

**Indicator: # of community health workers who demonstrate the ability to use two nonformal education strategies to promote behavior change (HE\_MNCH\_029)****HEALTH SECTOR** **PROJECT AREA:** Maternal, Newborn, and Child Health**Type:** Output**Unit of Measure:** Community health worker**Disaggregation:** Sex: Male, Female**Related Objective:** Improve community health workers' skills to deliver health education and behavior change messages (Objective 3)**Precise definitions**

**Community health workers:** Community health workers (CHWs) are often selected by their community to serve as frontline public health workers given their close understanding of the community's needs. The community health worker structure can be formal or informal depending on the country's policy. Community health workers build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities, such as outreach, community education, informal counseling, social support, and advocacy. They also link community members to more formal services.

**Demonstrate the ability:** The community health worker is observed to use of at least two nonformal education techniques to promote behavior change in their daily tasks or training. This would be a change as compared to what was measured initially at baseline in terms of their teaching methods.

**Nonformal education techniques:**<sup>1</sup> Nonformal education (NFE) is an approach to education that is frequently used with adult learning but can also be used with youth, both inside and outside of the classroom. An integral part of NFE is that learners participate in the design, development, implementation, and evaluation of their own learning. NFE may use dance, song and oral narratives, puppet theater, and play acting to share knowledge and promote learning.

NFE group facilitators must:

- Encourage students to actively identify needs and find solutions.
- Promote learning that is practical, flexible, and based on real needs.
- Focus on improving the life of the individual and/or community.
- Encourage students to assess, practice, and reflect on their learning.

This translates into the following specific strategies:

1. **Develop “a need to know” in your learners**—make a case for the value of the learning in their lives. Help learners answer the question, “What’s in it for me?”
2. **Guide participants to their own knowledge** rather than supplying them with all of the facts; allow the participants to assume responsibility for their learning and engage them in discussions, presentations, and group-based tasks.

<sup>1</sup> Adapted from the following two resources: 1) Adayana. n.d. “[Training: Principles of Adult Learning](#).” Last accessed July 24, 2018; 2) Knowles, Malcolm S. 1996. “Adult Learning” in *The ASTD Training & Development Handbook: A Guide to Human Resource Development*, Robert L. Craig (ed.).

3. Do not fall into a trap of assuming that adults want to learn passively. **Empower them to learn and to take responsibility for learning.** Enable learners to assess their own learning using self-assessment and feedback.
4. **Because adults define themselves by their experiences, respect and value that experience.** Also, linking new material in a course to learners' existing knowledge and experience can create a powerful and relevant learning experience. Finally, remember that this experience can be **both** a vast resource to use **and** can also lead to resistance to learning new material that does not match their previous experiences.
5. **Learning engagements must identify objectives for adult participants before the course begins.** By nature, most adults are practical about their learning. Typically, they will focus on the aspects of a program most useful to them in their work. Participants must know how the content will be useful to them.
6. **Organize content around tasks, not subjects.** It is important to build in tasks during the learning process that will closely relate to the tasks that the adults would perform in their work. This will help make the learning task-oriented and more relevant for their immediate use.
7. **Use examples to help them see the connection between classroom theories and practical application.** Utilize problem-solving activities as part of the learning experience. And create action plans together with learners in order to make their learning more applicable to life.
8. Learning must be available when it is convenient for the adult learner and delivered in **“manageable chunks.”**

**Promote behavior change:** These nonformal education techniques would be applied to their work of changing behaviors of the community members around understanding, and ultimately seeking health services for maternal, newborn, and child health.

## Data collection

**Tool:** Community Health Worker Training Tracking Tool

Data should be collected routinely at each training session covering topics related to nonformal education strategies. A PCV and their counterpart should track an individual separately per session to assess how many total sessions each participant attended by the end of the intervention. There is no requirement to do a pre-test and post-test, but a tab is included if posts or PCVs would like to utilize such a tool. Finally, there is a tab to track observations of nonformal education strategies. For each participant, PCVs and their counterparts should do an observation at the beginning of the intervention to assess what types of strategies they may already know and use when training. Each participant should be reassessed through observation to see if they have added at least two strategies. The number reported are only those participants that utilize at least two new strategies.

## Reporting

**To be counted for this indicator the following criteria must be met:**

- Individuals attended training on some aspect of behavior change communication that was facilitated by a PCV and their counterpart. Individuals can be counted under this indicator even if all topics were not covered.
- The training was provided in an individual or small group setting of 25 individuals or less.
- Individuals attended at least 75 percent of the sessions.
- Attendance at the educational sessions was documented by the Volunteer or their partner (sign-in sheet, photo, etc.).

Data will be aggregated over the reporting period and reported under HE\_MNCH\_029, counting each participant only once during the fiscal year (October 1–September 30). For example, if a community health-care worker attended four

different training sessions over five months, she would only be counted once under this indicator within the fiscal year. If she continues to attend another training in the following year, she could be counted again, as one individual, under the same indicator in the VRT for the following fiscal year.