



**Bridging Global Care
with Community
Wisdom**

Cascadia to Kigatto Community Health Clinic

BRIDGING CARE TRAINING MANUAL

**Community Health Worker
Curriculum**

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DEDICATION

This work is dedicated in loving memory of my Mother and brothers, whose lives continue to guide my purpose, and to my three sisters, whose resilience taught me the importance of responsibility and love.

We'd also like to dedicate this to:

Our people of Butambala Kigatto, Mpigi, and Lukole Bombo, to the mothers who nurture our future, the fathers who steady our homes, the children who bring joy to our days, the elders who carry our wisdom, the teachers and partners in development who work beside us, the well-wishers who believe in us, and every family whose strength and resilience shape the heart of our communities.

My wife Laura and our sons Luca and Levy and Laura's family.

My chosen family mother, Mary Rossi

My chosen family sister Namirembe Maria Rossi

My professors, faculty, and classmates including the OHSU Nursing Class of 2025 and the PSU-OHSU School of Public Health Class of 2021, UP and PCC

Dr. Sekagya at the Institute of Traditional Medicine and PROMETRA-Uganda

My coworkers from MACU Unit 15 at Legacy Emanuel, Portland VA 9D and 8D, Providence Elderplace Irvington Village, and Terwilliger Plaza

The many remarkable individuals I have met in school, at work, and throughout the United States and around the world

DRAFT

EXECUTIVE SUMMARY

The Problem

In the village of Kigatto, Uganda families walk no less than ten miles for basic care. Children fall sick from preventable illnesses. Mothers give birth without skilled support. Malaria, tuberculosis (TB), HIV, and waterborne diseases still take lives that should be saved. It has been this way for decades. The author of this manual, Umar Ndiwalana, RN, BSN, BSPH and clinic founder lost his mother and two older siblings to a preventable waterborne disease when he was 12 years old.

The Solution

The Cascadia-Kigatto Community Health Worker (CHW) program will strengthen disease prevention through community-wide health education programs and home visits to recognize illness early and make timely referrals for care. This manual is the foundation of essential knowledge currently missing in the village.

Purpose of the Manual

Experienced health worker trainers will use this manual to teach and certify a new cadre of community health workers who will bridge the gap between households and the new community health clinic in Kigatto, Uganda. These CHWs are essential for building trust in the new clinic.

Purpose and Vision

Through the CHW Training Manual and the accompanying facilitator's manual, the CHW program aims to:

- Strengthen prevention and early intervention at the household level
- Reduce preventable illness and death, especially among mothers and children by increasing vaccination coverage by 60% and reducing malaria and diarrhea by 40%.

- Provide first aid to more than 1000 residents annually
- Create a sustainable, community-owned model of primary care.

Core Training Areas and Program Structure

The manual is grounded in the curriculum, frameworks, and clinical reasoning skills Mr. Ndiwalana obtained in his studies in Cascadia, but adapted for the realities of a rural, resource-limited setting. The manual curriculum covers 11 essential areas in modules. Each module introduces the overall concept and emphasizes the importance and relevance to community health workers. Essential, clear and concise information reflect the culture and common beliefs of Mr. Ndiwalana's people. Suggestions for gentle correction of misconceptions are presented in a non-judgemental and uplifting manner.

Broken into separate chapters, content in the modules include: who CHWs are and how they serve the community; public health basics and how diseases spread; maternal, newborn, and child health; nutrition and growth monitoring; prevention and responses to common illnesses; first aid and emergencies; community engagement and health education; understanding health systems and data reporting; standard operating procedures for CHW activities; program implementation guide describing the overall program structure, and a code of conduct for ethical delivery of health services.

Each module ends with a relevant activity such as role playing a home visit or listing nutritious local foods suitable for growing children and an evaluation that allows CHW to assess their own skills by answering a few questions and discussion.

Module 12 offers a list of questions for a final review of modules 1 through 11. To promote participation, the class is invited to break up into small groups and work together on the questions, then report back to the larger group for discussion. In contrast to western individualism, promoting collaboration and building trust among new community health workers is how they will feel most supported in referencing the manual often while they are still learning and asking others for help. This promotes the overall success for health outcomes in the village and reflects a crucial, culturally-relevant approach.

After 12 weeks of training together, Module 13 offers a reminder of the purpose and value of the work our students have undertaken and a hearty congratulations to our newest community health workers.

Appendices include technical references used to develop the manual; a glossary of terms; faculty acknowledgements to recognize crucial contributions to the founder's education; simple handouts for CHW to print and offer during community education events and home visits, and simple templates that CHW can use to track attendance at events or for everyday clinic operations, including their certificate of completion.

Conclusion

The residents of Kigatto are suffering and dying from preventable diseases, but it doesn't have to be so. Almost immediately after Mr. Ndiwlana became a licensed nurse in the United States, he started the clinic. Finding no suitable building in the village with adequate electricity and resources to offer the CHW training, a small international team of funders and volunteers who have already worked together to build a drinking well in Kigatto have ensured that a brand new clinic has been built there.

The people of Kigatto believed that no one cared if they lived or died, but that's not true, and the culture of care and village spirit are now enlivened, even before a single training was offered. The cultural preservation of the indigenous African Batwa people is already a major achievement. Our team is excited to partner with them to extend their lives and reduce their pain and misery through the use of this manual and the CHW program.

FOREWORD

In our communities, health begins long before anyone reaches a clinic. It begins in our homes, our conversations, our shared knowledge, and the small acts of care we offer one another.

Community Health Workers are the heart of this work. We are the bridge between families and the health system, helping our neighbors stay safe, informed, and supported.

This manual was created to strengthen that bridge. It brings together national guidelines, global best practices, and the wisdom of our own community. Every lesson, every activity, and every example is meant to help us serve with confidence and compassion.

As we learn together, we grow together. And as we grow, our whole village becomes healthier and more resilient. May this manual guide us as we continue to protect and uplift the families we serve.

FOUNDER BIO

UMAR NDIWALANA, RN, BSN, BS Public Health

I grew up in Butambala Kigatto, Lukole Bombo, and Mpigi. These are communities full of strength, love, and resilience. When I was twelve, a preventable waterborne illness took my mother and two of my brothers. That loss shaped my life and planted a promise in my heart: no other family in our villages should suffer what mine did.

That promise carried me across the world, where I trained as a nurse at the Oregon Health & Science University and worked in hospitals and clinics across the Cascadia. Every skill I learned, I learned with one purpose: to bring knowledge home.

Before founding this clinic, my adopted mother, Mary Rossi, my adopted sister Namirembe Rossi, Kasirye Medie and his team, and I built two clean water wells through the *A Well for Wellness* campaign. Clean water brought hope and greater health, but I knew it wasn't enough. True wellness requires knowledge, knowledge that belongs in the hearts and minds of the community.

This is why the *Cascadia to Kigatto Community Health Clinic—Bridging Global Care Training Manual* was created.

As a trainer, you are the key to this purpose. You are the one who will take this knowledge and spread it to homes, gardens, farms, and villages. You are the bridge between the clinic and the community, between early warning and early care, between what we know and what our people need to know to survive.

This manual blends the cultural wisdom that shaped my childhood with the scientific training I received abroad. It draws from trusted international sources: WHO, UNICEF, CDC, OHSU, PSU–OHSU, the Uganda Ministry of Health, and the Oregon CHW Training Manual but it speaks in the voice of our people. Your voice.

As we train Community Health Workers, we teach more than skills. We protect families. We prevent loss. We strengthen the future of Butambala Kigatto, Lukole Bombo, Mpigi, and every community we serve.

Thank you for accepting this responsibility.

Thank you for choosing to lead.

Thank you for helping to build a healthier future for our people.

This is our story, our work, and our promise.

ACKNOWLEDGEMENTS

This manual was made possible through the strength and support of the communities of **Butambala Kigatto, Lukole Bombo, and Mpigi.**

I thank the Community Health Workers and trainers whose dedication inspires this work, the families and elders whose wisdom guides it, and my adopted mother, Mary Rossi, whose support helped turn a promise into action.

Gratitude also goes to our partners whose guidance shaped this curriculum: **WHO, UNICEF,**

CDC, OHSU, PSU–OHSU, the Uganda Ministry of Health, and the Oregon CHW Training Manual.

To everyone who contributed to this vision, especially honored faculty in Appendix E. thank you for helping to build a healthier future for our people.

OVERVIEW

The Cascadia to Kigatto Community Health Clinic Bridging Care Training Program prepares Community Health Workers to support families with knowledge, respect, and practical skills. Our work is grounded in the idea that health is a shared responsibility. When we understand the needs of our community and respond with care, we help every family move toward a healthier future.

This training covers eleven key areas:

- Who we are as CHWs and how we serve our community
- Public health basics and how diseases spread
- Maternal, newborn, and child health
- Nutrition and growth monitoring
- Common illnesses and how we prevent and respond to them
- First aid and emergencies
- Community engagement and health education
- Health systems and data reporting
- Standard operating procedures for CHW activities
- Program implementation guide describing the overall program structure
- Code of conduct for ethical delivery of health services

Each module includes simple explanations, real-life examples, and activities that help us practice what we learn. The goal is to understand the information, and to feel confident using it in our daily work.

Together, we bring health to every home.

Together, we strengthen our village.

We rise together. We care for our village as one.

DRAFT

MODULE 1

COMMUNITY HEALTH WORKER

ROLES & RESPONSIBILITIES

INTRODUCTION

In our village, health grows from the small acts we share every day: a kind word, a careful eye, a helping hand. As Community Health Workers (CHWs), we work beside our families, guiding them with respect and understanding. We are not here to judge or command. We are here to support, to listen, and to help our community stay strong.

This module helps us understand who we are as CHWs, what we do, and how we carry ourselves as trusted members of the village (WHO 2020; MoH Uganda, 2022).

WHAT IT MEANS TO BE A CHW

Being a CHW means we stand with our community. We bring health information to every home, help families notice danger signs early, and guide them to the clinic when needed. We are the link between the village and the health system (UNICEF 2025; WHO 2020).

We do this work with:

- **Respect.** Every person deserves dignity (MoH Uganda, 2022).
- **Care.** We listen with patience (OHSU–PSU SPH, 2021).
- **Confidentiality.** What families share stays private (CDC, 2022).
- **Professionalism.** We act with honesty and responsibility (OHA, 2024).

When we carry ourselves with these values, families trust us. When trust grows, health grows (WHO 2020).

OUR MAIN RESPONSIBILITIES

As CHWs, we support our community in many ways.

Some of our key responsibilities include:

Visiting Homes. We check on families, listen to their concerns, and share simple, helpful and timely information. A home visit is not a quick task; it is a moment to

connect, understand, and support (OHSU-PSU SPH, personal communication, 2019-2021).

Teaching About Health. We explain things in simple, non-judgemental and friendly ways. We help families understand how to prevent illness, care for children, and stay safe (UNICEF 2025).

Watching for Danger Signs. We look for early signs of sickness in mothers, babies, children, and elders. When we notice something serious, we guide the family to seek care quickly (WHO 2020; MoH Uganda, 2022).

Supporting Healthy Behaviors. We encourage families to use mosquito nets, wash hands, attend antenatal care, complete immunizations, and follow treatment plans (CDC, 2022; WHO 2020).

Referring to the Clinic. When a situation is beyond our role, we help families reach the health facility. We explain why the visit is important and support them through the process (MoH Uganda, 2022).

Keeping Simple Records. We write down what we see and do. These notes help the clinic understand what is happening in the community (OHSU School of Nursing,

personal clinical experience, 2022–2025).

HOW WE CARRY OURSELVES IN THE COMMUNITY

Our behavior matters as much as our knowledge. Families watch how we speak, how we listen, and how we treat others, both on and off the job (OHSU School of Nursing, personal communication, 2022–2025).

We show professionalism when we:

- Greet people warmly
- Listen without interrupting
- Avoid gossip
- Keep private matters private
- Speak and act calmly, especially in stressful moments
- Dress neatly and respectfully
- Arrive on time for visits and meetings

When we act with care and respect, families feel safe with us.

BOUNDARIES: KNOWING WHAT WE CAN AND CANNOT DO

We do:

- Observe and record
- Teach
- Support
- Guide

- Refer

We don't:

- We are helpers, not doctors.
- We do not diagnose diseases or give medicines (unless trained and authorized).
- We do not promise cures.
- We do not take sides in family disagreements.

When we stay within our role, we protect ourselves and our community (American Public Health Association [APHA], 2025; WHO 2020).

HOW A GOOD HOUSEHOLD VISIT FEELS

A good visit feels calm and respectful. We take our time. We sit where the family invites us. We ask simple questions. We listen more than we speak. We share information in a friendly way (OHSU-PSU SPH, personal communication, 2019-2021).

A visit might sound like this, “Thank you for welcoming me. How is everyone today? Is there anything you’ve noticed about the children or the mother that worries you? Let’s look together and see how we can support your family.” This gentle approach

builds trust (OHSU-PSU SPH, personal communication, 2019-2021).

ACTIVITY: PRACTICING A FIRST VISIT

In pairs, practice visiting a home for the first time. One person plays the CHW, the other plays a caregiver.

Focus on:

- Greeting warmly
- Asking open questions
- Listening with care
- Sharing simple information
- Ending the visit respectfully

Afterward, discuss what felt natural and what felt challenging.

EVALUATION

To complete this module, we will:

- Answer a few simple questions
- Practice a household visit
- Show we understand our role and boundaries (WHO 2020; MoH Uganda, 2022)

Knowing our roles and responsibilities helps us grow stronger together.

MODULE 2

PUBLIC HEALTH FOUNDATIONS

INTRODUCTION

In our village, we keep each other healthy not only by treating sickness, but by preventing it. Public health is the work we do together; the small steps we take every day to protect our families, our neighbors, and our community (WHO 2020; Ministry of Health Uganda, 2022).

As CHWs, we help our village understand how diseases spread and how we can stop them early. When we share this knowledge with care, we make our whole community stronger (UNICEF 2025).

WHAT PUBLIC HEALTH MEANS FOR US

Public health is about keeping people healthy before they get sick. It is the work we do in our homes, our schools, our gatherings, and our daily routines (OHSU-PSU SPH, personal communication, 2019-2021).

Public health asks simple questions:

- How do we keep our water clean?
- How do we prevent germs from spreading?
- How do we protect mothers and children?
- How do we stop sickness before it starts?

When we understand public health, we help our village stay safe.

LEVELS OF PREVENTION: HOW WE PROTECT OUR COMMUNITY

There are three main ways we prevent sickness (WHO 2020; CDC, 2022, and OHSU School of Nursing, personal communication, 2022–2025).

Primary Prevention: Preventing Sickness Before It Starts

This includes:

- Handwashing
- Using mosquito nets
- Safe water

- Good sanitation
- Immunization

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These small habits blossom into big health for our whole village (UNICEF 2025; MoH Uganda, 2022).

Secondary Prevention: Finding Sickness Early

We look for early signs of illness so families can get help quickly. For example, we:

- Check for fever
- Notice coughs that last long
- Watch for pregnancy danger signs

Early action saves lives (WHO 2020).

Tertiary Treatment: Helping People Stay Healthy After Treatment

We support families who are recovering.

We:

- Remind them to finish medicine
- Help them attend follow-up visits
- Encourage healthy habits

When we support recovery, we prevent sickness from returning (OHSU-PSU SPH, personal communication, 2019-2021).

HOW DISEASES SPREAD IN OUR COMMUNITY

Diseases spread in many ways. When we understand these routes, we can help families protect themselves (CDC, 2022;

WHO 2020; OHSU personal communications 2022-2025).

We explain disease spreads through:

- **The air.** Coughing, sneezing, or being close to someone sick.
- **Water and food.** Dirty water, unwashed hands, or unsafe food.
- **Insects.** Mosquitoes spread malaria.
- **Touch.** Sharing items or touching surfaces with germs
- **Unsafe practices.** Poor sanitation, open defecation, or not washing hands.

When we explain these routes in simple ways, families know how to stay safe.

WASH: WATER, SANITATION, AND HYGIENE

Clean water and good hygiene are some of the strongest tools we have.

We encourage families to:

- Boil drinking water
- Wash hands with soap
- Keep latrines clean
- Store water safely
- Wash fruits and vegetables
- Keep compounds tidy

These habits protect children, mothers, and elders from many common illnesses (UNICEF 2025).

ACTIVITY: HANDWASHING DEMONSTRATION

As a group, we practice proper handwashing ((OHSU personal communications 2022-2025); OHSU-PSU SPH, personal communication, 2019-2021):

- Wet hands
- Apply soap
- Rub palms
- Rub the backs of your hands
- Clean between fingers
- Clean under nails
- Rinse well
- Air-dry or use a clean cloth

Steps 3 to 6 should take at least 20 seconds (CDC, 2022). We practice until everyone feels confident teaching it to families.

ACTIVITY: COMMUNITY DISEASE MAP

Together, we draw a simple map of our village (MoH Uganda, 2022; UNICEF 2025).

We mark:

- Water sources
- Latrines
- Rubbish pits
- Areas where children play
- Places where sickness often starts

This helps us see where we can take action as a community.

EVALUATION

To complete this module, we:

- Answer a few questions
- Demonstrate handwashing
- Discuss how diseases spread

Knowing public health basics helps us grow stronger together (WHO 2020; MoH Uganda, 2022).

DRAFT

MODULE 3

MATERNAL, NEWBORN & CHILD HEALTH

INTRODUCTION

In our village, mothers and children are at the heart of our community. When a mother is healthy, her family grows strong. When a newborn is cared for with love and attention, the whole village feels hope for the future (WHO 2020; UNICEF 2025).

As CHWs, we are with families during pregnancy, birth, and early childhood. We help them notice danger signs early, encourage healthy habits, and guide them to the clinic when needed. When we support mothers and babies, we strengthen our entire community (OHSU-PSU SPH, personal communication, 2019-2021).

CARING FOR PREGNANT MOTHERS

Pregnancy is a time of joy, but it also requires careful attention. We help families understand what is normal and what needs quick action (OHSU personal communications 2022-2025).

Encourage Antenatal Care (ANC)

We remind mothers to attend all ANC visits. These visits help the clinic check the mother's health, the baby's growth, and any risks (WHO 2020). We might say, "Let's keep you and your baby strong. The clinic will check everything and guide you well."

Watch for Pregnancy Danger Signs

We help families look out for signs that need urgent care:

- Heavy bleeding
- Severe headache
- Swelling of face or hands
- Fever
- Severe abdominal pain
- Reduced baby movement

When we see these signs, we guide the mother to the clinic right away. Acting early protects both mother and baby (OHSU personal communications 2022-2025).

Birth Preparedness

We help families plan ahead, so they are ready when labor begins.

We encourage them to prepare:

- Transport to the clinic
- A clean delivery kit
- A support person
- Savings for small needs
- A plan for caring for other children

Good preparation reduces stress and keeps the whole family safe (UNICEF 2025).

CARING FOR NEWBORNS

A newborn is delicate and needs gentle, careful attention. We help families understand how to keep the baby warm, clean, and well-fed.

Newborn Danger Signs

We watch for:

- Difficulty breathing
- Fever or very low temperature
- Poor feeding
- Yellow eyes or skin
- Convulsions
- Very sleepy or unresponsive (MoH 2022; OHSU personal communications 2022-2025)

When we see any of these signs, we guide the family to seek care right away. (OHA 2024).

Keeping the Baby Warm

We encourage:

- Skin-to-skin contact with both parents
- Wrapping the baby well
- Avoiding cold baths
- Keeping the room warm

Warmth protects newborns from illness (UNICEF 2025).

BREASTFEEDING AND INFANT FEEDING

Breast milk is the best food for babies. It protects them from sickness and helps them grow strong (CDC 2022; WHO 2020).

Exclusive Breastfeeding

We explain that for the first six months, the baby should receive:

- No water
- No porridge
- No tea
- No other foods
- Just breast milk

We might say, “Your milk is enough for now. It keeps your baby healthier and

stronger than water and food .” (CDC 2022; OHSU personal communications 2022-2025)

Complementary Feeding After Six Months

We guide families to introduce soft, nutritious foods while continuing breastfeeding.

Examples include:

- Mashed fruits
- Mashed vegetables
- Soft porridge
- Beans
- Eggs

We encourage feeding small amounts many times a day.

IMMUNIZATION

Vaccines protect children from dangerous diseases. We help families understand the schedule and remind them of upcoming dates (CDC, 2022; OHSU personal communications 2022-2025; OHSU-PSU SPH, personal communication, 2019-2021).

We might say, “Each vaccine is a shield. Let’s make sure your child gets all of them.”

COMMON CHILDHOOD ILLNESSES

We help families recognize early signs of:

- Fever
- Cough
- Diarrhea
- Fast breathing
- Dehydration

We teach simple home care and guide families to the clinic when needed (WHO 2020; MoH Uganda, 2022).

ACTIVITY: CASE STUDY

We discuss a story together:

A mother is 7 months pregnant. She has swelling in her face and hands and complains of a strong headache.

We ask:

- What danger signs do we see?
- What should we advise?
- How do we support the family?

This helps us practice real-life situations.

ACTIVITY: NEWBORN CARE DEMONSTRATION

We practice:

- Holding a newborn safely
- Keeping the baby warm
- Showing proper breastfeeding positions
- Explaining cord care

We learn by doing.

EVALUATION

To complete this module, we:

- Answer simple questions
- Discuss danger signs
- Practice newborn care

**Together, we build the skills that
protect mothers and children.**

MODULE 4

NUTRITION & GROWTH MONITORING

INTRODUCTION

In our village, we all want our children to grow strong, active, and full of life. Good nutrition is one of the most powerful gifts we can offer our families. When children eat well, they learn better, play better, and fight sickness more easily. When mothers eat well, they stay healthy during pregnancy and breastfeeding (WHO 2020; OHSU-PSU SPH, personal communication, 2019-2021).

As CHWs, we help families understand what good nutrition looks like, using foods that are available right here in our community. We also help them notice early signs of poor growth so we can act before the situation becomes serious (UNICEF 2025).

Together, we make sure every child has the chance to grow well.

WHY NUTRITION MATTERS

Good nutrition:

- Strengthens the body
- Supports brain development
- Protects against illness
- Helps children reach their full potential

When families understand this, they make choices that keep their children healthy (OHSU personal communications 2022-2025).

NUTRITION FOR PREGNANT AND BREASTFEEDING MOTHERS

A mother's nutrition affects her baby's health even before birth.

We encourage mothers to eat:

- Beans
- Groundnuts
- Fruits
- Vegetables
- Eggs
- Milk (if available)

- Whole grains

We remind families that a pregnant or breastfeeding mother needs extra food, not less (OHSU personal communications 2022-2025; CDC 2022).

We might say, “Let’s help you stay strong. Your baby grows well when you eat well.”

Infant Feeding: The First 6 Months

For the first six months, breast milk alone is ideal, and it is enough.

We explain:

- No water
- No porridge
- No tea
- No other foods
- Just breast milk

Breast milk protects babies from diarrhea, infections, and malnutrition.

Complementary Feeding After 6 Months

At six months, babies need more than breast milk. We help families introduce soft, nutritious foods (CDC,2022,WHO 2020; UNICEF 2025).

Examples include:

- Mashed sweet potatoes
- Mashed beans

- Mashed bananas
- Soft porridge with groundnuts
- Eggs
- Vegetables

We encourage feeding small amounts, many times a day. We might say, “Let’s give the baby a little food often. Their stomach is small, but they need energy to grow.”

FEEDING TODDLERS AND YOUNG CHILDREN

As children grow, they need:

- Three main meals
- Two or more snacks
- A mix of body-building, energy-giving, and protective foods

We help families use what they already have. No expensive foods are needed (OHSU personal communications 2022-2025; CDC 2022).

The Three Food Groups

Body-Building Foods help children grow strong:

- Beans
- Eggs
- Milk
- Groundnuts
- Fish

Energy-Giving Foods give strength for playing and learning:

- Matooke
- Cassava
- Rice
- Sweet potatoes
- Maize

Protective Foods protect against sickness:

- Fruits
- Vegetables.

We encourage families to mix these foods at each meal (OHSU personal communications 2022-2025; CDC, 2022).

GROWTH MONITORING

We help families understand why weighing children is important.

Growth monitoring helps us:

- See if a child is growing well
- Notice early signs of malnutrition
- Support families before the situation becomes serious ((UNICEF 2025).

We explain the growth chart in simple terms:

- Green means growing well
- Yellow means we need to watch closely
- Red means the child needs urgent care

SIGNS OF MALNUTRITION

We help families look for:

- Weight loss
- Swelling of feet
- Thin arms
- Pale hair
- Loss of appetite
- Frequent sickness
- Child becoming quiet or weak

When we see these signs, we guide the family to the clinic quickly (CDC, 2022; OHSU personal communications 2022-2025; OHSU-PSU SPH, personal communication, 2019-2021).

ACTIVITY: LOCAL FOOD

BASKET

Together, we list foods available in our village.

We sort them into:

- Body-building
- Energy-giving
- Protective

This helps CHWs teach families using familiar foods.

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ACTIVITY: READING A GROWTH CHART

We practice:

- Identifying the child's age
- Finding the weight
- Following the line
- Explaining the meaning to a caregiver

We learn how to speak gently when a child is not growing well.

EVALUATION

To complete this module, we:

- Answer simple questions
- Practice using the growth chart
- Discuss local foods and feeding practices

Together, we help our children grow strong.

MODULE 5

COMMON ILLNESSES & COMMUNITY CASE MANAGEMENT

INTRODUCTION

In our villages, we live close to one another. We share land, water sources, gardens, and stories. Because of this closeness, we also share sickness when it comes. Families often face illnesses like fever, cough, diarrhea, malaria, TB, typhoid, dysentery, STDs, high blood pressure, cancer, and HIV/AIDS. These illnesses can become serious if we do not notice them early (World Health Organization [WHO], 2020).

As Community Health Workers (CHWs), we are trusted helpers. People call us *musawo*, *omusawo w'ekyalo*, or *our health person*. We listen, we observe, we teach, and we guide families to the clinic when needed (OHSU-PSU School of Public Health, personal communication, 2019–2021; MoH Uganda 2024).

We remind ourselves: “Obulamu butandikira awaka, or health begins at home.”

FEVER

Fever is the body’s alarm, a sign that something is not right (LHS RN Residency Program, personal communication, 2026).

Families learn that fever happens when the body senses sickness and raises its temperature to fight infection. Fever is not witchcraft or “evil wind” but a natural response to illness.

We look for:

- Hot body
- Sweating
- Chills
- Weakness
- Loss of appetite

We prevent:

- Wash hands often
- Keep drinking water clean
- Reduce mosquito exposure

What we do:

- Ask when the fever started
- Check for other symptoms
- Encourage drinking plenty of clean water

We refer when:

- Fever for more than 2 days
- Convulsions
- Too weak to drink
- Stiff neck or confusion (CDC 2020; MoH Uganda, 2022).

A simple reminder we share is that when fever speaks, the body is asking for help, not blame.

We might say, “Let’s not wait. When fever stays, we act early.”

MALARIA

Malaria is common in our community and can be deadly if not treated quickly (CDC 2022).

Families learn that malaria comes from mosquito bites, not from cold weather, mangoes, or rain.

We look for:

- Fever
- Chills and sweating
- Vomiting
- Headache
- Body weakness
- Yellow eyes (danger sign)
- CDC, 2022).

We prevent:

- Sleep under treated mosquito nets every night
- Remove standing water around homes
- Test early when fever starts

We support families:

- Encourage testing at the clinic
- Remind them to complete treatment
- Teach the importance of sleeping under mosquito nets (UNICEF 2025)

We refer for:

- Yellow eyes
- Convulsions
- Severe weakness
- Fast breathing

We remind families that a mosquito is small, but its bite can change a family’s story.

Prevention is power.

We might say, “A net is like a shield. It protects your whole family every night.”

COUGH & DIFFICULTY BREATHING

Some coughs are harmless, but others are dangerous, especially for children (OHSU School of Nursing, personal communication, 2022–2025).

Families learn that difficulty breathing is not normal. It means the air is not passing well and the lungs are struggling.

We look for:

- Fast breathing
- Chest indrawing
- Noisy breathing
- Cough lasting more than 2 weeks
- Blue lips (danger sign)
- Unable to drink

When we see these signs, we guide the family to the clinic immediately ((OHSU personal communications 2022-2025)).

We prevent:

- Reduce indoor smoke
- Avoid dust and smoke
- Complete immunizations (CDC, 2022)

What we do:

- Count breaths per minute
- Look for chest indrawing

We refer for:

- Fast breathing
- Chest indrawing
- Blue lips
- Child unable to drink

We remind caregivers that when breathing is hard, life is hard; act early.

TUBERCULOSIS (TB)

TB spreads through the air and needs early treatment (WHO 2020; OHSU School of Nursing, personal communication, 2022–2025).

Families learn that a long-lasting cough may mean there is a germ in the lungs. TB is not caused by cold food or curses.

We look for:

- Cough lasting more than 2 weeks
- Night sweats
- Weight loss
- Chest pain
- Coughing blood (danger sign)

We prevent:

- Cover mouths when coughing
- Keep homes well-ventilated
- Test early for long coughs
- Complete TB treatment

What we do:

- Ask if cough has lasted more than 2 weeks
- Support treatment adherence

We refer when:

- Coughing blood
- Severe weight loss
- Difficulty breathing

We often say that a cough that stays is a message; listen early, act early.

RESPIRATORY INFECTIONS

These include pneumonia, bronchitis, and seasonal colds (CDC, 2022; OHSU School of Nursing, personal communication, 2022–2025).

Families learn that infected air can enter the

lungs and cause breathing problems. Cold weather alone does not cause pneumonia; germs do.

We prevent:

- Reduce indoor smoke
- Complete immunizations
- Seek early care for cough and fever

We look for:

- Fast breathing
- Chest indrawing
- Fever
- Cough
- Person unable to drink

What we do:

- Check for fast breathing and chest indrawing
- Refer severe cases

We refer when:

- Fast breathing
- Chest indrawing
- Child unable to drink

We remind families that strong lungs make strong families; protect them every day.

DIARRHEA

Diarrhea can quickly cause dehydration, especially in children (WHO 2020).

Families learn that when the body loses too

much water, the child becomes weak.
Diarrhea often comes from dirty water or unclean food, not teething alone.

We look for:

- Loose or watery stool
- Sunken eyes
- Dry mouth
- No tears when crying
- Little or no urine
- Lethargy or weakness

We prevent:

- Wash hands with soap
- Boil or treat drinking water
- Prepare food safely
- Use latrines

We teach:

- Give oral rehydration solution (ORS)
- Continue breastfeeding
- Offer clean water
- Keep eating or feeding your child

We refer when:

- Sunken eyes
- No urine for many hours
- Child very weak

We remind families that clean water today protects a life tomorrow.

We remind families that ORS saves lives

(OHSU personal communications 2022-2025; WHO 2020; UNICEF 2025).

TYPHOID FEVER

Typhoid spreads through unsafe water and food (CDC 2022).

Families learn that typhoid comes from contaminated water or unclean food, not from eating fruits like mangoes.

We look for:

- Fever
- Stomach pain
- Headache
- Loss of appetite
- Diarrhea or constipation
- Persistent vomiting

We prevent:

- Boil or treat water
- Wash hands before eating
- Store food safely

What we do:

- Ask about water sources
- Refer for testing

We refer when:

- Persistent vomiting
- Severe stomach pain

We often say that safe water is quiet

medicine; it prevents what we cannot see.

DYSENTERY

Dysentery causes bloody diarrhea and needs quick attention (WHO 2020).

Families learn that blood in a stool means a strong germ is hurting the intestines.

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We look for:

- Bloody stool
- Fever
- Stomach cramps
- Dehydration signs
- Weakness

We prevent:

- Wash hands with soap
- Use latrines
- Keep water and food clean

What we do:

- Give oral rehydration solution (ORS)
- Refer for treatment

We refer when:

- Blood in stool
- Severe dehydration

We remind families that **a clean hand protects the whole household.**

SKIN INFECTIONS

Skin infections are common in children who play in dust and dirty water (Oregon Health Authority, 2024; OHSU School of Nursing, personal communication, 2022–2025).

Families learn that dirt and germs from soil can irritate the skin.

What we look for:

- Rashes
- Sores
- Itching
- Swelling

We prevent:

- Bathe with clean water
- Keep nails short
- Clean small cuts quickly.

What we do:

- Encourage cleanliness
- Keep the area dry
- Guide families to the clinic if the infection spreads or worsens (OHSU personal communications 2022–2025; Oregon Health Authority, 2024).

We refer when:

- Spreading redness
- Fever
- Large swelling

We often say that a small wound cared for early saves a big journey later.

EYE INFECTIONS

Eye infections spread easily, especially among children (CDC, 2022). Families learn that germs enter the eyes when we touch them with dirty hands.

We look for:

- Red eyes
- Discharge or pus
- Swollen eyelids
- Child rubbing eyes
- Sensitivity to light

We prevent:

- Wash hands
- Avoid sharing towels
- Keep children's faces clean

We encourage families to:

- Wash hands before touching the eyes
- Use clean water to wipe discharge
- Avoid sharing towels
- Visit the clinic if the condition worsens (OHSU personal communications 2022-2025; CDC 2022).

We refer when:

- Eye swelling with fever
- Child unable to open the eye

We remind families that **clean hands protect bright eyes.**

EAR INFECTIONS

Ear pain, discharge, or fever may signal an infection. Ear infections can affect hearing (UNICEF 2025). Ear infections can affect hearing (UNICEF 2025).

Families learn that germs enter the ear and cause pain.

We look for:

- Red eyes
- Discharge or pus
- Swollen eyelids
- Child rubbing eyes
- Sensitivity to light

We prevent:

- Avoid inserting objects into ears
- Treat colds early
- Keep ears dry

What we do:

- We guide families to seek care early, especially if the child is crying from pain or has trouble hearing. (OHSU personal communications 2022-2025; UNICEF 2025).

We refer when:

- Pus from the ear
- Hearing problems

We often say that a child who hears well learns well.

SEXUALLY TRANSMITTED DISEASES (STDs)

STDs require privacy and respect (Ministry of Health Uganda, 2024; OHSU School of Nursing, personal communication, 2022–2025). Families learn that STDs come from unsafe sexual contact, not from witchcraft or dirty toilets.

We prevent:

- Promote condom use
- Encourage regular testing
- Support respectful conversations

We look for:

- Genital sores
- Pain when urinating
- Unusual discharge
- Lower abdominal pain
- Itching or burning

What we do:

- Maintain privacy and respect
- Refer for testing and treatment

We refer when:

- Severe abdominal pain
- Ulcers with fever

We remind couples that respect and truth keep relationships healthy.

HIGH BLOOD PRESSURE (HYPERTENSION)

Hypertension often has no symptoms (WHO 2020). Families learn that when blood moves with too much force, it can cause serious illness.

What we look for:

- Headache
- Blurred vision
- Chest discomfort
- Dizziness
- Swelling of legs (sometimes)

We prevent by promoting healthy lifestyle choices:

- Reduce salt in food
- Exercise regularly
- Eat more fruits and vegetables
- Check blood pressure often

We refer when:

- Severe headache
- Chest pain
- Sudden weakness on one side

We remind families that quiet illnesses need loud attention.

CANCER

Early detection saves lives (WHO 2020).

Families learn that cancer starts small in the body and grows silently.

We prevent:

- Avoid tobacco and harmful alcohol
- Eat healthy foods
- Screen early
- Seek care for unusual lumps or bleeding

We look for:

- New lumps
- Unusual bleeding
- Weight loss
- Persistent pain
- Wounds that do not heal

What we do:

- Refer persistent symptoms

We refer when:

- Any new lump
- Unusual bleeding
- Unexplained weight loss

We often say that what is addressed early heals more easily.

HIV/AIDS

HIV weakens the immune system and can progress to AIDS if untreated (CDC 2022; WHO 2020).

Families learn that HIV is not a crime, not witchcraft, and not a curse.

We look for:

- Weight loss
- Persistent fever
- Chronic diarrhea
- Skin rashes
- Recurrent infections

We prevent:

- Promote condom use
- Encourage testing
- Avoid sharing sharp objects
- Support prevention of mother-to-child transmission

What we do:

- Support treatment adherence

We refer when:

- Severe weight loss
- Persistent fever
- Chronic diarrhea

We remind families that HIV is not the end.

Treatment brings life back.

WHEN TO REFER IMMEDIATELY

We act quickly when we see:

- Difficulty breathing
- Convulsions
- Severe dehydration
- High fever that does not go down
- Child unable to drink or breastfeed
- Severe weakness
- Bleeding
- Unconsciousness

We speak gently but firmly, “Let’s go to the clinic now. We want to keep your loved one safe.” (UNICEF, 20)

ACTIVITY: SYMPTOM MATCHING

We practice matching symptoms to illnesses.

For example:

- Fever + chills → possible malaria
- Diarrhea + sunken eyes → dehydration
- Fast breathing → pneumonia

This helps us respond quickly in real situations.

ACTIVITY: ROLE-PLAYING A REFERRAL

In pairs, we practice how to speak to a caregiver when a child needs urgent care.

We focus on:

- Calm tone
- Clear explanation
- Supportive guidance

EVALUATION

To complete this module, we:

- Answer simple questions
- Practice identifying danger signs
- Demonstrate how to guide families

to care

**Together, we help our community stay
safe and healthy.**

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MODULE 6

FIRST AID & EMERGENCY RESPONSE

INTRODUCTION

Emergencies can happen at any time: a child falls, someone is burned, a mother faints, a snake bites, or a person collapses from illness. In these moments, our calm presence can make a big difference. As CHWs, we are not doctors, but we are often the first to be called when something goes wrong (OHSU personal communications 2022-2025).

Our role is simple and powerful.

Stay calm, give basic help, and guide the family to the clinic quickly.

When we act with steady hands and clear minds, we help protect our community.

OUR FIRST AID PRINCIPLES

We follow three guiding steps (WHO 2020):

Stay Calm

Families look to us for reassurance. A calm voice helps everyone breathe easier.

Keep the Person Safe

We remove dangers, create space, and make sure the person is comfortable.

Get Help Quickly

We guide families to the clinic or call for support when the situation is serious.

We remind ourselves, “We are here to help, not to replace medical care.”

BURNS

We look for:

- Red skin
- Blisters
- Peeling skin
- Pain

What we do:

- Cool the burn with clean, cool water for 10–20 minutes
- Do not apply oil, toothpaste, or herbs
- Cover with a clean cloth
- Refer to the clinic if the burn is large or on the face, hands, or genitals (CDC, 2022; MoH Uganda 2024).

FAINTING

What we look for:

- Person suddenly collapses
- Dizziness
- Sweating
- Brief loss of consciousness

What we do:

- Lay the person on their back
- Raise their legs slightly
- Loosen tight clothing
- Allow fresh air
- Stay with them until they wake
- Refer if fainting happens again or lasts long (UNICEF 2025).

CHOKING

We look for:

- Person cannot speak
- Cannot breathe
- Holding throat
- Turning blue

What we do **for adults and older children:**

- Stand behind the person
- Give firm upward thrusts below the ribs
- Repeat until object is expelled

What we do **for babies:**

- Lay baby face-down on your arm

- Give gentle but firm back blows
- Check the mouth
- Repeat if needed
- Refer immediately (WHO 2020; OHSU personal communications 2022-2025).

SNAKEBITES

We look for:

- Bite marks
- Swelling
- Pain
- Dizziness

What we do:

- Keep the person calm
- Keep the bitten limb still
- Do not cut the wound
- Do not suck the venom
- Do not tie tightly
- Refer immediately (CDC, 2022).

We say, “Let’s move quickly and calmly. The clinic will help.”

FRACTURES (BROKEN BONES)

What we look for:

- Swelling
- Pain
- Limb looks bent or out of place
- Person cannot move the limb

What we do:

- Keep the limb still
- Support with a cloth or splint
- Do not try to straighten the bone
- Refer immediately ((MoH Uganda 2024; OHSU-PSU SPH, personal communication, 2019-20).

SEIZURES

What we look for:

- Shaking
- Stiff body
- Loss of consciousness
- Foaming at the mouth

What we do:

- Clear the area
- Place something soft under the head
- Do not put anything in the mouth
- Turn the person on their side after the seizure
- Refer if seizure lasts more than 5 minutes or happens again (UNICEF 2025; WHO 2020; LHS RN

Residency Program, personal communication, 2026).

WHEN TO REFER IMMEDIATELY

We act fast when we see:

- Heavy bleeding
- Severe burns
- Difficulty breathing
- Seizures
- Snakebites
- Unconsciousness
- Suspected broken bones
- Severe pain
- Poisoning

We speak with calm confidence, “Let’s go now. Your safety is our priority.” (PCC, personal communication, 2015–2017, PU, personal communication, 2018; OHSU-PSU SPH, personal communication, 2019-20, (OHSU personal communications 2022-2025)

ACTIVITY: ROLE-PLAYING EMERGENCIES

In small groups, we practice responding to a:

- Burn
- Fainting episode
- Child choking
- Snakebite

We focus on staying calm and giving clear instructions.

ACTIVITY: FIRST AID KIT CHECK

We explore what a simple community first aid kit might include:

- Clean cloth
- Soap
- Gloves
- ORS
- Bandages
- Scissors
- Clean water

We discuss how to improvise when supplies are limited.

EVALUATION

To complete this module, we:

- Answer simple questions
- Demonstrate first aid steps
- Practice calm communication

Together, we help our community stay safe in moments of crisis.

MODULE 7

COMMUNITY ENGAGEMENT & HEALTH EDUCATION

Friendly, conversational, gentle motivation, whole-village spirit

INTRODUCTION

In our village, health grows strongest when we learn together. Families listen to people they trust, neighbors, elders, CHWs, and community leaders. When we share health messages with respect and clarity, we help our whole community make better choices (WHO 2020).

As CHWs, we are teachers, guides, and partners. We don't lecture or command. We stay beside families, helping them understand how small actions can protect their homes and strengthen our village (OHSU personal communications 2022-2025).

ENGAGE THE COMMUNITY

When we engage the community:

- Families feel included
- People understand health messages

better

- Behavior change becomes easier
- Trust grows
- The whole village becomes healthier (UNICEF 2025)

Health is not something we do alone. It is something we build together.

COMMUNICATE WITH RESPECT

Good communication begins with how we speak and how we listen.

- **We listen first.** Families feel valued when we give them time to share their concerns.
- **We speak simply.** We use everyday language, not medical terms.
- **We show respect.** We greet warmly, sit where we are invited, and avoid judging.

- **We ask open questions.** Questions like “What have you noticed?” help families express themselves.
- **We check their understanding.** We might ask, “Can you show me how you would do it at home?”(PCC, personal communication, 2015–2017; PU SoN, personal communication, 2018; (OHSU personal communications 2022-2025).

This helps us know if the message is clear.

TEACH HEALTH MESSAGES

When we teach, we keep things simple and practical.

- **Use examples from daily life.** People learn best when the message connects to their reality.
- **Demonstrate.** Showing is often better than telling.
- **Repeat key points.** Repetition helps families remember.
- **Encourage questions.** We create a safe space for learning.
- **Praise all progress.** Positive encouragement builds confidence (OHSU-PSU SPH, personal communication, 2019–2020).

WORK WITH COMMUNITY GROUPS

We don't work alone. We partner with:

- Elders
- Religious leaders
- Youth groups
- Women's groups
- Teachers
- Local leaders

These groups help spread messages faster and more effectively.

We might say, "Let's work together to keep our village healthy." (OHSU-PSU SPH, personal communication, 2019–2020; WHO 2020).

CONDUCT A HEALTH TALK

A good health talk is simple, friendly, and interactive.

How to hold a successful talk:

- Greet the group warmly.
- Introduce the topic.
- Share 2–3 key messages.
- Use a story, example, or demonstration.

- Ask questions and invite discussion.
- Summarize the main points
- Thank the group.

We keep the talk short and clear so people stay engaged (UNICEF 2025; OHSU personal communications 2022-2025).

TEACH WITH STORIES

Stories help families understand health messages in a natural way (MoH Uganda 2024). For example:

"A mother in our village noticed her child was breathing fast. She remembered what we discussed and went to the clinic early. The child recovered quickly, because she acted fast."

Stories make learning feel more useful.

ADDRESS MISCONCEPTIONS

Sometimes families believe things that are not medically correct. We respond with patience, not judgment (OHSU-PSU SPH, personal communication, 2019–2020).

We might say, "I understand why you might think that. We've learned some new things about that, so let's talk about how we can keep your family safe."

Gentle correction builds trust.

BUILD COMMUNITY TRUST

Trust grows when we:

- Keep our promises
- Maintain confidentiality
- Show up consistently
- Treat everyone with dignity
- Avoid gossip
- Speak kindly

When trust grows, families listen more openly (OHSU personal communications 2022-2025).

ACTIVITY: PRACTICE A HEALTH TALK

In small groups, we practice giving a short talk on:

- Handwashing
- Malaria prevention
- Breastfeeding
- Sanitation

We focus on clarity, friendliness, and confidence.

ACTIVITY: ROLE-PLAYING A HOME VISIT

We practice:

- Greeting the family
- Asking open questions
- Sharing a simple message
- Checking understanding
- Ending the visit respectfully

This helps us feel comfortable in real situations.

EVALUATION

To complete this module, we:

- Answer simple questions
- Practice a health talk
- Demonstrate good communication skills

Together, we strengthen the bond between CHWs and our community.

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MODULE 8

HEALTH SYSTEMS, DATA & REPORTING

INTRODUCTION

Our work as CHWs connects the village to the health system. Every visit we make, every conversation we have, and every observation we record helps the clinic understand what is happening in our community. When we collect information carefully and share it on time, we help the health system respond better to the needs of our families (OHSU-PSU SPH, personal communication, 2019–2020).

Data is not just numbers. It is the story of our village: who is healthy, who needs support, and where we must act together (WHO 2020).

UNDERSTANDING THE HEALTH SYSTEM

The health system is made up of many parts working together:

- Community Health Workers
- Health facilities and clinics
- District health teams
- Hospitals and referral centers
- National health programs

Each part has a role, and we help connect them. When we share accurate information, the system becomes stronger and more responsive (UNICEF 2025).

OUR ROLE IN THE HEALTH SYSTEM

As CHWs, we:

- Visit homes
- Observe health conditions
- Teach families
- Support referrals
- Collect simple data
- Report to the clinic
- Follow up on families in need

We are the eyes and ears of the health system at the community level (OHSU-PSU SPH, personal communication, 2019–2020).

WHY DATA MATTERS

Good data helps:

- Track pregnancies
- Monitor child growth
- Identify outbreaks early

- Follow up on chronic illnesses
- Plan community health activities
- Ensure that the families get the care they need (WHO 2020).

When we record information clearly, it helps protect our village.

WHAT WE RECORD

We keep simple, clear notes about:

- Household visits
- Pregnancies
- Births
- Immunizations
- Child growth
- Common illnesses
- Referrals made
- Follow-up visits
- Deaths (when they occur)

We write only what we observe or what families tell us directly (MoH Uganda 2024).

RECORD CLEAR INFORMATION

We keep our notes:

- **Simple.** Short words and clear points.
- **Accurate.** We don't guess.
- **Timely.** Record soon after the visit.
- **Organized.** Use the correct forms or books.

If we are unsure about something, we ask the clinic for guidance (OHSU personal communications 2022-2025).

REPORTING TO THE CLINIC

We share our reports:

- During monthly meetings
- During supervision visits
- When urgent issues arise

We bring:

- Household visit records
- Referral notes
- Growth monitoring updates
- Any concerns from the community

This helps the clinic understand what is happening in the village (UNICEF 2025).

REFERRAL FEEDBACK

When we refer a mother, child, or elder to the clinic, we follow up to see:

- If they reached the facility
- What care they received
- How they are recovering

This helps us support the family and update our records (WHO 2020).

CONFIDENTIALITY

Families trust us with private information.

We protect that trust by:

- Keeping notes safe
- Not sharing personal details with others
- Speaking privately when discussing sensitive issues

Confidentiality builds respect and strengthens our relationship with the community (PCC, personal communication, 2015–2017; PU, personal communication, 2018; OHSU-PSU SPH, personal communication, 2019-20; OHSU personal communications 2022-2025; LHS RN Residency Program, personal communication, 2026).

ACTIVITY: PRACTICE USING A CHW REGISTER

We practice:

- Filling in names
- Recording visits
- Noting danger signs
- Marking referrals
- Summarizing monthly data

We learn how to keep records clean and easy to read.

ACTIVITY: COMMUNITY HEALTH TRENDS

In groups, we look at sample data and discuss:

- What patterns do we see
- Which families need follow-up
- What health messages should we focus on

This helps us understand how data guides action.

EVALUATION

To complete this module, we:

- Answer simple questions
- Practice filling out forms
- Discuss how data supports our work

Together, we strengthen the link between our village and the health system.

MODULE 9

STANDARD OPERATING PROCEDURES

INTRODUCTION

Standard Operating Procedures (SOPs) help us stay organized, consistent, and confident in our work. They guide us step-by-step so that every CHW, whether new or experienced, can serve families with the same level of care and professionalism (WHO 2020; MoH Uganda 2024).

These SOPs are not rules meant to restrict us. They are tools that help us support our community with clarity and unity. When we follow them, families know they can rely on us, and the clinic can trust the information we share (OHSU personal communications 2022-2025).

Together, we build a strong, dependable system of care.

SOP 1 HOUSEHOLD VISITS

It's important that CHWs are skilled in conducting respectful, effective, and supportive home visits (OHSU-PSU SPH, personal communication, 2019-2021).

We prepare before the visit:

- Review notes from previous visits.
- Pack our CHW kit (register, pen, referral forms, health messages).
- Plan our route to save time.

We greet the family warmly:

- Introduce ourselves if needed.
- Ask how the family is doing.
- Sit where we are invited.

We listen:

- Ask open questions.
- Allow the caregiver to share concerns.
- Observe the environment calmly.

We check for danger signs for:

- Pregnant mothers
- Newborns
- Children
- Elders

We share simple health messages:

- Use clear, friendly language.
- Demonstrate when possible.
- Focus on 1–2 key points.

We provide support or referral:

- Offer guidance within our role.
- Refer to the clinic when needed.
- Explain why the referral is important.

We record the visit:

- Write clear notes.
- Include any referrals or follow-up needs.

We close the visit respectfully:

- Thank the family.
- Remind them we are available.
- Leave with warmth and dignity.

SOP 2 IDENTIFYING DANGER SIGNS

CHWs should recognize early signs of serious illness and act quickly.

We **observe calmly** looking for signs in:

- Breathing
- Behavior
- Feeding
- Temperature
- Bleeding
- Swelling

We **ask simple questions**:

- “How long has this been happening?”

- “Has the child been eating or drinking?”
- “Has the mother felt any changes?”

We explain the situation clearly. We use gentle, supportive language, “We want to keep your child safe. Let’s go to the clinic now.”

We record the danger sign. We write what we observed and what action we took.

SOP 3 REFERRALS

Referrals allow families to receive timely care at the clinic or hospital.

We identify the need. Any danger sign or serious concern requires referral.

We explain the reason. Speak calmly and clearly, “We need the clinic to check this. Acting early helps a lot.”

We help the family prepare:

- Identify transport.
- Gather necessary items.
- Encourage a support person.

We follow up. Visit the family after the clinic visit to see how they are doing.

We record the referral. Include date, reason, and outcome if known.

SOP 4 HEALTH EDUCATION SESSIONS

CHWs deliver clear, engaging health messages.

We prepare our message. Choose 2–3 key points only.

We know our audience. We adjust our language for:

- Mothers
- Youth
- Elders
- Community groups

We use simple tools like:

- Stories
- Demonstrations
- Real-life examples

We encourage participation:

- Ask questions
- Invite discussion
- Listen.

We summarize clearly. Repeat the main 2-3 points before closing.

We record the session. Note the topic, group, and any concerns raised.

SOP 5 COMMUNITY MOBILIZATION

When CHWs organize and support community health activities, the whole community is stronger.

Identify need. Immunization day, sanitation campaign, health talk.

Work with local leaders. Involve elders, religious leaders, and youth groups.

Share clear messages. Use simple language and repeat key points.

Encourage participation. Invite families personally when possible.

Support the event. Help with organization, guidance, and follow-up.

Record the activity. Note attendance and any issues raised.

SOP 6 DATA RECORDING & REPORTING

When accurate, timely information reaches the clinic, families receive better long-term care.

Record immediately after each visit.

Short, clear notes.

Use the correct forms. Household register, referral forms, growth charts.

Keep information confidential. Store notes safely and speak privately.

Submit monthly reports. Bring all records to the clinic meeting.

Ask for clarification when needed. The clinic team is here to support you.

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MODULE 10

IMPLEMENTATION GUIDE

Friendly, conversational, gentle motivation, whole-village spirit

INTRODUCTION

This Implementation Guide module helps us put the CHW program into action in a clear, organized, and community-centered way. It is meant to ensure that every CHW receives the support they need, every family knows what to expect, and the clinic can rely on consistent, high-quality work.

This guide is not just for administrators; it is for all of us. When we understand how the program works, we move together with confidence and unity.

RECRUITMENT OF CHWs

There are many approaches we can use to select and recruit trusted, committed community members who can serve with care and respect.

Community Involvement. Local leaders, elders, and community groups help identify potential CHWs.

Helpful Personality. Qualities for a successful CHW include:

- Respected in the community
- Good listener
- Dependable
- Willing to learn
- Kind and patient

Transparent Selection. The process is open and fair so the community feels ownership of the program.

TRAINING OF CHWs

We prepare CHWs with the knowledge, skills, and confidence needed to serve families in a variety of settings and styles.

Training includes:

- Classroom sessions
- Demonstrations
- Role-plays
- Community practice
- Assessments

We learn together, support one another, and build skills over time.

SUPERVISION & SUPPORT

When CHWs grow and stay motivated, they feel supported in their work.

Supervision includes:

- Monthly meetings at the clinic
- Field visits with supervisors
- Reviewing registers and reports
- Discussing challenges and solutions
- Annual review

Supervision is not about fault-finding; it is about learning and improving together.

COMMUNITY ENGAGEMENT

Families need to understand the CHW program to feel comfortable working with CHWs. It's good to remember that whenever you are working in public, you are representing a community of fellow CHWs. Community cooperation is everyone's responsibility to maintain a warm and inviting atmosphere to each other and each others' ideas.

Activities include:

- Community meetings
- Introductions of new CHWs

- Health talks
- Involvement of local leaders

When the community understands our role, trust grows.

CHW WORK SCHEDULE

To be effective, CHWs need to plan their time and stay organized.

Typical weekly activities include:

- Household visits
- Follow-ups
- Health education sessions
- Data recording
- Community mobilization
- Clinic meetings (monthly)

We encourage CHWs to balance their work with family responsibilities.

SUPPLIES & MATERIALS

There are a variety of tools that CHWs need.

Basic CHW Kit includes:

- Register
- Pen
- Referral forms
- Health education materials
- Simple first aid items
- Growth charts

Supplies are replenished during monthly meetings.

DATA COLLECTION & REPORTING

In addition to all the ways CHWs care for people in person, CHWs serve another crucial role. With skillful data collection and reporting, CHWs ensure that accurate information flows from the village to the clinic. This contributes to village-wide long-term health outcomes.

We use this process:

- Record after each visit.
- Summarize monthly.
- Submit during clinic meetings.
- Discuss trends and challenges.

Good data helps us plan better and respond faster.

REFERRAL SYSTEM

When we refer families for additional care, we assist them through the process to ensure they receive timely care.

Referral process:

- CHW identifies danger sign
- Explains need for referral
- Supports family to reach clinic
- Follows up after visit
- Records outcome

This system keeps families safe and connected to care.

COMMUNITY HEALTH ACTIVITIES

Through community health activities, we strengthen health practices across the village..

CHWs help organize, mobilize, and support events like:

- Sanitation campaigns
- Immunization days
- Nutrition demonstrations
- Malaria prevention activities
- Other campaigns, programs, events, that cooperate with and respond to Community-identified needs

MONITORING & EVALUATION

When we measure progress and evaluate data, we improve the program.

Activities that help us all get better include:

- Reviewing CHW reports
- Tracking community health trends
- Identifying gaps
- Planning improvements

We learn from our work and grow stronger each year.

CONTINUOUS LEARNING

When CHWs are kept updated, they feel confident and well supported in their desire to be professional.

Approaches to support continuous learning include:

- Refresher trainings
- Peer learning
- Mentorship
- Sharing experience

MODULE 11

CODE OF CONDUCT FOR COMMUNITY HEALTH WORKERS

INTRODUCTION

This Code of Conduct guides how we carry ourselves in the community. It reflects our values, our responsibilities, and the trust families place in us. When we follow these principles, we strengthen our village and honor our role.

SHOW RESPECT

We treat everyone with respect by:

- Greeting families warmly
- Listening without judgment
- Showing kindness to all, regardless of age, gender, or background

Respect builds trust.

PROTECT CONFIDENTIALITY

We protect confidentiality by:

- Keeping private information safe
- Speaking quietly about sensitive matters
- Never gossiping about families

Trust grows when people feel safe.

CLEAR, CALM COMMUNICATION

We communicate clearly when we:

- Use simple language
- Explain things gently
- Check understanding

Good communication helps families make healthy choices.

ACT WITH HONESTY AND INTEGRITY

We act with honesty and integrity when we:

- We keep our promises
- We arrive on time
- We record information accurately

Our actions show our commitment.

SERVE WITH CARE

We serve the community with care when we:

- Put the well-being of families first
- Support vulnerable groups
- Encourage healthy behaviors

Our work strengthens the whole village.

WORK AS A TEAM

We work as a team when we:

- Collaborate with other CHWs
- Support clinic staff
- Involve community leaders

Together, we achieve more.

CONTINUE LEARNING

We continue learning when we:

- Attend trainings
- Ask questions
- Seek guidance when unsure

Learning keeps our work strong and effective.

BE PROFESSIONAL

We maintain professional behavior when we:

- Dress neatly
- Speak respectfully
- Avoid alcohol or drugs while working

Professionalism builds confidence in our role.

RESPECT THE CHW COMMUNITY

We represent our community with pride when we:

- Honor our position
- Serve with humility
- Remember that families trust us

We are with our community, not above it.

MODULE 12

SUPPORTING MATERIALS

INTRODUCTION

These materials help CHWs practice what they've learned, stay organized, and feel confident in their work. They are simple, clear, and ready to use in the field.

KNOWLEDGE CHECKS (SHORT TESTS)

These short tests help CHWs reflect on what they've learned. They are not meant to intimidate; they help us grow together.

Break up into small groups of 3 to 5 people and discuss. Choose one person to take notes and another to report back to the large group.

Module 1 CHW Roles & Responsibilities

1. What are two qualities of a good CHW?
2. Name one thing a CHW should not do.
3. Why is confidentiality important?
4. Give one example of a respectful greeting during a home visit.

Module 2 Public Health Foundations

1. What is one way diseases spread in our community?
2. What does "primary prevention" mean?
3. Why is handwashing important?
4. Name one WASH practice families should follow.

Module 3 Maternal, Newborn & Child Health

1. Name one pregnancy danger sign.
2. What is exclusive breastfeeding?
3. When should complementary feeding begin and what is one complementary food?
4. Name one newborn danger sign.

Module 4 Nutrition & Growth Monitoring

1. Name one body-building food.
2. What does the "green zone" on a growth chart mean?
3. Why is it important to weigh children regularly?
4. Give three examples of a nutritious food.

Module 5 Common Illnesses

1. What are two signs of dehydration?
2. Why is early referral important?
3. Name one sign of malaria.
4. What should a caregiver do when a child has diarrhea?

Module 6 First Aid & Emergencies

1. What is the first thing we do in an emergency?
2. How do we cool a burn?
3. What should we do during a seizure?
4. Why should we never put anything in a person's mouth during a seizure?

Module 7 Community Engagement

1. Why is listening important?
2. What makes a good health talk?
3. Name one way to involve community leaders.
4. Why should we use simple language?

Module 8 Health Systems & Data

1. Why do CHWs collect data?
2. What should we record after a home visit and when?
3. When do CHWs submit reports?
4. Why is confidentiality important?

Module 9 Standard Operating Procedures

1. Why do CHWs use SOPs in our work?
2. What is the first thing we should do when we reach a home for a visit?
3. Why must we write and record our information clearly and on time?
4. What should we do when we see a danger sign during a visit?

Module 10 Implementation Guide

1. Why is it important that we understand how the CHW program works before we start our activities?
2. Name three supplies or materials in the basic CHW kit.
3. Why must we share records of our visits, referrals, and follow-ups with clinic staff?
4. Why is supervision important for CHWs and the village?

Module 11 Code of Conduct

1. Why is it important that we show respect to every family we visit?
2. How do we protect confidentiality when families share private information with us?
3. Why must we communicate clearly and gently when teaching or giving advice?

4. What does it mean for us to act with honesty and integrity in our CHW work?

SKILLS CHECKLISTS

These checklists help CHWs practice key skills and ensure they feel confident before going into the field.

Household Visit Checklist

- Greeted family warmly
- Asked open questions
- Observed environment respectfully
- Shared 1–2 key messages
- Checked for danger signs
- Provided guidance or referral
- Recorded visit clearly
- Closed visit respectfully

Newborn Assessment Checklist

- Checked breathing
- Checked temperature
- Observed feeding
- Looked for danger signs
- Guided caregiver gently
- Referred if needed
- Recorded findings

Growth Monitoring Checklist

- Weighed child correctly
- Found correct age on chart
- Marked weight accurately

- Explained meaning to caregiver
- Gave feeding advice
- Scheduled next visit

HANDOUTS FOR FAMILIES

These handouts are written in simple, friendly language so families can understand and use them easily. Simple handouts are included in Appendix D. They are meant to be printed on standard letter-sized paper and cut into fourths.

SIMPLE TEMPLATES

Simple templates are included in Appendix E:

- Clinic Sign-in Sheet
- Attendance Record
- Referral Form
- Certificate of Completion

MODULE 13

CLOSING MESSAGE AND CONGRATULATIONS

Congratulations! As we reach the end of this manual, we pause for a moment to honor the journey we have taken together. Every page, every lesson, and every activity reflects the heart of our community; a community that cares deeply for its families, its children, and its future.

Being a Community Health Worker is not just a role.

It is a calling.

It is a promise we make to our village.

A promise to be with our families, to listen with patience, and to act with courage when they need us most.

We carry that promise with dignity.

Through our visits, our teachings, our referrals, and our steady presence, we help bring health closer to every doorstep. We help mothers feel supported, children feel safe, and elders feel valued. We help

families understand that they are not alone, that we rise together.

This manual is only the beginning.

Our compassion, our commitment, and our connection to the community are what truly make the difference.

As you begin your work:

- Move with confidence,
- Speak with kindness,
- Listen with an open heart,
- Act with integrity, and
- Remember that every small action matters

Our village grows stronger because of you.

Thank you for choosing to serve.

Thank you for upholding our families.

Thank you for being a bridge of care.

**Together, we build a healthier,
brighter future for our community.**

APPENDIX A

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APPENDIX B

GLOSSARY OF KEY TERMS

This glossary helps CHWs understand important words used in the manual. Each definition is written in simple, friendly language so it's easy to explain to families.

Antenatal Care (ANC): Clinic visits during pregnancy to check the health of the mother and baby.

Breastfeeding (Exclusive): Feeding a baby only breast milk for the first six months with no water, porridge, or other foods.

Complementary Feeding: Introducing soft, nutritious foods at six months while continuing to breastfeed.

Confidentiality: Keeping private information safe and not sharing it with others.

Danger Signs: Early warnings that someone is very sick and needs urgent care.

Dehydration: When the body loses too much water often caused by diarrhea or fever.

Growth Monitoring: Checking a child's weight regularly to make sure they are growing well.

Immunization: Vaccines that protect children and adults from dangerous diseases.

Malnutrition: When the body does not get enough nutrients to grow and stay healthy.

Referral: Sending someone to the clinic or hospital for care that a CHW cannot provide.

Sanitation: Practices that keep the environment clean like using latrines and disposing of waste properly.

WASH: Water, Sanitation, and Hygiene are simple habits that prevent disease.

APPENDIX C

FACULTY ACKNOWLEDGEMENTS

Nursing School Faculty

We give special thanks to the teachers from the OHSU School of Nursing who shared their knowledge, skills, and guidance. Their teaching helped us build the health protocols and health-promotion messages in this manual. Their commitment to good nursing practice continues to support better health for our people in Kigatto, Uganda.

We honor the following faculty members (in alphabetical order):

- Linda Brown, PhD, RN
- Lisa Chickadonz, PhD, RN, PMHNP-BC
- Katherine Criswell, MS, RN, CNL
- Habtamu Egata, PhD, MPH
- Emily Elliott PhD,

- Linda Felver, PhD, RN

- Jenny Firkins, PhD, RN
- Kari Firestone, PhD, RN
- Erin Freyer, DNP, RN, FNP-C

- Heidi Funke, DNP, RN, CNM
- Amanda Gango, DNP, RN, FNP-BC
- Kat Hammond, MS, RN
- Tricia Kingsbury, MS, RN
- Hiroko Kiyoshi-Teo, PhD, RN
- Jane Koke, MS, RN
- Kristy Lanciotti, MS, RN
- Mary Lloyd-Penza, MS, RN
- Laurel Matthews, MS, RN
- Deborah Messecar, PhD, RN, GCNS-
- Linda Paul, Ph.D., RN, CMSRN
- Ashley Roach, PhD, RN
- Anastasia Rose, MS, RN
- Ruth Tadesse, PhD, RN
- Kris Weymann, PhD, RN

And many others who guided us along the way.

Their teaching has traveled far from their classrooms in Oregon to the villages of Kigatto, helping us strengthen community health, save lives, and build a healthier

future for our people.

Public Health Faculty

We thank the teachers from the OHSU–PSU School of Public Health who shared their knowledge and helped guide the public-health ideas in this manual. Their lessons continue to support our community’s efforts to build a healthier Kigatto.

We honor the following public health faculty members (in alphabetical order):

- Gina Beck, MS
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- Cara L. Eckhardt, PhD, MPH
- Dozal-Lockwood, MPH
- Sarah Knipper, MSW
- Cindy Koonz, MS, CNS
- Jane Mercer, MST (Senior Instructor)
- Beth Okantey, MS, RN
- Ryan J. Petteway, DrPH, MPH
- Richard Skolnik, MPA
- Claire Wheeler, MD, PhD

Their teaching continues to strengthen our community-wide health journey.

APPENDIX D

SIMPLE HANDOUTS

Have these ready for your visits with families. These are meant to be printed on standard letter-sized paper and cut into four handouts per page.

These include:

- Keeping Your Baby Healthy
- Preventing Malaria
- Water, Sanitation & Hygiene

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Keeping Your Baby Healthy

- Breastfeed often
- Keep baby warm
- Watch for danger signs
- Attend immunization visits
- Seek early care

**INSERT PHOTO OR MORE INFO
HERE**

Keeping Your Baby Healthy

- Breastfeed often
- Keep baby warm
- Watch for danger signs
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**INSERT PHOTO OR MORE INFO
HERE**

Keeping Your Baby Healthy

- Breastfeed often
- Keep baby warm
- Watch for danger signs
- Attend immunization visits
- Seek early care

**INSERT PHOTO OR MORE INFO
HERE**

Preventing Malaria

- Sleep under a mosquito net every night
- Remove standing water
- Seek testing when fever starts
- Complete treatment

**INSERT PHOTO OR MORE INFO
HERE**

Preventing Malaria

- Sleep under a mosquito net every night
- Remove standing water
- Seek testing when fever starts
- Complete treatment

**INSERT PHOTO OR MORE INFO
HERE**

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**INSERT PHOTO OR MORE INFO
HERE**

Preventing Malaria

- Sleep under a mosquito net every night
- Remove standing water
- Seek testing when fever starts
- Complete treatment

**INSERT PHOTO OR MORE INFO
HERE**

Water, Sanitation & Hygiene

- Boil drinking water
- Wash hands with soap
- Keep latrines clean
- Store water safely: a cool, clean place in a container that is not see-through.

INSERT PHOTO OR MORE INFO
HERE

Water, Sanitation & Hygiene

- Boil drinking water
- Wash hands with soap
- Keep latrines clean
- Store water safely: a cool, clean place in a container that is not see-through.

INSERT PHOTO OR MORE INFO
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Water, Sanitation & Hygiene

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INSERT PHOTO OR MORE INFO
HERE

Water, Sanitation & Hygiene

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- Wash hands with soap
- Keep latrines clean
- Store water safely: a cool, clean place in a container that is not see-through.

INSERT PHOTO OR MORE INFO
HERE

APPENDIX E

SIMPLE TEMPLATES

These simple templates can be printed to assist with everyday operations of the clinic.

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Cascadia to Kigatto Community Health Clinic

Bridging Global Care with Community Wisdom

Clinic Sign-In Sheet

Name:

Date: Title:

Signature:

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Cascadia to Kigatto Community Health Clinic

Bridging Global Care with Community Wisdom

Attendance Sheet

Training Session:

Date:

Facilitator:

Number of Attendees:

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Cascadia to Kigatto Community Health Clinic

Bridging Global Care with Community Wisdom

Referral Form

Name of Client:

Age:

Village:

Reason for Referral:

Danger Signs Observed:

Action Taken:

CHW Name:

Date:

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Cascadia to Kigatto Community Health Clinic

BRIDGING CARE TRAINING PROGRAM CERTIFICATE OF COMPLETION Community Health Worker Curriculum

This certificate is awarded to:

[Name]

for successfully completing the Community Health Worker Training Program and demonstrating commitment to serving our community with care, respect, and dedication.

Awarded by the Cascadia to Kigatto Community Health Clinic (CKCHC), Uganda