submit to the Field Facilitator. In addition to reporting on the Village CHWs activities, this report also contains information on your own activities for the month.

## Divisional Youth Community Health Workers

Divisional Youth CHWs are chosen from 8 anchor youth organizations that have been selected to work with APHIA II Western. There is 1 anchor youth organization per district. Selection criteria for Divisional Youth CHWs is determined by APHIA II and the anchor youth organizations and is similar to that of an S/L CHW. Divisional Youth CHWs are people with significant experience, skills and ability to mobilize communities, facilitate dialogue, monitor and report, conduct meetings, and manage and work with teams of people, especially youth. Divisional Youth CHWs will operate at a divisional level, but not all divisions in a district will be represented, only divisions that include targeted health facility sites.

### Responsibilities of Divisional Youth CHW

The main role of a Divisional Youth CHW is to supervise a group of approximately 20 Youth CHWs and manage the community mobilization, training and dialogue activities in their particular division. There is one Divisional Youth CHW per division, but not all divisions within a particular district will be covered. Specifically, Divisional Youth CHWs are responsible for:

#### Training

- Attend 6-day training on CHW Manual and 2-day annual refresher trainings facilitated by the District Youth Coordinators.
- Attend trainings on resource mobilization by Field Facilitators and/or District Youth Coordinators.

#### Implementing community activities

- Conduct, at minimum, 1 monthly dialogue group with a youth group at a divisional level or representatives of youth groups at a divisional level. Mobilize the groups or representatives from the groups as necessary and establish a regular monthly meeting.
- Refer community members, as needed, to available community resources or health services.
- Organize and coordinate health action days and community outreaches with the health facility in conjunction with S/L CHWs.

#### Supervision and monitoring

- Assist in the identification of youth groups at the village level and the Youth CHWs selection process of 2 per village (1 male, 1 female). Link Youth CHWs to the Village Health Committees.
- Train Youth CHWs on the CHWs Manual in 5 day training.
- Supervise and monitor Youth CHWs to ensure the following:
  - Dialogue groups are mobilized and meeting as directed.
  - Problems are addressed and solved.
  - Data is collected and reporting forms are completed accurately and submitted in timely manner.
  - Referrals of community members to health centres and community based resources are on-going.
- Informal monthly Youth CHWs meetings are occurring. (All the Youth CHWs supervised by the Divisional Youth CHW should be meeting once a month informally without the Divisional Youth CHW present to discuss issues, how to support each other, solve problems.)



- Conduct a formal monthly meeting with 1 Youth CHW representative from each of the villages the Divisional CHW supervises. This meeting should be held in conjunction with the S/L CHW and Village CHWs for that area.
  - Discuss issues and problems.
  - Collect and review reporting forms.
  - Share success stories, areas for improvement, and new ideas.

### **Reporting**

- Review all Youth CHWs reports, summarize and compile into 1 summary document each month, and submit to the District Youth Coordinator. In this same report form, document your own activities and submit the form to the District Youth Coordinator.
- Submit financial accountability for released funds as necessary.
- Attend monthly meeting with the District Youth Coordinator to submit reports, share problems, concerns, areas for improvement, success stories, etc.
- Conduct additional activities or follow up as directed by the District Youth Coordinator.

## **Village Community Health Workers**

Village CHWs are chosen via a selection process involving the village community. This process is guided by Field Facilitators and S/L CHWs. Two volunteers per village (one man and one woman) will be selected by the village as Village CHWs. Village CHWs are people who are well respected in the community, interested in volunteering 1 day per week and want to help improve life in their community. In some villages, there will be 2 Village CHWs and 2 Youth CHWs.

### **Responsibilities of Village CHW**

The main role of Village CHW is to conduct dialogue with different community groups in their village on a monthly basis. There are 2 Village CHWs per village, one man and one woman. Specifically, Village CHWs are responsible for:

### **Training**

- Attend 6-day training on CHW Manual and annual 2-day refresher trainings led by S/L CHW.
- Attend training on community assessment, action planning, and resource mobilization led by S/L CHW.

### **Implementing community activities**

- Identify 5 community groups in your village with which to conduct dialogue. Share information with the other Village CHW so you do not target the same groups.
- Meet with each of these groups one time a month and conduct dialogue using the CHWS Manual. Each time you conduct a dialogue, fill in the summary form.
- Work with Village Health Committees to do community assessment, action planning and training on effective management and resource mobilization.
- Attend and help organize health action days and community outreaches with the health facility in conjunction with the S/L CHW.
- Work closely with the other CHW or Youth CHWs in village to implement activities.

### **Reporting**

- Complete monthly report with the other Village CHW on activities and submit 1 report for your village to the S/L CHW.
- Attend monthly informal meeting with other Village CHWs from the area to discuss problems, share ideas and provide support.
- 1 of the 2 Village CHWs will attend a monthly formal meeting with the S/L CHW to submit reports, share problems, concerns, areas for improvement, success stories, etc. (The Village CHWs may decide to alternate this role or choose one person to take on this responsibility. Alternatively, both CHWs may decide to attend, but they have to share the allotted transport money.)

## **Youth Community Health Workers**

APHIA II is working with 8 anchor youth organizations (1 per district). These organizations will help manage the Youth CHW program. They will select members of their organization to oversee activities from a divisional level. These people will be considered Divisional Youth CHWs and will be the supervisors of the Youth CHWs. The Divisional Youth CHWs will identify youth groups at a village level to work with. Youth CHWs are people who are well respected in the community, interested in volunteering 1 day per week and want to help improve the lives of youth in their community. Each youth group will be asked to elect 2 Youth CHWs (1 male and 1 female).

### **Responsibilities of Youth CHW**

The main role of the Youth CHWs is to conduct dialogue sessions with their youth group and create activities for in and out-of-school youth in their village. In some villages, there will be 2 Youth CHWs and 2 Village CHWs. Specifically, Youth CHWs are responsible for:

### **Training**

- Attend 6 day training on CHWs Manual facilitated by the Divisional Youth CHW.
- Attend trainings on resource mobilization by Divisional Youth CHW.

### **Implementing community activities**

- Conduct monthly dialogue sessions with members of your youth organization using the CHW Manual.
- Refer community members, as needed, to available community resources like health centres or community-based organizations (CBO).
- Organize two activities per month for in and out-of-school youth in your village. Incorporate health messages in the activities. Possibilities include: sporting events/tournaments, games, dramas, songs, etc.

### **Reporting**

- Complete monthly report with the other Youth CHW on activities and submit to the Divisional Youth CHW.
- Attend monthly informal meeting with other Youth CHWs from the area to discuss problems, share ideas, and provide support.
- 1 of the 2 Youth CHWs will attend a monthly formal meeting with the Divisional Youth CHW to submit reports, share problems, concerns, areas for improvement, success stories, etc. (The Youth CHWs may decide to alternate this role or choose one person to take on this responsibility. Alternatively, both Youth CHWs may decide to attend, but they have to share the allotted transport money.)



## How to mobilize dialogue groups

Every Community Health Worker is meeting with dialogue groups on a monthly basis.

CHW....	Meets With....	For example....
S/L CHW	4 dialogue groups	2 women's groups, 1 CBO, SLHCC
Divisional Youth CHW	1 dialogue group	1 youth group or reps of youth groups
Village CHW	5 dialogue groups	VHC, women's groups, others
Youth CHW	1 dialogue group	1 youth group

Each Village CHW must meet with 5 dialogue groups every month. Since each village has 2 CHWs, this means that the 2 CHWs must identify 10 discussion groups within their village.

One of these ten groups will be the Village Health Committee. Both CHWs can attend the meeting if they choose, but it can only be counted as a dialogue group for 1 CHW. In most cases Village CHWs can identify groups that already exist and meet with them on a regular basis. However, 1 of their 5 dialogue groups should be a networked group of people.

(Please see details below.) Each village is different, but here are some suggestions for possible dialogue groups:

- Women's groups
- Village Health Committee
- Welfare groups
- Youth groups
- Self-help groups like PLWA
- CBOs (work with groups whose membership is male when possible)
- Informal groups like boda boda drivers
- Farmer's unions
- Father's unions
- Groups found in religious institutions such as:
  - Mother's groups
  - Youth groups

One of the five dialogue groups that each Village CHW meets with should include a:

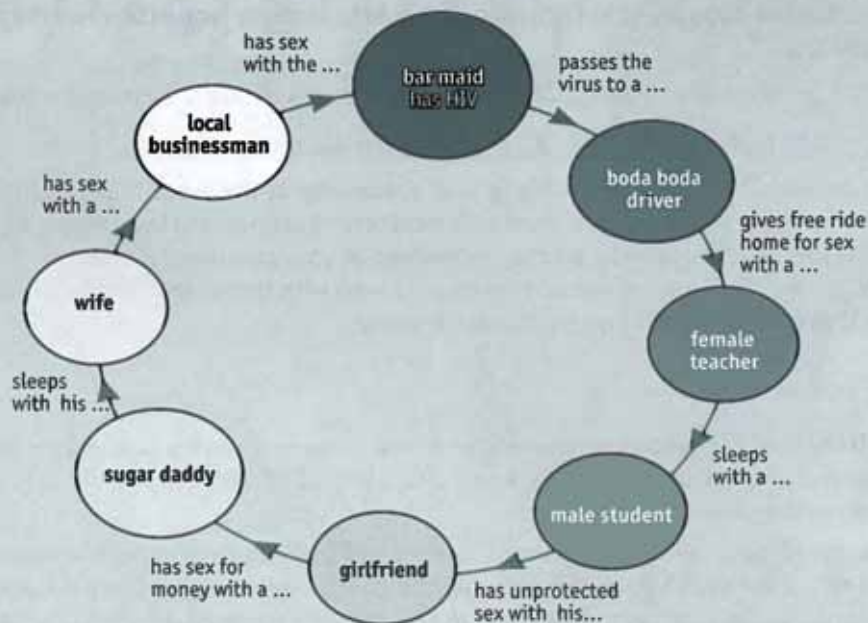
**"Networked group:"** This is a group of people that a Village CHW must mobilize on their own and encourage regular monthly meetings. Typically, dialogue groups include people who are homogenous or come from the same background, i.e. all women or youth. A networked group will allow people of different perspectives and experiences to share their insights with other people who they might not normally interact with. This may enable people to better understand how their own behaviour indirectly impacts other people in the community. The idea is to link different people in the community who might be putting each other at high risk of infection for HIV or other health issues.

The networked group should include representatives from people in the community that have different experiences and perspectives. There should be representatives from males, females, and youth (ages 18-24 years). There could be mothers and fathers, people with different professions like farmers, boda boda or other transport drivers, bar maids, shop owners, business people, commercial sex workers, church or community leaders, teachers, etc. You do not have to have all these people in your group. The idea is simply to have a variety of different people represented. The goal is to bring together a group of people that have different perspectives. Try to create a mix of people from different backgrounds, beliefs, and qualities or characteristics.



This is an new approach and methodology for dialogue groups. Sometimes doing something new can be difficult and you may run into problems. Please talk regularly with other CHWs and your supervisors as issues arise, so we can work to make this an effective program. "Networked groups" could provide very valuable insights to people in the community and how and why people behave the way they do, as well as encourage behaviour change.

**Think of it this way:** HIV is passed through a network of people who interact sexually. So a networked group may bring all these different people together. For example:



So the circle goes - around and around. Through their interactions, these people put each other at risk for infection of HIV or STIs and yet, some of them may not interact with each other on a regular basis. Nonetheless, their actions link them together. The idea of the networked group is to encourage people from these different backgrounds to get together and think about issues of health and how their behaviour actually has a broader impact on other people in the community.

The people listed in the circle above could make up a "networked group." Even if these actions sometimes happen with people outside the village, it will still be useful to bring together a group of different people from one village for discussion. The same ideas and beliefs still apply.

### Mobilizing a networked group

Mobilization may not be as difficult as you think. A suggestion for mobilizing these people is to start by asking people from your other dialogue groups about their husbands, parents, mother-in-laws, friends, adolescents, etc. Ask if there are people they know who would be interested in joining a dialogue group. Explain that you are trying to mobilize people who have different perspectives and experiences. Then follow up with these people directly and see if they would like to be involved.

Although there is not an economic or financial incentive to join, explain that this is an exciting opportunity to talk about health, gender and other issues with people that they might not normally interact with. Dialogue groups are only meant to be one hour, so it is also a time to engage in fun activities and learn something new.

Be careful! The people of the "networked group" should not be representatives from other dialogue groups. That is not the purpose of a "networked group." The idea is to form a dialogue group with people from different backgrounds and experiences and encourage them to talk about health issues. If someone is a member of one of your other dialogue groups, then he or she is already receiving information. Try to make sure the people in your dialogue groups do not overlap.

If you are having problems mobilizing a "networked group" or facilitating the dialogue, please speak with your supervisor and report any and all questions or suggestions in your monthly report.

### **Organizing dialogue groups**

1. Locate a venue that is conducive to discussion. It should be centrally located to where the participants live and private.
2. Establish a regular monthly meeting day and time that is satisfactory to all participants.
3. Invite experts to help co-facilitate a session, such as health providers or other CHWs.
4. Become familiar with services available in your community in the event that you find a need to refer participants for follow-up care. Meet with local service providers to learn about the health and counselling services they provide, and to inform them of your program. Let these service providers know that you may be referring people to them, and work with these service providers as necessary to ensure that their services are accessible and friendly.

### **As a CHW, remember....**

- The CHW Manual is very comprehensive. There are more than 40 sessions. If you are meeting with a group every month, there are enough sessions to last for 40 meetings or more than 3 years. You will not run out of things to talk about!
- The main purpose of the dialogue groups is to initiate discussion about various health topics. CHWs should not give a health education talk, but rather work with the group to generate discussion and questions about the topic. This is how the sessions are arranged, to emphasize participatory interaction with participants.
- It is also important to remember that we don't have all the answers. Sometimes questions will be raised that you may not know how to respond. It's ok. The main job is to get people talking about health topics. When a question arises that you don't know how to answer, tell the group you will try to find out the answer (via your supervisor or health care provider) or refer them to an appropriate community resource (i.e., health facility or CBO).
- An important role of CHWs is to refer community members to the appropriate resources in times of need. CHWs are not doctors or medically trained personnel. Your main purpose is to help community members understand and think about different health issues like HIV and AIDS, RH, malaria, etc. People may come to a CHW asking for advice on their own health issue. Do not try to diagnose them or treat them for their problem. Whenever possible, refer them to the nearest health centre for assistance.
- As a CHW you will have increased interaction with community members. Your opinion will be valued. Be careful not to judge people because of their actions or beliefs. Everyone has a right to their opinion. The job of a CHW is to make people feel comfortable and accepted and get them to think about health issues in different ways. If you are judgemental or negative in your responses, the community members will be less likely to open up and share their true feelings with you.
- Review the Background Notes provided for each session. The Background Notes provide basic information on the chapter. You can share some of this information with participants where it enhances the discussion, but try not to simply read aloud from the Background Notes as it may make the session too much like a lecture. Gather additional information and resource material on different topics as necessary so that you feel comfortable addressing and answering questions about issues that are raised in the discussion. Your supervisor can help you with this.