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EXECUTIVE SUMMARY

This report details a summary of the activities and discussions of the second workshop that was held at Kenyatta University in Nairobi. The main purpose of this second workshop was to share the results of the research study on “Researching the Gap” conducted in Daadab and to discuss the implications of these results in the development of the new community health education degree. The academic partners from York University, Toronto (Canada) and Moi University, four refugee community researchers, stakeholder representatives from the Ministry of Health and Windle Trust Kenya, and the Borderless Higher Education for Refugees (BHER) partners from Kenyatta University met at the Kenyatta University Conference Centre (KUCC) to deliberate on the implications of the research results and the way forward in developing the envisioned new health degree program.

The workshop was held over two days. Sessions on the first day included a review of the research project goals and methodology; presentation of findings from focus group discussions with both BHER students and community health workers; presentation of findings from the individual interviews held with non-governmental organization (NGO) and Ministry of Health staff; and discussion of the implications of these results for the foundation of the new health degree.

The second day of the workshop further addressed the integration of the research results into the new degree program and how the courses in the degree program could be undertaken in an online platform in order to be accessible to students in Dadaab. A work plan was developed to establish responsibilities, due dates, and timelines.
Workshop Day 1 – Thursday, June 4<sup>th</sup>

1. **Welcome, Introductions and Official Opening**

The welcome and introductions session was facilitated by Mrs. Isabella Mbai, Dean, School of Nursing, Moi University. The participants (listed in Appendix) introduced themselves and their main roles in the workshop. The participants included four community researchers (CRs) from Dadaab, a staff member from Windle Trust Kenya who oversees the BHER project in Dadaab, a representative from the Ministry of Health (MOH), the academic partners from Moi University and York University, as well a representative of the BHER partners at Kenyatta University. The Dean expressed the need to ensure that we achieved all our objectives during this workshop and come up with ideas that could help in the development of the new degree program. She thanked the Kenyatta University BHER partners for hosting us at the beautiful KUCC. She further encouraged all the participants to maintain active participation throughout the workshop. She explained that we need to leave the workshop with a clear plan for the curriculum. She also explained that we may need to work a little longer on the first day so as to reduce the presentations on the second day since some people would be leaving earlier because of their various flight schedules.

After the warm welcome, Dean Mbai invited Dr. Josephine Githome from the Kenyatta University Centre for Refugee studies and a member of the BHER partnership to officially open the workshop. Dr. Githome thanked Dean Mbai for the welcoming remarks and invited Dr. Stephen Nyaga, Registrar (Academics), Kenyatta University to give the official opening speech.

**Official Opening: Dr. Stephen Nyaga, Registrar (Academics), Kenyatta University**

Dr. Nyaga applauded the efforts of the various University teams to serve disadvantaged populations such as the refugees by offering them the various degree programs. He reiterated the fact that the refugees have been here a long while and will likely stay even longer and therefore development of the new academic programs was very valid. He asked the teams making the degree program to ensure that the programs developed were market driven to avoid graduating students who will not be accepted in the job market. He also emphasized the need to patent our e-materials to prevent others from stealing the materials and using them for their own teaching elsewhere. Finally, he welcomed everyone to the meeting and by extension to Kenyatta University and wished us a fruitful meeting.

2. **Review of Research Project Goals and Methodologies**

**Presenter:** Dr. Beryl Pilkington, York University  
**Handout:** Research Report – Part 1: Background and Methodology  
**PowerPoint:** Review of Research Goals and Methodology

A review of the research goals and the how the study was conducted was presented. The Daadab refugee camps have existed for more than 20 years. They host refugees who have fled various conflicts in East Africa. The population is currently about 350,000, mostly Somalis. Many of the refugees were born there and have lived there for a very long time, and many have minimal or no education. Essential services at the camps are mainly offered by humanitarian workers. As a result the camps are faced with
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a shortage of teachers and health workers among others. It is against this background that York University is collaborating with Moi University in developing a new health degree program. The main goal of the research therefore was to find out how refugees are utilized in the provision of basic health services and the gaps in their training and education. The findings are expected to inform the development of a proposed new degree in health. The degree program will be embedded in the BHER framework, in which students can build on a certificate or diploma in teacher education in order to earn a University degree.

It is envisioned that refugees who obtain an academic credential will be better prepared for the provision of comprehensive primary healthcare services within the camps. Moreover, they will be able to bring these skills home to Somalia when they eventually return.

The study used a community based approach. An initial pre-field workshop was held in Eldoret in September, 2014, to prepare for the field work which commenced in October, 2014. Focus group discussions (FGDs) were conducted with refugees who were NGO-certified community health workers (CHWs) between October 23rd and 30th, 2014. A single FGD was held in each of four sites: Daadab town, Hagadera, Dagahaley, and Ifo. FGDs were semi-structured and addressed training and curriculum in various health related areas. In addition, FGDs with students enrolled in the BHER program were conducted between October 9th to 20th, 2014, in the same four sites.

Finally in-depth interviews were held with various service providers in hospitals and health posts who train health workers as well as government staff working in hospital administration and health post operations.

3. PRESENTATION OF FINDINGS FROM FOCUS GROUP DISCUSSIONS WITH BHER STUDENTS

Presenter: Cosmas Apaka, Moi U
Facilitator: Isabella Mbai, Moi U
Handout: Research Report-Part 2A: Findings from FGDs - BHER students
Power point: Findings from FGDs with BHER students

A FGD was held with BHER students in each of four sites (Daadab, Dagahaley, Hagadera, & Ifo) between October 9th and 20th, 2014. Each FGD consisted of 7-8 participants giving a total of 31 participants. Answers to the various questions were summarized as follows:

**Question 1: Which program(s) have you been involved in: the Certificate or Diploma?**

The majority (17) of the students were in the Teacher Education Certificate program, while 14 students were in the Teacher Education Diploma program.

**Question 2: How long have you been studying in the BHER program?**

The length of time studying ranged from 15 months (Dadaab) to two years (Dagahaley, Ifo). The students had studied one year in INSTEP and a second year in their program (i.e., certificate or diploma).

**Question 3: If this BSc degree in Health is developed, how interested would you be in studying for the degree? If yes, explain.**
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The majority of the participants expressed a strong interest in pursuing a BSc degree in Health. The main reasons were career development, personal development, and to serve their community.

**Question 4: What questions or concerns do you have about the concept for this degree in Health?**

The participants’ main concerns about the program related to the following: quality and credibility, admission criteria and access, mode of learning and teaching, adequacy of resources /facilities, implementation logistics, relevance/marketability of the course, community needs/acceptability, teaching/learning venue, and cost of the course/availability of sponsorship.

**Question 5: What factors would you need to consider before deciding whether to take this degree in health?**

Participants were mainly concerned with the duration of the course and gender balance.

**Question 6: What suggestions would you make to those who are developing the program?**

The students’ suggestions included the following: Provide preparatory counselling and equitable access; should be a credible University program, with comprehensive curriculum, a practical focus, and program delivery on site; provide adequate facilities, learning resources, and student supports; and ensure gender balance and sensitivity.

**Highlights from the Discussion:**

Following the presentation, there was a short discussion on the implications of these findings. Several persons provided a critique of the methods used in data collection and the sampling methodology; for instance, the gender representation in the sampling should have been stated. (Most participants were male.)

It was clear from the findings that BHER students wanted to have professors on the ground, yet the current security situation in Daadab is not good. Thus, once the proposed new health degree is implemented, staff from local agencies in Daadab will need to be involved in doing the actual supervision for practicums.

4. PRESENTATION OF FINDINGS FROM FOCUS GROUP DISCUSSIONS WITH COMMUNITY HEALTH WORKERS

**Presenter:** Cosmas Apaka, Moi U  
**Facilitator:** Beryl Pilkington, York University  
**Handout:** Research Report-Part 2B: Findings from FGDs with CHWs  
**PowerPoint:** Findings from FGDs with CHWs

A single FGD was held with NGO-certified community health workers in each of four sites: Daadab, Hagadera, Dagahaley, and Ifo. Three FGDs were comprised of eight participants, and the fourth had seven participants, for a total of 31 participants.

The various responses to the questions are summarized as follows:

**Question 1: How long have you been working as a CHW?**
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The CHW’s length of experience ranged from 1 to 23 years, with a mean of 6.2 years. Twelve CHWs had worked for 1-3 years; five had worked, respectively: 4-6 years, 7-9 years, and 10-12 years; and two had worked for 22 years. Participants from Hagadera had served longest, followed by those from Ifo, then Dadaab. Those from Dagahaley were the least experienced.

**Question 2: Please describe the training you received to be a CHW.**

The length of training received ranged from 3-4 days up to 6 months. Those with the 6-month training were from Hagadera, where all participants had five or more years of experience as a CHW. Most of the rest had short, on-the-job training, from less than a week up to two weeks, and a few had trained for one month.

**Question 3: What are your perceptions of the healthcare and services in the area where you live and work?**

- Participants from Dadaab town felt that the healthcare services in their immediate area were severely lacking in both resources and personnel.
- Participants from Dagahaley and Hagadera were quite positive about the conditions. For instance, they mentioned equal access and services such as palliative care and 24-hour emergency services.
- Participants from Ifo had mixed views of the health care in their area. They acknowledged the challenges (i.e. referral system for pregnant women) but felt that, overall, the care was good.

**Question 4: Please describe the care and services you provide, as a CHW.**

- **CHWs serve mainly the following groups:** young children (5 and under), elderly people, pregnant women and lactating mothers, people with disabilities (e.g., bedridden) and chronic illness, and persons with mental illness
- **The main health Issues with which CHWs assist:** Community education and awareness campaigns on issues, including: Immunization, promoting basic hygiene measures, gender based violence/female genital mutilation (FGM), home based care, disease surveillance, link between the health facility and the community
- **Areas Where They Felt They Were Not Well Trained:** Prevention of outbreaks, disease surveillance, reproductive health, maternal child health, nutrition, health promotion, chronic disease management, drug prescription, general nursing skills, quality assurance, laboratory skills, skills to assist with surgery/pharmacy, conflict management, gender based violence, health management and administration, firefighting
- **Areas Where Additional Knowledge & Training Would Be Helpful:** Ebola, HIV/AIDS, FGM, family planning, drugs and drug abuse, First Aid, crisis management, strategic management, community health, environmental health
- Although the majority indicated under Question 2 that they lacked training in Mental Health, they did not identify this as an area for further knowledge and training.
- They said that their training courses could be extended to provide a better foundation in theory and additional time to practice their newly learned skills.

**Question 5: What government and/or NGO staff do you work with?**

The CHWs mainly work with the Ministry of Health and non-governmental organizations (NGOs) such as Action against Hunger (ACF), Gesellschaft für Internationale Zusammenarbeit (GiZ), International Rescue Committee (IRC), Islamic Relief Kenya, Kenya Red Cross, Médecins Sans Frontières/Doctors Without Borders (MSF), and Save the Children
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**Question 6: Please describe your relationship with the NGO or government staff who supervises your work.**

The CHWs mainly work with the government indirectly. They work closely with the NGOs and maintain very positive relationships with them. The majority of CHWs reported positive working relationships with the health staff and supervisors.

**Question 7: If you had the opportunity to pursue further education in the area of community health in order to obtain a university degree, would you consider this? Why/why not?**

Almost unanimously, the CHWs agreed that they would pursue further education towards a University degree if they got the opportunity (although some don’t have the qualifications required). A University degree was seen as a means to provide for their family, to give back to their community and be better advocates for their community, and for their own satisfaction.

The few CHWs who said they wouldn’t pursue a degree were concerned with the ability to pay for it, and that they would not be accepted into a program with their current educational background.

**Highlights from the Discussion following the Presentation:**

- The courses offered to the CHWs were quite varied; therefore, one recommendation is that NGOs should harmonize the education. Kenya Red Cross was cited as having a standardized curriculum which could be adopted by the others. Also, the Ministry of Health is employing CHWs in Dadaab, and NGOs could harmonize their training with that provided by the Ministry.
- The CHWs clearly felt that more education is needed to do the work they do. They indicated that the proposed course is very relevant and therefore, the developers should go ahead and develop it.
- The information obtained can inform the development of the new degree.
- NGOs are likely the main places where students in the new program could have their attachment.
- Courses should be tailored to address areas where the CHWs felt they did not have adequate knowledge.
- Professionalism needs to be maintained. Currently the training program for Public Health Officers (PHOs) is moving toward standardization and the Technicians Council is now in place. (Public Health and Technicians’ Council is a new regulatory body that will now begin to offer regulatory exams to students completing public health related University or diploma programs.)
- Those developing the degree should tie the requirements from relevant professional bodies with University requirements.
- The team developing courses should consult with the department of Disaster and Risk Management for some of the courses.

**5. Presentation of Findings from Individual Interviews with NGO and Government Health Staff**

**Presenter:** Judith Mangeni, Moi U  
**Facilitator:** Isabella Mbai, Moi University  
**Handout:** Research Report-Part 2C: Findings from Individual Interviews with Health Service Providers  
**Power point:** Findings from Interviews with Health Staff
A total of 12 in-depth interviews were conducted with individual staff members from NGOs and the Ministry of Health (MOH) who were working in Dadaab town or one of three camps (Dagahaley, Hagadera, and Ifo). There were from one to three NGO staff from each of three camps (Dadaab, Hagadera, and Ifo), three MOH staff working in Dagahaley, and two MOH staff working in Hagadera. Responses are summarized below according to the questions asked.

**Question 1:** Please describe the education program(s) and skills training provided to trained community health workers (CHWs) in the Dadaab refugee camps and Dadaab town.

The main courses offered to community health workers varied across locations but generally reflected the government's basic training modules: Counseling Skills, Community Advocacy, Resource Mobilization, Health Promotion and Education, Community Information System and Disease Surveillance, and Introduction to Community Health Strategy.

The teachers for the various courses are drawn from the Ministry of Health and include Public Health Officers, qualified nurses, outreach supervisors, community health co-coordinators, and Community Health Extension Workers (CHEWs) (usually a nurse or a public health officer).

- **Program Length.** The average length of training covering the Ministry’s 7 basic training modules for CHWs is approximately 10 days. However, the reported length of training for incentive (refugee) health workers varied considerably across the locations. (Refugees health workers receive a small incentive rather than a salary.)

- **Practical Attachments (Supervised Practical Experiences).** Currently, there are no formal practical attachments during CHW training, although trainees do receive some on-the-job training. Upon completion of basic training, CHWs are attached to community health extension workers (CHEWs), who continue to provide on-the-job training.

- **Credential Received after Training.** At the end of the basic training, all CHWs are provided with a certificate of participation (this has been an issue because it is not an official credential).

**Question 2:** Are you aware of any stand-alone initiatives such as international collaborations or short-term innovations focused on CHW training? If so, please describe.

There are partnerships between the universities and implementing organizations in other parts of the country; for example, AMREF has a research program with CHWs. Two other stand-alone initiatives or short term innovations were also mentioned:

- **Dadaab:** ECO, a nutrition-focused project, works with the Red Cross to train CHWs on Nutritional Screening, Nutritional Sensitization, and other similar topics.
- **Dagahaley:** Action against Hunger (ACF) does training on infant and young child feeding; e.g., breastfeeding programs.

**Question 3:** Please describe the Dadaab camps’ and town’s health services and programmes.

Dadaab consists of six refugee camps, in which health services are provided by different NGOs.
Preventive services are done at the primary level (health posts), and curative services are provided at the main hospital. Health services are free, and the referral system was described as being well organized. Further description of services at the four sites follows.

**Daadab town**
- There is only one dispensary and one hospital staffed with professional nurses, doctors, and public health workers, but not enough to meet the demand.
- The main health programs offered include: maternal-newborn and child health (targets mothers, newborns, and children under 5 years); and sexual and reproductive health care.
- They also address the issue of female genital mutilation (FGM).
- Community health services offered mainly focus on hygiene and sanitation, nutrition, and home-based care (food and psychosocial support).
- They also provide clinical care, ambulances, and referral services.

**Dagahaley camp**
- Health services are managed and run by MSF Swiss
- They have good health facilities including four primary health care facilities open 24 hours, and a hospital with outpatient and inpatient programs and a referral system.
- The main services offered include: emergency, antenatal care, maternity, surgical, medical, palliative care, nutrition (treats any malnourished cases in the camp whether an adult or children), and the ‘mental department’ (treats persons with mental illness).
- They also have a special transport system known as the ‘mama’ taxi to support the pregnant mothers to health facilities for delivery.
- CHWs carry out nutrition surveillance and health education on topics like nutrition, self-medication, and advising those who are sick to go to the nearest health post for treatment. They also do home visits and report on health issues in the community.

**Hagadera camp**
- Health services in Hagadera are provided by International Rescue Committee (IRC).
- CHWs provide a linkage between the community and the health service. They reduce the work load on health professionals through referral of patients, health education in the field, and follow up home visits, especially for immunization; they carry kits and perform simple interventions like spraying, and they handle disease surveillance.

**Ifo camp**
- Health services in Ifo main (Ifo 1) are provided by Islamic Relief of Kenya (IRK); Red Cross provides services in Ifo 2 and Ifo 3.
- Ifo 2 has a population of approximately 56,000 people and is served by 3 health posts.
- The main programs offered include: nutrition, reproductive health, WASH (water, sanitation and hygiene), livelihoods programs, and fire programs.

**Question 4: What are the health priorities and challenges in Dadaab?**

The main health priorities reported were: maternal-child health, skilled delivery of mothers, maternal mortality, infant mortality, under 5 mortality, nutrition, female genital mutilation (FGM), preventive and promotive health care service, WASH (water sanitation and hygiene): toilets, garbage management;
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immunization; and clinical care: the quality of care provided at the health facilities as well as Interventions in blood donation (blood rejection due to hepatitis).

The main challenges experienced are:

- Rivalry between refugees and the host community (the host community wants to be treated like the refugees)
- CHWs are young men and women that are trained/knowledgeable/literate, but their willingness to work is low; they wait for incentives
- Poor health seeking behavior
- Periodic flux of new arrivals because of drought and famine in parts of Somalia; children coming without immunization and most are malnourished
- Mothers don’t take supplementary feeds as required and complain when they are not given enough
- Home delivery: despite having the Mama taxi which is meant to improve access to health services, some mothers deliver at home.
- Shortage/scarcity of water

**Question 5:** What do you see as issues around the utilization, education, and training of CHWs in Dadaab? In general?

**The organization and administration of health services.** Participants expressed mixed views about how well the system functions; there were negative as well as positive expressions.

**Health human resources:**

- Participants indicated that there is a significant shortage of personnel in Dadaab, especially in the area of primary health care.
- There are also budgetary constraints and high turnover which affects staffing at all levels and results in reduced services. Utilization of incentive (refugee) health workers helps to extend capacity in order to meet the health needs of the community.
- In general, there is a perceived need for more CHWs

**Supervision of certified health workers:**

- CHWs are mainly supervised by CHEWS (usually nurse or a public health officer). The ratio of CHWs to CHEWs is usually 25:1.
- The supervision of incentive (refugee) health workers presents a challenge when government personnel leave due to security issues and during disease outbreaks.

**Access to services:** Generally the community needs exceed the current capacity of the health facilities in the area. Low literacy and cultural and language barriers also affect the access to the health services.

**Security:** There was evident concern about security from all the participants ranging from possible terror attacks to bandits.

**How can training be adapted to the community priorities and challenges?**

- There is a need for more and better training for CHWs to be able to meet the needs of the community.
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- A diploma, certificate or even, a degree program is needed in order for the CHWs to improve their qualifications and their quality of life, increase their community involvement, and improve the community in general.
- Advanced education and training should be based on the changing needs of the community and different issues that require attention.

**Highlights from the Discussion following the Presentation:**
- The new health program should try to address the identified gaps in education and training.
- There is a need for recognition of the incentive (refugee) workers alongside their Kenyan counterparts.
- There is a need to balance University requirements and regulatory requirements. There is a Public Health and Technicians’ Council which is now acting as a regulatory body. Graduates may be required to take their exams before licensure.
- Some courses will need to be offered face-to-face, and this needs to be factored into the curriculum and how these courses will be delivered given the current volatile security situation in Daadab. This raised the issue of how to blend online with onsite learning (e.g., practical attachments).
- A possible suggestion to minimize the security issue was to hire some of the people already working in agencies in Daadab to give the face-to-face sessions.
- Another option was to hire the alumni members to assist with both the face-to-face and the practicals.
- An alternative to face-to-face delivery would be video conferencing; however, there is the issue of power failure and poor internet connectivity.
- We need qualified people to oversee what the students will be doing during the practicums in Daadab. We can use people who have a master’s in education science or those who have a health related degree who are already residing in Daadab.
- Language barrier is an issue. The KU team said that they were training community interpreters (majoring in English and Somali) who are graduating in July 2015. These graduates would greatly help in this area.
- All agreed that most of the courses should be offered on Moi U’s online platform.

6. **PULLING THE THREADS TOGETHER**

The objective of the session was to consolidate a list of key ideas from the earlier discussions regarding critical gaps in current CHW training, as well as important considerations and priorities for developing and implementing the new ‘community health education’ degree.

**Facilitator:** Beryl Pilkington, York U  
**Resource:** Flip charts

**Main Highlights from the Discussion**

- The study was mainly carried out to find out the gaps in the community health worker education in order to inform the development of the new degree in health. Although the study has limitations and some methodological flaws, it was able to bring out the key issues/gaps.
- It was generally agreed that most of the courses in the new degree being developed be delivered online to minimise risk due security issues in Daadab.
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- The course developers should ensure that the courses address the (previously listed) gaps in training identified by the CHWs.
- In addition, a course in mental health course was mentioned as missing but this was not identified as a gap; however, there is need to add the content on this area to the curriculum because mental health issues are likely prevalent given living conditions.
- There is also an evident need to contact local agencies in Daadab to inform them that we possibly will need some of their staff to mentor our students.
- Given the current security challenges in Daadab, there is need to find alternative means of offering face-to-face sessions including the use of video-conferencing and using alumni secondary school teachers from Daadab.

7. FOUNDATIONS OF THE HEALTH DEGREE

The objective of the session was to provide an overview of the BHER program on which Moi’s new degree will build; in particular, the BHER academic program structure, the funding available, and Moi U’s Diploma in Teacher Education (Secondary).

Presenter: Prof Jackson Too, Moi U
Facilitator: Beryl Pilkington, York U

The Borderless Higher Education for Refugees (BHER) model, with which the current project is connected, was explained. BHER is a collaborative model developed to prepare refugees as certified primary and secondary school teachers and involves two Kenyan universities (including Moi) and two Canadian universities (including York). There are also plans to offer other higher education programs, including one in health. The latter is currently being developed by the School of Nursing.

This research has contributed information to be considered in the development of the new degree.

Diploma in Teacher Education (Secondary)

Prof. Jackson Too gave an update on the current diploma teacher education in Daadab. He stated the justification for establishing the program as a need for quality education in line with UN Charter: universal access to education.

The Diploma in Teacher Education (Secondary) was started in August, 2014. It was jointly developed by faculty from Moi University and the University of British Columbia in Canada. The main specialization currently is in Science. However, the second cohort of students to be admitted next year will be taking Education (Arts).

Admission is based on the Kenyan system of grading. Students are admitted to the diploma if they have a minimum of a C+ grade. However those from Ethiopia and DRC have different entry points. The face-to-face sessions are usually done during the holiday months.

The April session of the diploma program was not done because of insecurity. To avoid this in future, the teams are working hard to put all sessions online. Both April and August session content should be delivered on digital platform.
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Students who have completed the Diploma in Teacher Education (Secondary) will be able to proceed on to degree programs including the new health degree. The first group will be completing their diploma by April 2016, and those that will be continuing their studies in the health degree would join by August, 2016.

Workshop Day 2 – Friday, June 5th

1. Integrating the Research Findings in the Proposed Degree

The main objective for the morning was to discuss how to integrate the research findings in the development and implementation of the proposed new Community Health Education degree program. E.g., based on the findings, what courses (if any) needed to be changed, or added?

   **Facilitator:** Judith Mangeni, Moi U  
   **Resources:**
   - Handout: Proposed ‘Bachelor of Science in Community Health Education’ (BSc. CHE) Curriculum  
   - Flip charts

The presentation focused on the courses in the proposed new degree program. Most of the gaps that had been identified in the research have been included in the draft curriculum. A major omission in the degree was a course on mental health, which will be added.

Moi U’s College of Health Sciences academic board expects the degree to be four academic years in length, but this would not apply to the BHER students; rather, they would receive advanced standing for relevant courses completed in the Teacher Education Diploma. However, they would be required to take some of the courses in first and second year that they did not take in their diploma.

The courses are shown below, organized according to the academic years when they will be offered. It was noted that:

   a) There will be no courses available for BHER students to take before joining the Degree program. However, they will be given extra time to make up courses, which will be integrated with other courses.
   b) Some courses in the first and second year are closely related to the ones they will have done in the diploma and therefore they will be exempted from those courses.

**Year 1**

From the list of course below, the BHER students will be required to take the five courses in bold font. They will be exempted from the rest of the courses.

- **Introduction to Community Health Education**
- ICT and Library studies
- **Behavioral Sciences and Ethics**
- Principles of Teaching
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- Social Issues in Education
- First Aid
- **Introduction to community Health (COBES 1)**
- Communication Skills
- Cell Biology and Genetics
- **Basic of biomedical science/basic biochemistry**
- HIV/AIDS
- Language across the curriculum in different settings

**Year 2**

Of the second year courses, the BHER students will be required to take the five courses in bold font.

- **Basic Human Anatomy and Physiology**
- Special learning needs education
- Curriculum Development
- **Primary Health Care 1**
- **Environmental and Personal Hygiene**
- Psychology of Human growth and development
- Healthcare Management for communities
- **Drug, substance abuse and society**
- **Social determinants of Health**
- Health education Techniques and Strategies

**Year Three**

- Human Behavior and Health
- Health Informatics and Communication in Community Health
- Health and Human Rights
- Research Methodology
- Research project
- Primary Health Care 11
- Communicable Disease and Control
- Non-Communicable disease Care
- Basic Skills in Healthcare
- Disease Surveillance
- Community Diagnosis (COBES 2)

**Year Four**

- Gender and reproductive Health
- Global Health Policy and Planning
- Risk Reduction during Emergencies/ Disasters
- Nutrition and Health
- Conflict management and resolution
- Mental Health in the Community
- Health promotion in the Community
- Program Planning and Evaluation
- COBES V
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- Electives

**Highlights from the discussion**

- It was agreed that all gaps in education and training identified in the research should be incorporated into the curriculum, and these gaps have already been addressed in the draft curriculum. The only area missing was mental health and a course will be added.
- It was felt that students in the new Community Health Education degree should not be taught invasive procedures, since these acts are controlled by the regulatory bodies of the health professions.
- The developers of the courses will have to make a decision on what courses will be offered online and which ones will be face-to-face.
- There is a need for preceptors/mentors on the ground. Since there is insecurity in Daadab, we may need to form a formal partnership between the program and NGO staff on the ground so that they can supervise students.
- Nearly all the courses require sit-in examinations and therefore will require an invigilator to travel from Eldoret to Daadab to administer the examinations.

**INTEGRATING THE RESEARCH FINDINGS IN THE PROPOSED DEGREE (CONTINUED)**

**Facilitator:** Isabella Mbai, Moi U  
**Resource:** Flip charts

The areas addressed in this open discussion were: Who (faculty) will deliver the courses? How will BHER students be recruited into the program? How will students be orientated to the degree program?

**Highlights from the discussion:**

- The courses will be delivered mostly online by faculty from the School of Nursing.
- We already have most of the courses but faculty will need to develop content that can be put on the online platform. This should be done before the end of August this year.
- BHER students interested in the undertaking the new health degree would apply immediately they finish their Diploma in April, 2016.
- Although current students are normally eligible for admission only after their graduation, there should be special considerations for the case of BHER students since they may not graduate until August, 2016. Dean Mbai committed to ensure that special exemptions will be made for their case.
- Otherwise, the normal admission requirements for diploma students seeking to undertake a degree from Moi U will apply.
- Dean Mbai will seek special exemptions for the BHER students so they do not need to take the first and second year, but only take the courses not taken in their diploma course.
- Faculty from Moi U will have to sensitise BHER students about the new health degree.
- The course will be mostly implemented on Moi U’s online platform although there will be some face-to-face sessions, especially for courses which are practical.
- Implementation of the face-to-face sessions will require partnership with local agencies wherein they would provide staff to supervise the students on the ground. This may require a memorandum of understanding (MOU) with the concerned institutions.
- Moi U requires that examinations be offered on a face-to-face basis in a controlled environment. Therefore at least one faculty member from the School of Nursing will be going to
2. **ONLINE AND DISTANCE LEARNING (ODL) AT MOI UNIVERSITY**

   **Presenter:** Dr. Joyce Agalo, Director of ODL, Moi University  
   **Resource:** PowerPoint

Dr. Agalo provided an overview of Open and Distance Learning (ODL) at Moi U and how it can support implementation of the proposed Community Health Education degree program. She informed participants that Moi University has an Institute of ODL which helps all faculty from Moi University to mount their online teaching. The Institute supports the use of multiple media, the Internet, CDs and print modules, and they are currently in the process of getting tablets. Moi University has an E learning platform, MUSOMI, which makes it possible to monitor the activities of students and provide instruction and advice as needed.

Technology can be used to bridge the gap where there is no onsite teacher. There is also a possibility of tailor-made courses for specific groups to manage challenges that arise.

ODL also takes care of intellectual property issues with the online learning platform; for instance, password protection is used and only enrolled students can access content. There is need to think about patenting and copywriting the teaching materials created.

The Institute will be willing to offer support and advice to faculty from the School of Nursing as they develop their content for the new degree program.

3. **BUDGET FORECASTING**

This break-out session was attended by Dean Isabella Mbai; Head of Department Mrs. Millie Obel (Moi U); and Beryl Pilkington and Aida Orgocka (York U) via a skype call with Ian Tyler (York U). Issues regarding the budget for implementation of the new degree were discussed in detail.

4. **Work Plan**

   **Facilitator:** Elizabeth Oywer, Kenya Ministry of Health  
   **Resource:** Flip chart

The workshop participants created a work plan with a timeline for the work to be done for the remainder of this project (see next page).
### Activity | Time Frame | Responsible person
--- | --- | ---
Report  
- Proceedings  
- Draft  
- Edits/Final | • 2 weeks  
• 2 weeks  
• July/August | • Cosmas Apaka/Judy Mangeni  
• Beryl Pilkington  
• Aida Orgocka/Philemon Misoy

Health Degree development: Curriculum development  
- Draft content year 1 and 2  
- Development of Courses (online)  
- Guide online development  
- Approval | • Oct 2015 | • HOD Millie Obel  
• Course coordinator/developers, writers  
• ODL Director Joyce Agalo/Dean Isabella Mbai

Preparation of Instructors | • Nov 2015 | • ODL Director/HOD

Preparation of material/uploading | • Feb 2016 | • ODL Director/HOD

Identify Partners/Preceptors on the ground | • July 2015 | • Dean/Misoy

Administrative  
- Advertisements  
- Shortlisting  
- Admission/ Letters  
- Reporting | • January and May 15  
• April 15 and July 15  
• July 15  
• August 16 | • Academic Registrar

### 5. Official Closure

The Workshop was officially closed by Dean Isabella Mbai and Prof Beryl Pilkington. They thanked all in attendance for participating in the workshop and for contributing very useful information throughout the workshop. Each individual was given special recognition for the role they had played in ensuring the success of the study. The Moi University team were therefore challenged to work on the curriculum and ensure it is ready for students to take the course next year.
Researching the Gap between the Existing and Potential Community Health Worker Education and Training in the Refugee Context: An Intersectoral Approach

**Appendix 1: WORKSHOP ATTENDEES**

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution/Role</th>
</tr>
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<tbody>
<tr>
<td>1. Prof Beryl Pilkington</td>
<td>York University</td>
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<tr>
<td>2. Dr. Aida Orgocka</td>
<td>York University</td>
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<tr>
<td>3. Prof Isabella Mbai</td>
<td>Moi University</td>
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<td>4. Prof Joyce Agalo</td>
<td>Moi University</td>
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<td>5. Prof Jackson Too</td>
<td>Moi University</td>
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<tr>
<td>6. Mrs. Millie Obel</td>
<td>Moi University</td>
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<td>7. Ms. Judith Mangeni</td>
<td>Moi University</td>
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<tr>
<td>8. Mr. Cosmas Apaka</td>
<td>Moi University</td>
</tr>
<tr>
<td>9. Mr. Philemon Misoy</td>
<td>Windle Trust Kenya</td>
</tr>
<tr>
<td>10. Mrs. Elizabeth Oywer</td>
<td>Kenya Ministry of Health</td>
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<tr>
<td>11. Ms. Muno Abakar Rage</td>
<td>Community Researcher, Dadaab</td>
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<td>12. Mr. Mohamed Dakane</td>
<td>Community Researcher, Dadaab</td>
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<tr>
<td>13. Mr. Suleiman Ismail Abdi</td>
<td>Community Researcher, Dadaab</td>
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<tr>
<td>14. Mr. Abdikadir Bare Abikar</td>
<td>Community Researcher, Dadaab</td>
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<tr>
<td>15. Prof Josephine Gitome</td>
<td>Kenyatta University</td>
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<tr>
<td>16. Prof Joseph K Karauka</td>
<td>Kenyatta University</td>
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