IN-SERVICE TRAINING
OF
BLOCK EXTENSION EDUCATORS
IN
COMMUNICATION AND COMMUNITY PARTICIPATION

# TRAINING GUIDE

DEVELOPED BY
THE HEALTH AND FAMILY WELFARE
TRAINING CENTRE, SAMBALPUR

IN COLLABORATION WITH
THE LIVERPOOL SCHOOL OF TROPICAL MEDICINE

UNDER THE
AREA DEVELOPMENT PROGRAMME
GOVERNMENT OF ORISSA

**A Guidebook for**
**In-service Training of Block Extension Educators In Communication and Community Participation**

Developed by the
Health and Family Welfare Training Centre,
Sambalpur in collaboration with the
Liverpool School of Tropical Medicine, UK
under the
Area Development Programme, Government of Orissa

Liverpool School of Tropical Medicine

# Foreword

The Area Development Project in Orissa is a part of a country-wide programme undertaken by the Government of India in 45 selected districts of different states. All area projects are guided by a model plan developed by Government of India. Following this model Government of Orissa had identified 5 districts and worked out a five-year project which in turn was implemented in the State since the year 1980-81. The long-term objectives of the Area Development Programme were to reduce birth rates and infant and child mortality rates by improving the health status of the people through extensive provision of health and nutritional care, along with other Family Welfare services. In order to achieve these objectives, it was necessary to strengthen the available infrastructure, and develop human resources by provision of management training to the Medical Officers and job-oriented skills to all categories of health personnel engaged in the delivery of Primary Health Care in the State.

Though a formal training programme for health workers was continuing in the State long before implementation of the Area Development Programme, soon after mid-term review in the year 1983 the need of a special input in the area was felt necessary. In order to develop a suitable training programme for Medical Officers and key health workers through the health training institutions of the State, Government of India, British Aid Agency (ODA) and the Government of Orissa took a joint decision for collaboration with an external agency with expertise in the field. Accordingly the Liverpool School of Tropical Medicine (UK) was identified, and with their consultancy service, work has been going on in the State to develop and implement training courses for Medical Officers, Health Assistants (male and female) and Block Extension Educators. The institutions identified for training programmes are Rural Health Centre, Jagatsinghpur and Health and Family Welfare Training Centre, Sambalpur. While the former institution is devoted to the training of Medical Officers and Health Assistants, the latter is solely engaged for course development and training of Block Extension Educators.

Over the last 18 months, the courses have been implemented, evaluated, revised, modified and improved and taught to many Medical Officers, Block Extension Educators and Health Assistants. One of the fruitful achievements of this training programme has been the production of training manuals for each course. These manuals are primarily intended for use by the staff of the Training Centres for the training of the Primary Health Care Staff in Orissa. The manual for in-service training of Block Extension Educators is a valuable and essential document for the training institutes as a guide and reference manual. However, much of the material contained in this manual may be of use to others who may recognise the need for pre-service and continuous training of field staff in management and communications.

During the process of preparation of this manual willing help and assistance have been extended by many institutions and individuals to whom the undersigned is grateful. Lastly, I also convey my gratitude to Government of India, ODA and Professors and Consultants of Liverpool School of Tropical Medicine for their support and participation in the success of this venture.

*Signed*
**Director**, Family Welfare, Orissa
6 September 1986

# Introduction

This simple training guide has been prepared to assist participants attending this short, intensive, in-service training programme, to achieve maximum benefit, and also to help them to follow easily the development of the training sequence.

It is divided into six units which, if carefully examined, will be found to be closely interconnected, and designed to address the felt needs, which were established after institutional and field investigations, involving Block Extension Educators, their supervisors, other PHC workers, and the communities with which they inter-relate, and are directly related to the officially stated job functions of the Block Extension Educators.

The guide incorporates a working manual for trainers and participants and a workbook for participants, - a training guide which participants can use in due course for the preparation of their educational training, and other motivational interventions for PHC staff and communities, and also a source of reference material. It is therefore intended that it be reproduced and given to each participant attending these courses, in parts as appropriate, depending on the length of time allocated for this course and how the sessions were to be conducted as the course progressed, so that at the end of the course each participant would have worked through the entire six units and, in the process, compiled a complete guidebook. For shorter courses teachers would have the choice of distributing the guidebook as a whole at the beginning of the course to help participants in the preparation for sessions.

Early participant evaluations have consistently demanded more time - a lengthening of the in-service training period. This guide has therefore provided enough material, which, if suitably modified in terms of the time given to each session, and the degree of depth of theoretical and practical investigations, will also cater adequately for lengthened training periods.

To assist in the process of continuing course evaluation and future modifications, participants are requested to complete carefully the course evaluation instrument provided at the back of the guide.

All texts recommended for background and further reading are available in the special course library of this institution and participants are encouraged to make full use of them during this course.

Dr (Mrs) K K Dei, Principal
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# Acknowledgments

In the process of preparing this guidebook, several persons and agencies were approached and contributed greatly to its completion. The Course Development Team at the Rural Health and Family Welfare Training Centre, Sambalpur wishes to record its thanks to these contributors. The production of the final text was a joint effort of the entire team.

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# Contents

**Appendices**



**Abbreviations**

| | |
|---|---|
| CDT | Course Development Team |
| IEC | Information, Education, Communication |
| CP | Community Participation |
| CHV | Community Health Volunteer |
| CHW | Community Health Worker |
| TBA | Traditional Birth Attendant |

# Session 1
# Introduction to course

Worksheet

**Instructional objectives**

At the end of this session participants should be able to :

- understand the design and implementation structure of the course of training they are about to begin.
- understand the assessment and evaluation procedures to be used during the course, and afterwards during post-course follow-up activities.
- appreciate the experience, interests, and expectations of other course participants with regard to the training course.

**Activities**

1 Delivery of welcome statement (CDT)

2 Personal introductions by individual participants including brief statements on experience, interests and expectations

- successes, problems etc (5-10 minutes per person). (Participant expectations should be noted by the Course Development Team.)

3 Issue of training guidebooks, course books, general information files, and stationery.

4 Discussion on :

- the general information file (containing information on such matters as registration, timetable, accommodation, facilities, extra-curricular activities, assessment items, statement of overall course objectives, and an outline of the design and implementation structure of the course).
- the design and implementation structure of the training programme during evaluatory meetings which ideally should be held by members of the CDT at the end of each day's proceedings; efforts should be made to modify course material wherever possible to cater for relevant individual participant expectations (compare with stated participant expectations).
- assessment and evaluation method to be employed.

5 Participant enquiries answered.

6 Pretest - 25 Multiple choice questions (45 mins).

**Materials**

Stationery, guidebooks (or relevant parts of), course books, MCQ papers.

**Teaching Aids**

General Information file.

**Assessment**

Questions and answers.

**Background Reading**

1 General information file which ideally should have been received by participants one week in advance of the date of commencement of the course.

2 Design and Implementation Structure of the Training Course - (See Appendix 1).

# Session 2
# The Role of the Block Extension Officer in the Promotion of Primary Health Care

Worksheet

**Instructional Objectives**

At the end of this session the participants should be able to:

- recognise officially stated job functions.
- divide their job functions into appropriate operational categories.
- clarify misconceptions with regard to what they might previously have considered to be their job functions.
- recognise the role these functions are expected to play in the promotion of Primary Health Care.

**Activities**

1 Distribute copies of official job functions for Block Extension Educators to participants.
2 Study and discuss (in pairs).
3 Exercise: (whole class with teacher, or small group activity)

- divide stated official job functions into different operational categories :
- planning (p)
- guidance and training (gat)
- implementation (i)
- co-ordination (c)
- evaluation (e)
- management of materials (m)
- reporting (r)

Use handout provided - Handout I

4 Discuss : - Analysis of questionnaires completed by the Block Extension Educators during the course development survey (Handout 2).
5 Short lecture:- Concept and structure of Primary Health Care in India (Handout 3).
6 Discussion :- Identify the role of the Block Extension Educator in the promotion of Primary Health Care (small group).

**Materials**

Transparencies, felt tipped pens (for OHP).

**Teaching Aids**

Overhead projector, handouts.

**Assessment**

Small group production of statements on :

I different functional categories.
II role of Block Extension Educator in the promotion of Primary Health Care.

**Background Reading**

Handout:

1 Official job description - Block Extension Educators.
2 Analysis from BEE's Field Survey Questionnaire regarding job functions.
3 Strategies for the implementation of PHC in India.

Handout 1

# Job Description of Block Extension Educators

**Working relationship**

The Block Extension Educator will function under the technical supervision and guidance of District Extension and Media Officer*. However, he would be under the immediate administrative control of the Medical Officer I/C PHC. He will be responsible for providing support to all National Health & Family Planning Programmes in the PHC, but his main functions will relate to the promotion of FW & MCH Programmes.

**Duties and functions**

1 He will have with him all information relevant to development activities in the block, particularly concerning Health and Family Welfare, and utilise the same for programme planning.
2 He will develop his work plan in consultation with the Medical Officer of his PHC and the concerned Dy. Distt. Extension and Media Officer[x].
3 He will collect, analyse and interpret the data in respect of extension education work at the block level.
4 He will be responsible for regular maintenance of records of educational activities, tour programmes, daily diaries and other registers, and ensure preparation of display of relevant maps and charts in the PHC.
5 He will assist the Medical Officer In-charge in conducting training of Health Workers under various schemes.
6 He will be a member of the local Block Level Family Welfare Committee and act as a resource person.
7 He will assist Block Medical Officer/MO of PHC in ensuring proper functioning of all committees in the catchment area of the PHC.
8 He will organise orientation training for Health & Family Welfare workers, opinion leaders, local medical practitioners, school teachers, dais and others involved in Health & Family Welfare work.
9 He will organise mass communication programmes, like film shows, exhibitions, lectures and dramas with the help of the Distt. Extension and Media Officers.
10 He will monitor preparation and updating of eligible couples registering in PHC areas and alert MO PHC of any deficiency existing so that correcting measures can be taken immediately.
11 He will be squarely responsible for all educational, motivational and communication programmes in PHC area and his efficiency will be assessed on his output as far as these activities are concerned.
12 He will supervise the work of field workers in the area of education motivation.
13 He will supply educational material to health workers in MPW districts and to FPHAS in the non MPW districts.
14 He will tour for 15 days in a month with a minimum of one night halt in every field worker's area.
15 While on tour he will also check the available stock of conventional contraceptives with the depot holders and the kit with MPWs and other health functionaries.
16 He will help field workers in winning over-resistant cases and drop-outs.
17 He will maintain a complete set of educational aids for his own use and for training purposes.
18 He will organise population education and health education sessions in schools and for out-of-school youth
19 He will maintain a list of prominent acceptors of family welfare methods and opinion leaders village-wise and try to involve them in the promotion of health and family welfare programmes.
20 He will prepare a monthly report on the progress of educational activities in the block and send it to the District EMO.

Source: Job responsibilities of Staff of the Primary Health Centre.
Rural Health Division,
Ministry of Health and Family Welfare,
Government of India.
New Delhi. 1986.

* District Extension and Media Officer (DEMO) is equivalent to Mass Education & Information Officer (MEIO) in Orissa.

[x] Deputy District Extension and Media Office (DY.DEMO) is equivalent to Deputy Mass Education and Information Officer (DY.MEIO) in Orissa State.

Handout 2

# Analysis from BEE's Field-survey Questionnaire Regarding Job Functions

**Misconception regarding job function**

- Supervision of lower level health workers in their medico-clinical functions (problem especially with Health Assistants).
- Demand for training in administration.
- Sole organiser (most of the time) for sterilisation and other camps.
- The work of the Health Assistants and lower cadres of PHC staff, technical and non-technical, should be supervised by BEE's.
- Responsible for the follow-up of post-operation cases of sterilisation.

**Reasons for dissatisfaction**

- No teaching aids, models etc.
- Availability of A/V equipment in working order not guaranteed.
- Non co-operation of Dais,VHG's and Opinion Leaders, Teachers, Block Development Officers etc.
- Low status in Health Service.
- No clear idea of duties.
- No one to take grievances to.
- No clear lines of administrative communication eg with Mass Education and Information and Education Officers.
- No control over the Health Workers (male and female) - so they do not respect their directives.

**Analysis from BEE's Field-survey Questionnaire Regarding Job Functions**

<u>Expressed need of BEE's</u>

- More technical knowledge in Public Health subjects.
- Information about relevant developments in other states in India and outside of India.
- Training in treatment of minor ailments/first aid.
- Regular refresher courses.
- Opportunity for promotion (upward mobility in the service).
- Job description should be officially established at central level.
- Appropriate educational materials (kits and A/V aids) should be supplied.
- Training in use of A/V aids.
- Training in adult education techniques (especially for work with women).
- How to overcome adverse propaganda agents in Family Welfare/Public Health and Maternal and Child Health programmes.

Handout 3

# Strategies for the implementation of Primary Health Care programmes to move towards the goal of *Health for All by the Year 2000AD* in India

1 Universal provision of promotive, preventive and basic curative services. The preventive and public health aspects shall have to be secured through well-organised programmes of HEALTH EDUCATION, especially in connection with prevailing health problems.

2 Organising special plans to provide HEALTH CARE including FAMILY PLANNING to the vulnerable groups, ie CHILDREN AND PREGNANT WOMEN.

3 Prevention and control of endemic COMMUNICABLE AND NON-COMMUNICABLE diseases.

- through immunisation (EPI target diseases);
- through appropriate measures (LEPROSY, TUBERCULOSIS, GOITRE AND CURABLE BLINDNESS);
- interrupting of transmission of vector-borne diseases (MALARIA, FILARIA AND KALA-AZAR);
- reduction of diarrhoeal-diseases mortality through application of oral rehydration therapy and of INTESTINAL PARASITIC INFESTATION MORBIDITY THROUGH ENFORCEMENT OF APPROPRIATE COMMUNITY MEASURES.

4 Activities directed toward the PROMOTION OF FOOD SUPPLY AND THE IMPROVEMENT OF NUTRITIONAL STATUS.

5 Provision of PROTECTED WATER SUPPLY and SANITARY DISPOSAL of EXCRETA.

6 POPULATION EDUCATION to enable people to appreciate, adopt and consciously PRACTISE THE SMALL FAMILY NORM as part of the way of life.

Source: Report of the working group on *Health for all by year 2000 AD* in India.
Government of India
Ministry of Health & Family Welfare
25th March 1981.

Unit I

# Planning for effective communication

# Session 3
# Planning for Effective Communication: Purpose and Value of Community Survey

Worksheet

**Instructional objectives**
At the end of this session participants should be able to :-
- list the purposes for community survey relevant to their job functions.
- deduce the value of community survey to them as Health Educators and Communicators.

**Activities**
1 Teacher introduced discussion. Question and answer to introduce a rationale for community health survey (whole class).
2 Small group discussion - production of written statement on purposes of community survey.
3 Individual group presentations - with the aid of prepared flip charts or transparencies.
4 Repeat 1 - 3, - produce written statements on 'value' of community survey
5 Summarise - using handout.

**Materials**
Flipchart paper, transparencies, felt pens, markers.

**Teaching Aids**
Overhead projector, handout.

**Assessment**
Oral or written responses - name six important factors which should be investigated in a small community health survey.

**Background Reading**
Handout - Purpose and value of community survey.
*Teaching for Better Learning* - F.R. Abbatt. (Section 1 - Chapter 3)

**Further Reading**
*Studying your Community* R.L. Warren (Chap.18 p.p. 306 - 312)
*Community Diagnosis and Health Action* edited by Professor F.J. Bennett - (Section I).

Handout 1

# Purpose and Value of Community Survey

Generally speaking, community surveys can be used for the purpose of analysing the community. This means that we are able to look closely at any of several aspects of community life and habits, and how these affect the community's ability to control its own development.

More specifically with respect to the work of the Block Extension Educator, community survey and subsequent diagnosis can be of value since it :-

1 Provides a basis for planning for IEC programmes.
2 Provides a structure for the design, implementation and supervision of IEC programmes.
3 Provides a basis for the evaluation of IEC programmes.

Such a survey should look at :-

**- Demographic factors :**
Which give a good overall picture of conditions and circumstances in the community.

**- Educational factors:**
To find out what the community knows and understands, and would like to know more about, with respect to general public health matters.

**- Social factors:**
The functions which various groups and individuals perform in the community, interpersonal relationships, the influence of rank and status.

**- Economic factors:**
What the community produces and trades with to earn its income.

**- Cultural factors:**
The effect that community traditions, cultural habits and folk beliefs have on the behaviour of the people - the ways in which communication is accomplished in the community and the channels through which communication travels.

**- Agricultural factors:**
What the community eats, how the food is produced, stored, prepared for eating and distributed.

**- Health factors:**
Common disease patterns, health services, utilisation of health services, felt needs of the community etc.

**- Environmental factors:**
Water, housing, sanitation and vectors of communicable disease.

# Session 4
# Planning for Effective Communication: Elements of Community Survey

Worksheet

**Instructional objectives**
At the end of this session participants should be able to :-
- identify the different elements of community survey.
- divide these elements down into separate functional tasks.

**Activities**
1 Lecture/discussion - identify elements.
2 Small group study - read handout and discuss.

**Assessment**
Question and answer.

**Materials**
Transparencies, pens.

**Teaching Aids**
Handout, chalkboard, overhead projector.

**Background Reading**
Handout - 'Elements of Community Survey'.

**Further Reading**
Community Survey - Mini Manual: a separate instruction booklet has been prepared by the BEE Course Development Team at Sambalpur RHFWTC.

Handout 1

# Elements of Community Survey

**1 Advance preparation**

- Selection of community (village/villages).
- Notify date and time to community before commencement of survey.
- Collect paper and other supplies.
- Prepare survey instrument (Questionnaire usually)
- Pretest for comprehension and suitability.

**2 Sampling technique**

- Make decision about size of survey.
- Either the whole population or chosen by sampling procedure.
- Use a simple sampling method whenever possible (see Community Surveying - data collection - survey and samples in Mini-Manual).

**3 Data collection**

- Conduct field work for data collection.
- Information collected should be recorded on questionnaire.
- Interview respondent in a polite manner.
- Ensure accuracy, completeness and reliability in data collection.
- All facts and figures should be checked after recording.

**4 Data tabulation and presentation**

- Tables should be as simple as possible.
- Tables should be clearly labelled.
- Totalling, averages and other statistical information should be incorporated in the report.
- As far as possible they should be easily interpreted.
- Presentation of data can also be in the form of histograms, frequency curve/polygon, maps, charts etc.

**5 Data analysis**

- Conversion of data into language, message, information.
- Interpretation of findings should be clear and concise.

# Session 5
# Planning for Effective Communication: Process of Community Survey

Worksheet

**Instructional Objectives**

At the end of this session participants should be able to :

- identify steps to be taken in conducting a community survey.
- put them into a logical sequence.
- describe the components of community diagnosis.

**Activities**

1 Brainstorming - identify 'steps', discuss, complete list.
2 Individual exercise - put into logical sequence.
3 Snowballing discussion - refine logical sequence.
4 Final process statement developed.
5 Summarise using handout.

**Alternatively**

1 Individual exercise - give steps in handout on 'process' in disorganized sequence.
2 Ask participants to put into logical sequence.

**Class Discussion**

Using handout on 'Aspects of Community Diagnosis' - what aspects of the community should come under scrutiny which would be of special interest to the Health Educator.

**Assessment**

Question and Answer - justify 'process' and 'components'.

**Materials**

Transparencies, flipchart paper, pens, markers.

**Teaching Aids**

OHP, handouts.

**Background Reading**

Handout 1 The Process of Community Diagnosis.
Handout 2 Aspects of Community Diagnosis.

**Further Reading**

1 *Planning and organising a Health Survey. A guide for Health Workers* - by W. Lutz for the International Epidemiological Association, 'finding and using information'.
2 *Community Diagnosis and Health Action* - edited by Professor F.J. Bennett (Chapter 2).

Handout 1

# The Process of Community Diagnosis

**Steps:**

- Visit the community
- Interact with members and community leaders.
- Establish objectives of the survey.
- Decide on the scope of the survey.
- Plan the survey and prepare questionnaire (survey instrument).
- Train survey team (use health staff especially. VHGs if possible).
- Pretest survey instrument for comprehension and suitability.
- Modify where necessary.
- Rework survey instrument.
- Decide on sampling technique.
- Execute survey (survey date informed to community well in advance).
- Analyse data and decide on action to be taken.
- Write report.
- Feedback to relevant individuals and groups and interpret jointly.
- Follow-up in due course to keep in touch with, and record, changing conditions.

Handout 2

# Aspects of Community Diagnosis

Examination of the following aspects of community life can help greatly towards diagnosing problems related to community health.

1 Demography - which is the social science of people considered collectively eg Race, Occupations, Habitation, Physical, cultural and intellectual conditions, Vital Rates.
2 The causes of sickness and death (by age and sex grouping).
3 Use of health facilities especially MCH.
4 Nutrition, diet and weaning practices.
5 Patterns of leadership.
6 The ways in which communication travels in the community.
7 Knowledge, attitude and practices of the population with regard to health related activities.
8 Conditions in the environment which have an effect on health eg water, housing and disease-causing organisms.
9 Diseases which are common to the specific environment.
10 The degree of community participation in the development of the community.

# Session 6
# Planning for Effective Communication: Preparation for Mini Survey

Worksheet

**Instructional Objectives**

At the end of this session participants should be able to :

- prepare an appropriate checklist for organising and conducting a small community survey.

**Activities**

1 Revise - 'Process' (Session 5)

2 Establish survey groups. EXERCISE - Survey groups study, the examples of a questionnaire designed to collect information which can be useful in planning IEC activities for communities (Appendices III & IV). Discuss how such a questionnaire can be of benefit for the planning of IEC interventions.

3 Survey groupwork - Prepare an appropriate checklist and questionnaire.

4 Individual small group PRESENTATION to rest of class. REVISE checklists and questionnaire.

5 LECTURETTE - on 'Simple Sampling Techniques' using Community Survey Mini Manual.

6 Survey groups - Do exercise on sampling in Community Survey Mini Manual.

**Materials**

Flipchart paper, markers, transparencies, pens.

**Teaching Aids**

OHP, handouts, Community Survey Mini Manual.

**Assessment**

Construction of checklist and questionnaire.

**Background Reading**

1 Handout 1 - Brief checklist for organising and conducting a small community survey.

2 Handout 2 - Baseline information which can be collected by community survey relevant to the planning for IEC intervention.

3 Handout 3 - Some simple hints on the preparation of questionnaires.

4 Sample questionnaire for collecting information needed in Health Education. (Appendix II).

5 Sample Health Unit Utilisation Questionnaire (Appendix III)

6 Community Survey Mini Manual.

7 *Teaching for better learning* - F.R. Abbatt. Chap. 3.

8 Requirements for good data collection - Community Survey Mini Manual.

**Further Reading**

*Studying Your Community* - R.L. Warren (Chap. 19).

*Planning and Organising a Health Survey* - W. Lutz for International Epidemiological Association.

Handout 1

# Brief Checklist for Organising and Conducting a Small Community Survey

1 Establish scope and size.
2 Budget.
3 Staff required (if any). Use field staff who are familiar with and to the people.
4 Transportation.
5 Time (when, - for how long).
6 Check to see that time is appropriate.
7 Inform the community (especially the leaders) in advance and secure their sponsorship if possible.
8 Prepare a survey instrument.
9 Conduct the field work - collect data.
10 Tabulate data.
11 Analyse data.
12 Write report.

Handout 2

# Baseline Information which can be collected by Community Survey relevant to Planning for IEC Intervention

**Demographic Information**

- Number of houses.
- Population.
- Sex ratio (by age).
- Children under 5 years of age.
- Education rates.
- Economic status.
- Birth and death rates.

**Health and Family Welfare Status**

- Morbidity levels.
- Infant and maternal mortality and morbidity levels.
- Immunisation status.
- Source of drinking water and the way in which it is protected (or not).
- Number of wells.
- Communicable disease prevalence.
- Community utilisation of health facilities.
- Nutritional status.
- Availability of village health workers eg dais, community health workers and volunteers
- Knowledge, attitudes and practices related to health and family welfare.

**Communication Aspects**

- Radio and TV sets.
- Newspapers.
- Sites for posters.
- Community meeting places.
- Places where communication activities are usually held.
- Schools.
- Cinemas.
- Leaders - traditional formal and informal.
- Leadership Patterns.
- How information gets around in the community.
- Common culture, tradition and folk beliefs.
- Languages/dialects.
- Social groups.

Handout 3

# Some Simple Hints on the Preparation of Questionnaires

1 Decide as precisely as possible what you want to find out about the community.
2 Plan in advance the way in which you are going to present your findings, eg tables, maps etc.
3 Draft individual questions for the questionnaire.
4 The questionnaire should be a blend of different types of questions. Some will be answered simply by 'no' or 'yes', 'don't know', 'undecided' or 'other'. In some cases however, it may be best to give the respondent a chance to express an individual opinion. The first type has the advantage of affording quick tabulation, but the second gets the interviewer much closer to the truth usually, although it takes more time.
5 The wording of the individual questions should be simple and precise.
6 Avoid leading questions which would tend to make the respondent answer in a way you might want him to.
7 Keep the questionnaire as short as possible.
8 Explain special terms which might be confusing to the respondent.
9 Pretest the questionnaire using persons preferably with similar characteristics to your intended respondents.
10 Use the results to make necessary modifications which make the questions more understandable and acceptable.

# Session 7
# Planning for Effective Communication: Mini-Community Survey - Fieldwork Exercise

Worksheet

**Instructional Objectives**

At the end of this session the participants should be able to :

- experience practically the process of community survey
- as a member of a small team conduct a survey in a small village community.

**Activities**

1 Preliminary discussions with local health personnel (whose availability should be assured in advance).

2 Examination of demographic data available at Primary Health Centre/ Sub-Centre or other health facilities.

3 Examination of health data and records at health units.

4 Interviewing individuals from households by simple sampling technique and using prepared questionnaires, with the assistance of local health personnel, especially locally selected Community Health Workers.

5 Discussions with formal community leaders on relevant aspects of community life, common customs, traditions and folk beliefs, felt health needs etc.

6 Identification of informal community leaders, discuss - for comparison with opinions of formal leaders.

7 Take opportunity at every stage of these activities to educate health workers in the process, purpose and value of community survey for possible IEC intervention.

**Assessment**

1 The way each group assigns duties to its members.

2 Individual participant performance in the conduct of survey assignments.

3 Team work attitude.

**Materials**

Papers, pens, questionnaires, demographic data available at health units.

**Teaching Aids**

Teacher prepared checklists to assess performance of survey group members.

**Background Reading**

1 Mini Manual - Community Surveying (Appendix II).

2 'BASELINE INFORMATION .. .. .....' (Handout 2 - Session 6).

**Further Reading**

Same as Sessions 5 and 6.

*Community Health* - J.H. Helberg, MD (Data gathering p.34)

# Session 8
# Planning for Effective Communication: Preparation of Survey Findings for Presentation and Analysis

Worksheet

**Instructional Objectives**
At the end of this session participants should be able to :
- present data collected during the survey in appropriate form.
- identify community needs from survey findings which could be addressed by IEC interventions.

**Activities**
1 Study sections on data presentation, mapping, putting into tabular form, charting etc, in Community Survey Mini-Manual.
2 Discussion (teacher led, whole class) on aspects of good examples of reports prepared by previous course participants.
3 Display examples of such reports on the wall of the classroom for easy reference.
4 Summarise using handout on 'Format For Presentation and Analysis of Survey Report' - Handout 1.
5 Survey groups - preparation of individual group reports.

**Assessment**
Group presentation

**Materials**
Chart paper, graph paper, transparencies, markers, colouring crayons, erasers, rulers.

**Teaching Aids**
Prepared transparencies on data presentation, OHP, blackboard, chartboard, Community Survey Mini Manual, good examples of presentations from previous courses.

**Background Reading**
1 Handout 1 - Format for presentation and analysis of survey report.
2 Handout 2 - Basic Statistics.
3 Community Survey Mini Manual (presentation and interpretation of data).

Handout 1

# Format for Presentation and Analysis of Survey Report

1 State objectives of the survey.
2 Area covered.
3 Sampling technique used.
4 Methodology used.
5 Instruments for data collection used.
6 Manpower employed.
7 General description of area (with a simple map).
8 Demographic features.

**Prevailing Health and Family Welfare Status**

1 Disease patterns.
2 Status of maternal and child health and family welfare programmes.
3 Status of communication programmes.
4 Existing channels and modes of communication.
5 Valuable resources.
6 Education status.
7 Description of socio-economic, cultural and ethnic factors.
8 Available voluntary and government agencies.
9 Welfare activities.

**Summary and Conclusions**

Handout 2

# Basic Statistics: Some of the Rates commonly used in Vital Statistics

1 **Birth rate =**

$$\frac{\text{No. of live births in a year}}{\text{Mid-year population in same year}} \times 1000$$

2 **Crude death rate =**

$$\frac{\text{No. of deaths in a year}}{\text{Mid year population in same year}} \times 1000$$

3 **Perinatal mortality rate =**

$$\frac{\text{No. of stillbirths \& deaths in first seven days of life}}{\text{Total births (live \& still) in same year}} \times 1000$$

4 **Neonatal mortality rate =**

$$\frac{\text{Number of deaths from birth to the age of 28 days}}{\text{No. of live births same year}} \times 1000$$

5 **Infant mortality rate =**

$$\frac{\text{No. of deaths from birth to end of first year}}{\text{No. of live births same year}} \times 1000$$

6 **Stillbirth rate =**

$$\frac{\text{No. of stillbirths in a year}}{\text{Total births (live \& still) in same year}} \times 1000$$

7 **Under fives mortality rate =**

$$\frac{\text{No. of deaths in children aged 0 - 4 years}}{\text{No. of children aged 0 - 4 years in same year}} \times 1000$$

8 **Maternal mortality rate =**

$$\frac{\text{No. of deaths in pregnancy, labour and puerperium}}{\text{No. of women aged 15 - 44 in that year}} \times 1000$$

9 **Fertility rate =**

$$\frac{\text{No. of live births in a year}}{\text{No. of women aged 15 - 44 in same year}} \times 1000$$

10 **Morbidity rate =**

$$\frac{\text{No of persons suffering from a specific disease}}{\text{Population at risk* of the disease}} \times 1000$$

eg Cancer of the testis excludes women in 'at risk'

11 **Case mortality rate =**

$$\frac{\text{No. of deaths from a specific disease}}{\text{No of persons suffering from that disease}} \times 1000$$

12 **Incidence rate =**

$$\frac{\text{No. of new cases of a disease in a period}}{\text{Population at risk of the disease}} \times 1000$$

13 **Prevalence rate =**

$$\frac{\text{Total no. of cases of a disease in a period}}{\text{Population at risk of the disease}} \times 1000$$

14 **Population natural increase =**

Birth rate - Crude death rate

15 **Population doubling time =**

$$\frac{700}{\text{Population Natural Increase*}}$$

* for population doubling time, the Population Natural Increase (also referred to as Rate of Natural Increase) is expressed only as the figure without the /1000

eg if Population Natural Increase is 20/1000 then population doubling = $\frac{700}{20} = 35$ years

Handout 3

# Simple Maps

What can they illustrate which would be of interest for health communication activities?

1 Land use.
2 Depressed areas.
3 Density of population and housing.
4 Various social resources.
5 Health hazards.
6 Clusters of disease cases.
7 Traffic flow.
8 Main/subsiding roads.
9 Location of schools, recreational areas, meeting places.
10 Industrial areas.
11 Health facilities.
12 Water sources (wells, ponds, stand pipes etc).
13 Grazing area in livestock.
14 Agricultural cultivation areas.
15 Railway stations.
16 Post office.

Others (specify):

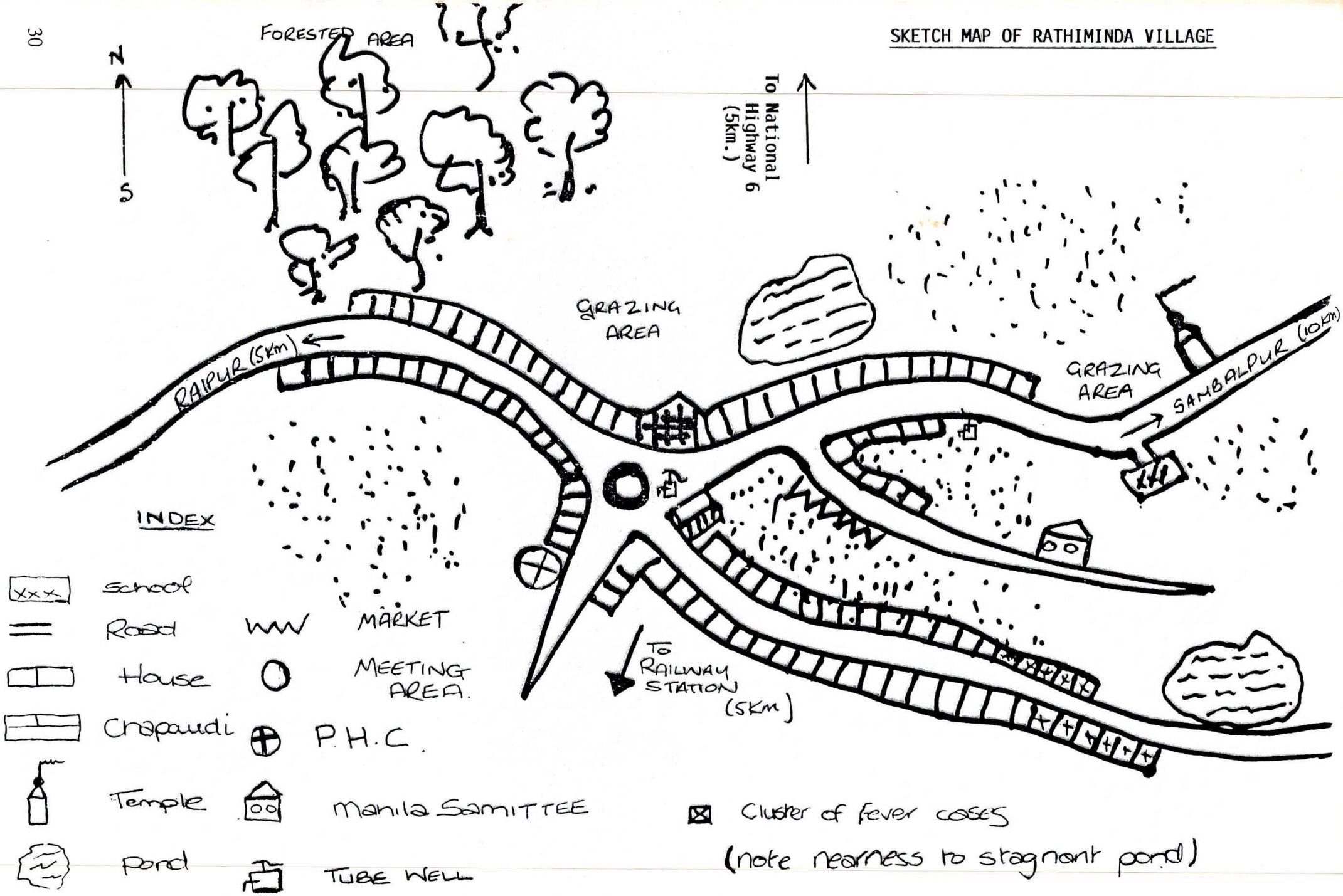
-

-

-

-

## SKETCH MAP OF RATHIMINDA VILLAGE



# Session 9
# Planning for Effective Communication: Presentation and Preliminary Interpretation of Survey Data

**Instructional Objectives**
At the end of this session participants should be able to :
- present selectively the important data and information collected during the survey.
- realise the value of the exercise for the identification of areas of need which can be addressed by IEC interventions in the communities surveyed.

**Activities**
1 Each survey group in turn presents its report using a chosen representative. This representative must be supported by all other group members especially with regard to the clarification of matters related to their special survey responsibilities.
2 Presenters use prepared transparencies, charts, maps etc to facilitate presentation.
3 Class discussion - question and answer - teacher controlled.
4 Teacher uses the opportunity to introduce techniques of clear and explicit communication of information to a group of people.
5 Display group reports on wall boards.

**Assessment**
Individual group ability to present, report and defend preliminary conclusions about where IEC interventions would be appropriate.

**Materials**
Transparencies, flip chart paper, felt tip pens, markers.

**Teaching Aids**
OHP, blackboards, prepared transparencies, flipcharts, charts, maps, graphs, etc.

**Background Reading**
1 *Community Survey* - Mini Manual.
2 *Community Diagnosis and Health Action* - F.J. Bennett - Feedback to the Community, p23.

Handout 1

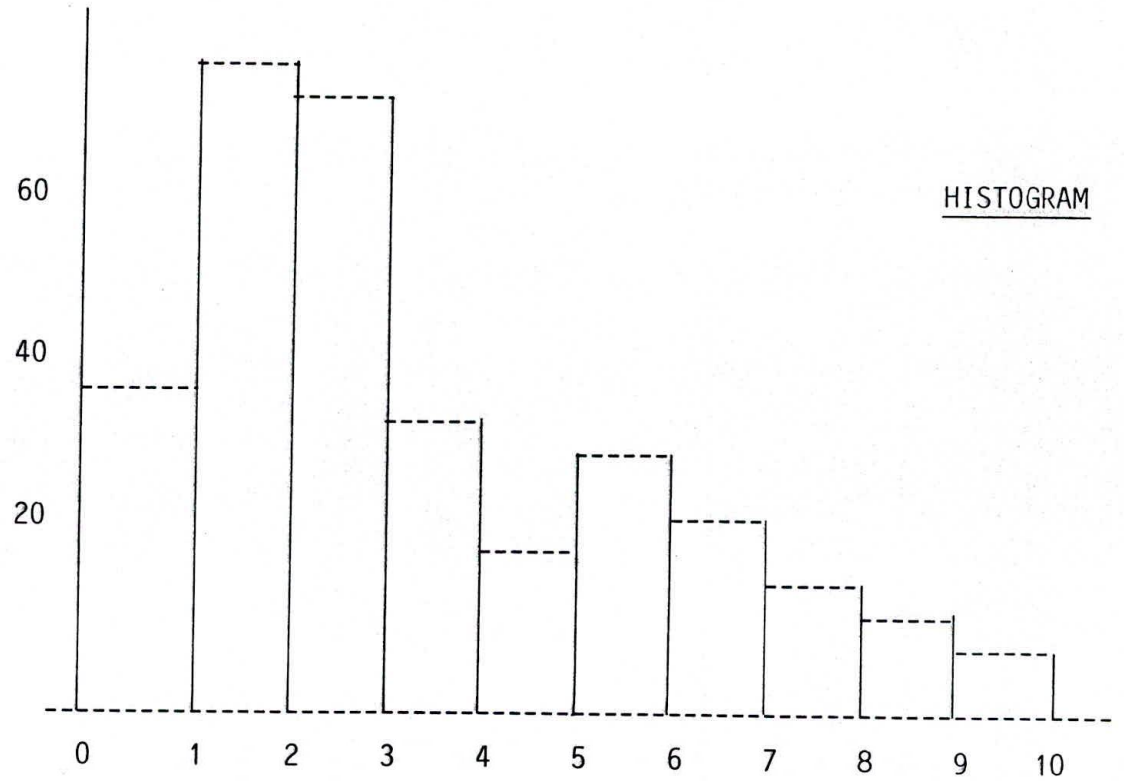
# Three Different Ways of Depicting the Same Data

**Age distribution of under 10 year old measles cases in an outbreak in Rathiminda - August to December 1973**

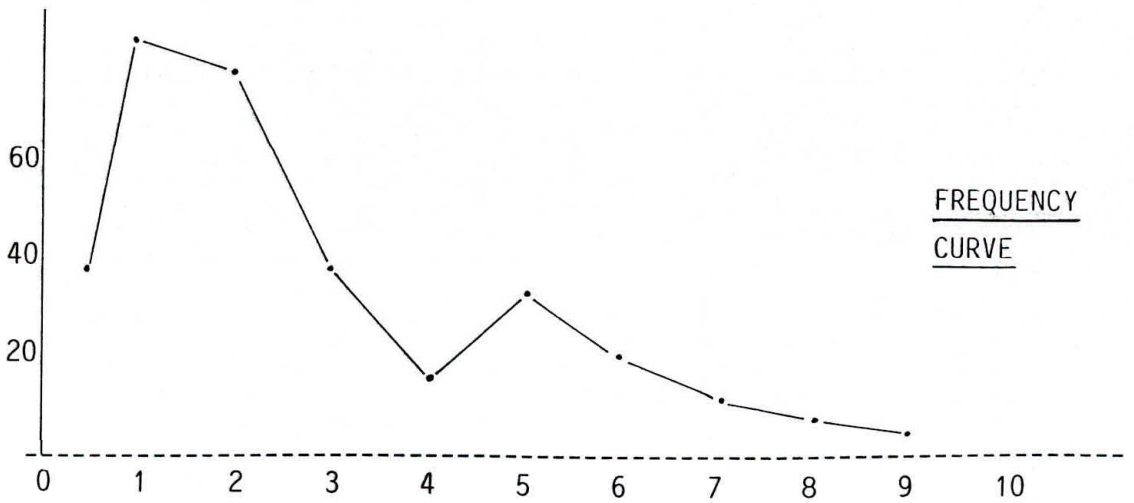
TABLE

| Age (Years) | No. of Cases |
|---|---|
| Under 1 | 37 |
| 1 | 73 |
| 2 | 67 |
| 3 | 36 |
| 4 | 14 |
| 5 | 29 |
| 6 | 18 |
| 7 | 8 |
| 8 | 6 |
| 9 | 2 |

HISTOGRAM




FREQUENCY CURVE



Unit II

# Knowing your audience

# Session 10
# Knowing your audience: Identification of target groups

Worksheet

**Instructional Objectives**
At the end of this session participants should be able to:-
- identify target groups to which IEC programmes can ideally be directed.
- use survey findings to identify priority target groups in the communities investigated.

**Activities**
1 Short lecture/discussion - What is meant by a target group?
2 Small group discussion and written exercise - List all common target groups which can require IEC intervention in the average village community.
3 Individual Group Presentations - Use the 'build-up' technique ie group reports, and the other groups modify, eliminate from or add to this original list after discussion. Consensus - justify the inclusion of each category on the list.
4 Finalise comprehensive list of target groups.
5 Individual participants to volunteer case studies from their own working experience. Discuss.
6 Survey groups (from Unit 1) - Identify priority target groups and individuals, from community survey findings.
7 Note for future reference when programmes are to be formulated for IEC field work exercise.
8 Summarise referring to handout.

**Assessment**
Individual group ability to identify priority target groups from survey findings.

**Materials**
Transparencies, flipchart paper, pens, markers.

**Teaching Aids**
OHP, blackboard, group survey reports.

**Background Reading**
Handout 1 - Identifying target groups.
Handout 2 - Audience characteristics and sensitivities.

**Further Reading**
*Talking Family Planning - A Field Workers' Handbook* - International Planned Parenthood Federation.

Handout 1

# Identifying Target Groups

Fieldworkers have to be aware of differences between people so that they can make appropriate adjustments to the way in which they send their messages, and prepare and deliver their motivational talks to ensure effectiveness.

**Some target groups for purposes of planning communication/motivational strategies**

- Male groups (usually responsible for family's economic well-being in developing countries).
- Womens' groups and organisations (eg. Mahila Mandals).
- Local leaders (formal and informal).
- Mothers-in-law.
- Grandmothers.
- Traditional birth attendants (dais).
- Opinion leaders.
- School age groups.
- Teenagers.
- Young married people.
- Resistant groups.
- Organised labour groups.
- All levels of health and family welfare personnel.
- Personnel involved in other developmental agencies, government and voluntary.
- Special 'at risk' groups.

Others - (specify);

-
-
-
-

Handout 2

# Audience characteristics and sensitivities

**Characteristics**

We can get an idea of how people think about matters which affect their lives by looking (ideally at close quarters), at their overall environmental conditions and circumstances.

The obvious questions which must be considered are therefore:

- What are the economic conditions of the community?
- What is the major part of the work (ie income generating activity) of the community?
- Is it a traditional, rural, urban, settled or nomadic community?
- Is the composition of the community constantly being affected by outside influence?
- How is information passed among people?
- What is the level of education in the community?
- What language/languages do they speak?
- Who are the decision-makers in the family?
- What are the knowledge, attitudes and practices and preoccupation of the people at the precise time that you are planning IEC interventions?

**Sensitivities**

Techniques which are most likely to be successful in giving accurate and useful knowledge about a community and which can be useful in the planning and implementation of IEC programmes, depend very much on the general attitude of the fieldworkers, which lead them to show respect for, and a desire to understand, other people's views and normal behaviour.

Things for fieldworker educators to remember:-

1 Do not enter a community with a feeling of superiority.

2 Convey an impression of 'I have come to find out, discuss, to learn', rather than 'I have come to tell you ...'.

3 Be patient especially in the beginning when ignorance may be demonstrated.

4 Give the impression that you are very interested in, and would like to find out as much as you can about the language, traditions, customs and folk-beliefs of the community.

5 Do not be in too much of a hurry to gain sensitive information from people.

6 Show that you are sympathetic to individual problems.

7 Do not lose your temper in a conversation.

8 Learn how greetings and 'small talk' should occupy a conversation before it turns to more important matters.

9 Find out in advance when it is acceptable to invade upon the privacy of the individual.

10 Show strong respect for the attitudes of the elders in communities. They are often very useful in overcoming difficulties in reaching target individuals and groups.

11 Always seek appropriate acceptance into the local community by introducing yourself to formal (and informal) leaders in the community.

**The field-worker always needs to be thoroughly educated and informed about prospective audiences in order to be able to communicate effectively.**

# Session 11
# Knowing your audience: Communication modes and channels

Worksheet

**Instructional Objectives**
At the end of this session participants should be able to:-
- Identify common ways in which communication travels in local communities.
- Discuss the importance of identifying and using community channels which facilitate the passage of communication within the communities.

**Activities**
1 Introductory short lecture - explain 'modes' and 'channels' of communication.
2 Small group discussion - produce a list of common 'modes' and 'channels'.
3 Identify how many of these are commonly available in the communities you surveyed during community survey field work exercise (Unit 1).
4 Discussion - (Teacher leads) 'The important role the community structure plays in the dissemination of communication in communities'.
5 Summarise using Handout 2.

**Assessment**
Oral - questions and answers.

**Materials**
Flip chart paper, transparencies, markers, pens.

**Teaching Aids**
OHP, handouts.

**Background Reading**
Handout 1 - Communication modes and channels.
Handout 2 - The informal element in communities which can affect communication.

**Further Reading**
1 *Community Participation in Family Health* - Guy Roppa (p111)
2 *Studying your Community* - R L Warren (p352)

Handout 1

# Communication modes and channels

**Modes**

- Conversation
- Discussion
- Meetings
- Gossip
- Word-of-mouth (the 'grapevine'), idle comments
- Reading
- Folk media (shows, plays)
- Mass media (radio, TV, filmshows)
- Education media (written)
-
-
-

**Channels**

- Opinion leaders (especially informal leaders)
- Teachers
- Satisfied beneficiaries of health services
- Dissatisfied beneficiaries of health services
- Mahila Mandals (women's organisation)
- Traditional health practitioners
- Private medical practitioners
- Social workers
- Entertainers
- Health personnel
- Other organisations and programmes
-
-
-

**Places**

- Community meeting places
- Roadside teashops
- Cinema houses
- Wells
- Market places
- At home
- At school
- At religious gatherings
- At recreational meetings (festivals, fairs etc.)
- In the field, riverside, pond (at work)
- At the bathing spots
- Barber shops
-
-
-

Handout 2

# The 'informal' element in community structure which can influence communication

In every community there are individuals, groups and leaders who have no formal base of influence, but who distribute because of interest or inclination, vital information, which might not otherwise be disseminated by the normal organised conventional mass media. This is usually done by conversation, gossip, or idle comments and, depending on the intention of the source, can have a positive effect of varying intensity.

These informal sources of information will have an effect upon the groups with which they interact, usually through kinship or friendship, and so create an environment which influences to varying degrees the climate of community opinion.

Sociological studies have demonstrated that when such individuals are invited to events where the intention is to test the degree to which information provided is transferred to the community, it was found that this type of informal communication was highly effective.

# Session 12
# Knowing your audience: Customs, traditions and folk beliefs as they affect community reaction to motivational programmes

Worksheet

**Instructional Objectives**
At the end of this session participants should be able to:-
- appreciate that useful knowledge about individuals and communities comes from a developed ability to understand other people's customs, traditions and opinions.
- relate community customs, traditions and beliefs to the development of IEC programmes.

**Activities**
Exercise 1
(Teacher carefully prepared - selected participants presenting.)
1 Role play - Depicting a conversation between two men on the subject of family planning. Try to highlight as many prejudices which are associated with this sensitive issue. Ask participants to concentrate on 'content' rather than 'acting'.
2 Record the proceedings (use tape recorder)
3 Small group exercise - I - Play back and IDENTIFY 'positive' and 'negative' aspects of attitudes towards this important topic.
4 Individual group reports 'Build up' technique. Produce comprehensive list.
5 Small group exercise - II - Discuss ways and means of overcoming negative attitudes, and reinforcing positive attitudes.
6 Small group exercise - III.
7 Report and discuss.
8 Exercise IV.
9 Discuss and report on questions after exercises.

**Assessment**
1 Group ability to identify significant customs, traditions and beliefs as they affect health behaviour.
2 Group ability and attitude towards co-operation and problem-solving.

**Materials**
Suitable materials and 'props' for the role play.

**Teaching Aids**
OHP, tape recorders, speakers, tape recorder cassettes, prepared role play scripts, video (if available).

**Background Reading**
Handout 1 - Why are traditional values important for re-communication success?

**Further Reading**
*Talking Family Planning - A fieldwork handbook* - International Planned Parenthood Federation

Exercise III
From your experience with the local communities give examples of the following:-
- Good customs which promote good health
- Bad customs which are harmful to health

**Discuss**
How good customs would be reinforced and harmful customs neutralised.
What would be your attitude towards harmless customs.

Exercise IV

A Baidya in a village under your supervision in your Block believes that children with fever should be given a reduced amount of fluid especially water until the fever subsides. What are you to tell the parents who have faith in the Baidya? How would you go about changing the belief of the Baidya?

Other questions which can be discussed:

1 Are there special historical festivals (melas), celebrations or memorials - occasions which excite great community social interest, and which give vitality to community life?

2 Are there stories about customs which are practised in the local communities and about past local events (legends) which tend to be passed on from generation to generation?

3 Are there colourful customs which are practised in the local communities by particular religious or ethnic groups or by the communities as a whole?

Handout 1

# Why are traditions and values important for communication success?

1 Traditions and customs are practices which reflect the bits of folklore which tell the story about the history of the community.

2 They are usually passed on by word-of-mouth, mostly by the older members of the community, and have a strong influence on the social community behaviour, which exists at any moment in time.

3 They reflect the community's way of looking at conventional behaviour, and those beliefs which are long established.

4 They help to give the community its special character which differentiates it from others.

5 They decide what situations and conditions the community finds most interesting and indicate where the community places high values.

6 They are important guides to fieldworkers (like BEEs) who are trying to motivate community individuals to accept IEC messages.

7 Programmes can have much reduced chances of success if careful attention is not paid to community sensitivities, traditions and values.

Handout 2

# Culture and Sickness

Every cultural group has its way of defining illness and disease and with this evolved the concept of the sick role. Most of the descriptions of the sick role are not applicable in developing countries.

The behaviour of a family towards health-related matters is mainly governed by the mother's knowledge about healthy living and also by the adherence to cultural attitudes related to health. Health is not the mere absence of disease and informity, but as defined by the World Health Organisation, it is a state of complete physical, social and mental well-being.

Culture defines aetiological concepts of disease, methods of diagnosis and treatment. For instance, some cultures believe that infant diarrhoea is caused by the teething process and all that the mother need do is to boil leaves and give the potion to the infant to drink. A mother who adheres strictly to such beliefs may fail to seek proper medical care for her baby when he gets an infection.

An educated mother on the other hand is more likely to spend a likely part of her income and time on her children, feeding them on a properly balanced diet, clothing them suitably and looking after their social and mental health as well. She will utilise fully the curative and preventive facilities within her community both for herself and for her children.

**Knowledge, attitudes and practices (KAP) in relation to illness**

In community diagnosis, the investigator should be aware of the community beliefs and practices about illness. Some diseases, such as epilepsy, tuberculosis, leprosy, infertility, skin conditions, mental illness or sexually transmitted diseases, may have a stigma attached to them. Victims of such diseases and conditions may sometimes be denied the privileges of the sick role by the community.

**The decision-making process**

The investigator has to be familiar with the decision-making processes in a family and community. In a family this is often the responsibility of the most senior male member of the household. Women have very little influence in matters relating to the economy of the family, although they are often the workers in the fields, and as such produce much of the food. A group of elders may influence major decisions that affect the community. The local headmen are usually aware of this informal power structure in their communities.

Women's self-help groups have their own leadership patterns and an investigator needs to work with these groups in a community. These in turn will help to communicate information from the insvestigator to the community.

Handout 3

# Practical aspects of investigating culture

In practice, real knowledge of a culture and society only comes after a lengthy personal exposure with participation. The best practical suggestion is to live in the community while making the community diagnosis (preferably with members of the community) and listen to as many people as possible.

Another practical suggestion is to add a few questions to each questionnaire rather than to have a separate sociocultural investigation. For example, insight into family structure can be obtained from the demography and perhaps one or two extra questions could be asked. Information on food and use of alcohol can be obtained within the context of the nutrition questionnaire and cultural aspects of illness can be probed while investigating morbidity.

Extract from: *Community Diagnosis and Health Action.A Manual for Tropical and Rural Areas.*
Edited by: Professor F.J. Bennet (available in course library)

Unit III

# Talking to clients

# Session 13
# Talking to clients:
# Barriers to effective communication

Worksheet

**Instructional objectives**
At the end of this session participants should be able to:-
- understand the elements of the basic communication mechanism.
- list factors which affect communication.
- state barriers to effective communication from field experience among local communities.
- practise the elementary skills of good communication.

**Activities**
1 Lecturette/discussion - Introduce the basic communication model.
2 Stress the importance of feedback.
3 Exercise I & II - Complete exercises and discuss their relevance to the usual interpersonal relationships which health workers experienced with their clients. What these exercises are designed to teach about communication.
4 Slide Show - Slides nos. 1-15 selected from TALC set on 'Communication and Health'. Discuss the implications on the situations depicted on each slide to the conduct of good communication.
5 Do 'Values Clarification' exercise - In groups, discuss and answer questions which follow.

**Assessment**
Observation of individual and group performance during exercises.

**Materials**
Transparencies, markers, blackboard, chalk.

**Teaching aids**
OHP, blackboard, prepared transparencies on the basic communication model, printed exercises, selected slides from TALC - 'Communication for Health' set, slide projector.

**Background reading**
Handout 1 The basic communication model.
Handout 2 Barriers to effective communication.
Handout 3 The need to be clear of our own personal values.

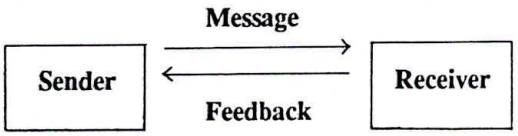
**Further reading**
1 *Talking Family Planning - A fieldwork handbook* - International Planned Parenthood Federation.
2 *Teaching Health Care Workers - A practical guide* - F.R. Abbatt and R. McMahon. (A method for group discussion - p168.)

Handout 1

# The basic communication model

For effective communication, which is essential for the arrangement of IEC aspects of a health service it is necessary that there be a two-way interaction between members of the health service team and the community. This means that both parties should have ample opportunity to express opinions and receive feedback.

In good communication a message is TRANSMITTED and RECEIVED.




The receiver must always indicate in some way that the message has been received and understood. It is not always most effective to send the message in the form of words: sometimes, depending on the nature of the individual or community, other forms can be employed for example:- drama, folk art, mime (a play without words), music and other audiovisual stimuli.

Handout 2

# Barriers to effective communication

Poor communication is often the result of many different factors. The following are identified as factors which can hinder good communication:

1 The sender has poor knowledge of the subject he is speaking about or is inadequately prepared.
2 The sender does not believe in the message, or the policy behind it.
3 The sender/receiver is not interested in the subject.
4 The sender/receiver is temporarily preoccupied with some other urgent problem.
5 The unintentional failure of the sender/receiver to say clearly what they mean.
6 Sender and receiver have very different vocabularies.
7 Cultural differences between sender and receiver.
8 Sender and receiver understand the same things differently.
9 Sender/receiver has negative or hostile reaction to the other.
10 One of the communicators is ready at all times to say 'yes' to the other.
11 Lack of trust which causes the receiver to pull back from revealing personal opinions.
12 Outside interference or distractions.
13 Limited time in which to complete communication.
14 Inadequacy of vocabulary to express difficult ideas.
15 Some words having different meanings.
16 Inadequate feedback.
17 Difference in age between communicators.
18 Difference in sex between communicators.
19 Difference in culture between communicators.
20 Difference in religion between communicators.

Add others which reflect your experiences:

21
22
23
24

Exercise I

**Purpose**

To highlight the importance of certain elements especially FEEDBACK on the communication process.

**Time**

As appropriate.

**Group size**

If possible use a minimum of 8 individuals.

**Materials**

One typed copy of a fairly complicated original message on a piece of paper or card (an example related to health education could be used in this exercise).

**Process**

1 Select a participant in advance of the commencement of the exercise - give him the typed message and ask him to read and memorise. Give him 5 minutes or so.
2 Arrange the other participants into a semi-circle.
3 Explain that only the sender should speak.
4 The sender speaks in a whisper into the ear of the receiver, so that no one else can hear. The receiver should not respond in any way (no gestures etc.)
5 The selected participant commences the exercise by whispering the message into the ear of the next in the semi-circle.
6 The teacher should hurry the process along by giving a limited time for the message to be sent.
7 The process is repeated insisting on silence and non-reaction from the receiver until the message reaches the participant at the other end of the semi-circle.
8 Ask the final receiver to repeat the original message verbally (or write it on the blackboard).
9 REPEAT the entire process (1-8) but allow the receiver to ask questions to clarify before attempting to convey the message to the next participant in the chain.
10 REPEAT AGAIN - but this time allowing much more time for discussion, questions for clarification from the receiver and opportunities for the sender to repeat and clarify.
11 Compare the degree of accuracy of the messages eventually received at the end of the chain in the three different situations.

Question - What can participants learn from this exercise?

**Possible learnings**

1 It is difficult to convey information in a limited time with too many unfamiliar facts and names.
2 It is important that communications be kept as simple as possible in certain circumstances.
3 There should be enough time for the sender to deliver his message and for the receiver to ask questions which would help understanding.
(Check 'Barriers' on p47 and list other learnings which are highlighted by this exercise.)

Exercise 2

**Purpose**

To demonstrate the difficulty of choosing the correct, simple, appropriate, precise language for the purpose of explaining and instructing.

**Materials**

Drawings of simple shapes, alone or in combination (examples given on p50).

**Process**

1 Ask the participants to sit in pairs, one person to act as sender of the information and the other receiver.
2 Explain that the task is that the sender is to describe a simple drawing in such a way as to help the receiver make a copy of it.
3 Ask the participants to arrange themselves into two concentric circles with the senders on the inside and the receivers on the outside, back to back for each pair.

R
S

RS RS

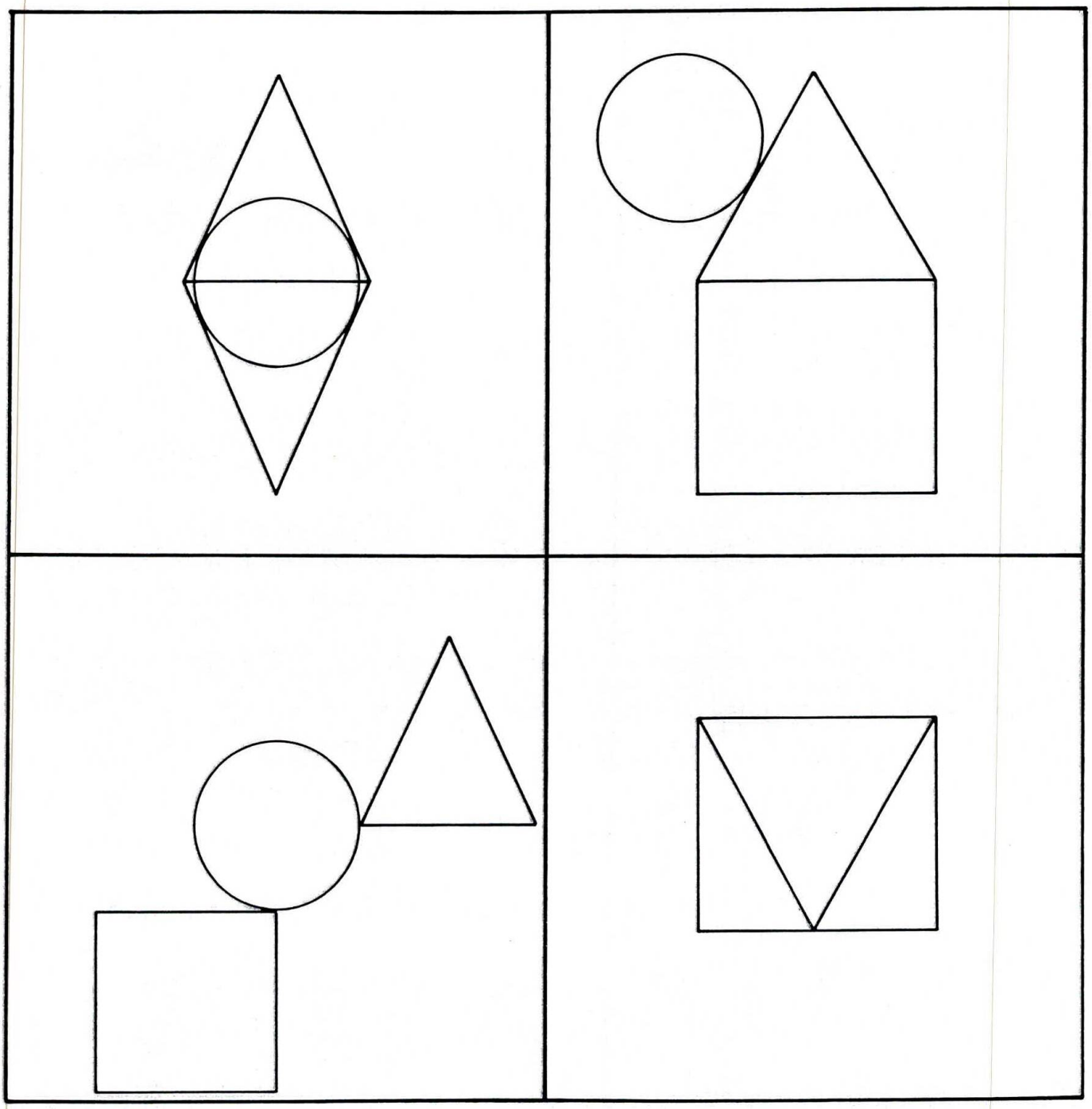
If there is an odd number of participants in the group, make a threesome and ask one to be sender and the other two receivers.

**Tell them:**
Neither the sender nor the receiver may turn around to see each other's paper until the end of the exercise.
The receivers may not communicate back to the senders in any way.
There are 5 minutes to complete the task.
When instructed, the sender is to convey the necessary information to the receiver.
Keep a watch to see that no receiver can overlook another sender's sheet and that the rules are being followed.

**Review the results as follows:**
Ask the pairs, as soon as they have finished or after five minutes, to check how well they have done.
Ask them to consider, still in pairs, the questions:
'What helped the communication process?'
'What hindered it?'
Invite the whole group to propose a set of guidelines on making communication of this kind more effective. Write these on the blackboard.

**Possible guidelines for explaining and instructing**
- Have a clear picture of what you want the other person to understand.
- Try to understand what the other person may be thinking and feeling.
- Make a judgement of how clear it is possible to be.
- Give a general idea before developing the details.
- Make it clear when you are explaining as opposed to instructing.
- Make the message clear by using the other person's language and terms.
- Only go as fast as the other person can manage.
- State ideas in the simplest possible terms.
- Develop one idea at a time, take one step at a time.
- Repeat your instructions when necessary.
- Summarise when necessary.
- Compare and contrast ideas - use analogies.
- Decide which ideas need special emphasis.
- Use your voice, your hands and your face to get your instructions across clearly.

**When two-way communication is possible**
- Watch for and encourage feedback from the other person in as many ways as possible.



Handout 3

# The need to be clear on our own personal values

We are usually unaware that in the process of constructing motivational exercises we unconsciously and consciously seek to impose our values, beliefs and standards which were transmitted to us throughout our lives especially when we were children through a continuous process of communication. By the time we are adults we are hardly conscious of the origin of these values, but they nevertheless affect our day to day decisions, and the way we react to other people.

Since we can, therefore, tend to try to unconsciously impose these values on other individuals and groups with sometimes negative or even disastrous consequences to IEC programmes, it is important that as communicators, we examine our own value systems critically, and also become acutely aware of our clients-value-systems so that the consequences of such mistakes are avoided.

**Values clarification**

Values clarification helps individuals to build their own value system by examining critically all the alternatives. It does not aim to establish any particular set of values, but helps individuals to become aware of what is 'valuable' to them and why. It teaches them to weigh the 'pros' and 'cons' and evaluate consequences, and helps them to harmonise beliefs and actions.

1 Prizing reliefs and behaviours
- Cherishing values.
- Publicly affirming, when appropriate.

2 Choosing one's reliefs and behaviours
- Choosing from alternatives.
- Making choices after due consideration of consequences.
- Choosing freely, without external pressure or coercion.

3 Acting on one's reliefs
- Acting with pattern and repetition.
- Being consistent in action.

Exercise 3

**Values clarification**

Exercise: Identify your position.

Purpose: To bring to the conscious level, your position on any issue.

Rationale: Many times we are not aware of what our deep-seated attitudes or feelings are on issues, unless we make conscious efforts to bring those attitudes and feeling to the forefront. Sometimes, it is only when we are asked what we think of an issue that we realize our position is not clear. This exercise helps you to identify 'Where you are' on a scale of clear positioning, on a selection of issues which are of great social and cultural importance in India.

**Meanings of terms**

Revolutionary: A passionate, intolerant, extreme 'left' position. Taking the extreme opposite position to the prevailing norm. Believing that the norm has to be changed completely, and acting upon the belief by trying to change others, through talking out, demonstrating, etc. Seeking and/or causing upheaval and complete change or turnaround. Not allowing for other positions.

Radical: A 'leftish' position. Not accepting the norm. Favouring social reform but seeking it through much talk and rhetoric. Trying to cause thorough change from the 'root' of the problem, but doing so constitutionally. More tolerant than the revolutionary position.

Liberal: Not bound by traditional thinking. Advocating freedom of choice. Broad-minded and tolerant of all thought on an issue.

Moderate: Believing in self-restraint and controlled action. Accepting authority and tradition except in instances where almost total opinion has moved away from tradition. Keeping within bounds - not rocking the boat. Safe.

Conservative: A passionate, intolerant, extreme 'right' position. Averse to any change. Totally bound by tradition, and protective of it. Self appointed guardians of the moral status quo. Not allowing for any change, or new thoughts on an issue.

**Identify your position**

| | Revolutionary | Radical | Liberal | Moderate | Conservative |
|---|---|---|---|---|---|
| 1 Contraception | | | | | |
| 2 Infertility | | | | | |
| 3 Marriage dowry | | | | | |
| 4 Early marriage | | | | | |
| 5 The caste system | | | | | |
| 6 Abortion | | | | | |
| 7 Education for females | | | | | |
| 8 Women's liberation | | | | | |
| 9 Alcoholism | | | | | |

Exercise 2

**Values clarification**

This Values Grid helps us to go through the Values Clarification Process on issues which are closely related to the health and welfare of the family.

Procedure: Focus on your position or your beliefs surrounding any particular issues. *When you think you are clear on what your position is, use the question key, and mark in each of the seven (7) columns a YES or NO answer to each question. One or more NO answers indicate that the Value or Position you hold is questionable and/or weak. It means that your actions will not always harmonise with your feelings and you will have problems developing a strong identity or character. Reclarify your values until all answers are YES.

**Values grid**

| Issues | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|
| 1 Contraception | | | | | | | |
| 2 Infertility | | | | | | | |
| 3 Marriage dowry | | | | | | | |
| 4 Early marriage | | | | | | | |
| 5 The caste system | | | | | | | |
| 6 Abortion | | | | | | | |
| 7 Education for females | | | | | | | |
| 8 Women's liberation | | | | | | | |
| 9 Alcoholism | | | | | | | |

*If positions are not clear, perform the Values Clarification exercise 'Identify your Position'.

Exercise 3
**Purpose**
To develop stronger and clearer values for ourselves.

Question key:
1 Are you proud of your position? Do you prize or cherish it?
2 Have you publicly affirmed your position?
3 Have you chosen your position from a series of alternatives?
4 Have you chosen your position after thoughtful consideration of the pros and cons and consequences?
5 Have you chosen your position freely?
6 Have you acted upon or done anything about your beliefs?
7 Have you been consistent, acted with pattern and repetition?

Adapted from *Values Clarification* by Simon, Howe and Kirschenbaum.

Handout 4

# The goal of counselling

The goal of counselling is not necessarily to solve problems of people for them, but rather to help them to solve their own problems better. The counsellor should set out to help clients to understand their own feelings and behaviour in connection with different social and psychological issues which accept their own solutions.
Clients should be helped to examine the series of choices associated with the making of any decision and to accept responsibility for the final choice.

# Session 14
# Talking to clients: Techniques of interviewing

Worksheet

**Instructional objectives**
At the end of this session participants should be able to:-
- Identify situations where interviewing skills are required for the conduct of their job functions.
- Practice and demonstrate good interviewing technique.

**Activities**
1 Revise 'Barriers' (Handout 2).
2 Brainstorming - Name all the situations you can think of where the BEE conducts interviews in the process of carrying out his work duties.
3 Make a list on the blackboard.
4 In small groups - make an appropriate checklist for the assessment of good interviewing technique.
5 Study handouts 2 and 3 and refine checklists.
6 Each group prepares a short role play to demonstrate an interview for any of the normal interview situations listed.
7 Each group presents a role play to the rest of the class. Rest of the class use checklist for assessment and critical discussion.
8 Show and analyse a suitable demonstration film (if available).

**Assessment**
Checklist and role play analysis.

**Materials**
Suitable 'props' for role plays, paper, markers.

**Teaching aids**
Blackboard, handouts, a demonstration film (if available).

**Background reading**
Handout 1 - Common Interviewing Situations.
Handout 2 - Interviewing Technique - Helpful Hints.
Handout 3 - Listening Techniques.
Handout 4 - Types of Questions.
Handout 5 - Talking to Groups.

**Further reading**
*Studying Your Community* - R.L. Warren (pp 342-343).

Handout 1

# Common Interviewing Situations

1 Immunisation campaigns and follow-ups.
2 Acceptance of Family Planning.
3 Follow-up of family planning acceptors and defaulters.
4 Supervision of health personnel.
5 Environmental sanitation campaigns.
6 Defaulters from all Public Health programmes eg TB, leprosy, patients who do not come for regular treatment.
7 Conducting community health surveys.
8 Assessing in-service training needs (IEC) for health personnel.
9 Motivation of opinion leaders.
10 Arranging health camps.

Others (specify):

11
12
13
14

Handout 2

# Interviewing Technique - Helpful Hints

1 Be prepared:- Have all the information and facts concerning the job and client at hand.
- Know what you are hoping to achieve by the interview.
- Plan seven or eight main questions for the interview.
2 Be aware of:- Your own prejudices and attitudes, making judgements as the result of first impressions.
3 Conduct the interview in private.
4 Greet the interviewee warmly.
5 Begin with some introductory remarks to establish a relaxed atmosphere.
6 Use a comprehensive opening question to start the interview.
7 Use open-ended questions to encourage the interviewee to talk freely.
8 Listen - in a friendly but intelligently critical way.
9 Encourage the interviewee by praising past achievements mentioned.
10 Play down unfavourable information.
11 Avoid leading questions.
12 Avoid closed questions.
13 Watch for non-verbal communications.
14 Use facial expressions to reinforce the range and effect of your voice.
15 Be emphatic - try not to make the situation more authoritative than it already is.
16 Indicate to the interviewee that the interview is about to end.
17 Allow time for the interviewee to ask questions.
18 Close the interview by telling the interviewee how he will find out about the results of the interview, or what future action may result.

Handout 3

# Listening technique

| Type | Purpose | Examples |
|---|---|---|
| 1 Clarifying | 1 To get at additional facts.<br>2 To help the person explore all sides of the problem. | 1 'Can you clarify this?'<br>2 'Do you mean this..?'<br>3 'Is the problem as you see it now?' |
| 2 Restatement | 1 To check out meaning and interpretation with the person.<br>2 To show you are listening and that you understand what the person is saying.<br>3 To encourage persons to analyse other aspects of matters being considered and to discuss with you. | 1 'As I understand it, then, you plan to..?'<br>2 'This is what you have decided to do.' |
| 3 Neutral | 1 To convey that you are interested and listening.<br>2 To encourage the person to continue talking. | 1 'I see.'<br>2 'Uh-huh.' 'Thik achi.'<br>3 'That's very interesting.'<br>4 'I understand.' |
| 4 Reflective | 1 To show that you understand how the person feels about what he says.<br>2 To help the person to evaluate his own feelings as expressed by someone else. | 1 'You feel that...'<br>2 'It was a shocking thing as you saw it.'<br>3 'You felt you didn't get a fair chance.'<br>4 'You feel that you were treated unfairly.' |
| 5 Summarising | 1 To bring all the discussion into focus in terms of summary.<br>2 To serve as a stimulant for further discussion on a new problem. | 1 'These are the ideas you have expressed.'<br>2 'If you understand how you feel about the situation.' |

Handout 4

# Types of questions

| Type | Purpose | Examples |
|---|---|---|
| 1 Factual | 1 To get information.<br>2 To open discussions. | 1 All the 'W' questions what, why, when, who, where and how? |
| 2 Explanatory | 1 To get reasons and explanations.<br>2 To broaden discussion.<br>3 To develop additional information. | 1 'In what way would this help solve the problem?'<br>2 'What other aspects of this should be considered.<br>3 'Just how would this be done?' |
| 3 Justifying | 1 To challenge old ideas.<br>2 To develop new ideas.<br>3 To get reasoning and proof. | 1 'Why do you think so?'<br>2 'How do you know?'<br>3 'What evidence do you have?' |
| 4 Leading | 1 To introduce a new idea.<br>2 To give a suggestion of your own or others. | 1 'Should we consider this as a possible solution?'<br>2 'Would this be a good alternative?' |
| 5 Hypothetical | 1 To introduce a new idea.<br>2 To suggest another, possible. unpopular. | 1 'Suppose we did it this way ... what would happen?'<br>2 'Another mother does this ... would it work for you?' |
| 6 Alternative | 1 To make decisions between alternatives.<br>2 To get agreement. | 1 'Which of these would be best?'<br>2 'Have we decided to do this or that?' |
| 7 Co-ordinating | 1 To develop consensus.<br>2 To get agreement.<br>3 To take action. | 1 'Have we decided that this is the next step?'<br>2 'Are we in agreement then on this part?' |

Handout 5

# Talking to groups

- Every individual speaker has his/her own style of speaking, and it is thus important to be aware of one's style, if one is to be able to change those aspects which might detract from public speaking.
- In speaking with a group, one must be aware of the non-verbal signals being given, so as to avoid those which might convey negative messages; be aware of facial expressions, tone of voice etc.
- It is important to dress appropriately for the occasion, eg for women in particular when going to speak to male audiences especially on matters pertaining to sexuality or family planning in order to ensure credibility or to have the talk taken seriously.
- It is important to be well versed with the subject matter which is the topic of the talk.
- It is also important to be emotionally comfortable with the topic eg if a person is not comfortable giving a talk on sex-related matters then even if he or she is knowledgeable, the effect is lost.
- The speaker should avoid entering into arguments with audience members, and imposing dogmatically his/her points of view.
- Continual eye-contact should be maintained if the talk is to hold the interest of all sections of the audience.

# Session 15
# Talking to clients: Meeting and motivating hard-to-reach and resistant groups and individuals

Worksheet

**Instructional objectives**
At the end of this session participants should be able to:-
- identify the main characteristics of such groups and individuals.
- understand the need to be mindful of the beliefs, values and moral standards of such clients.
- discuss and practice the skills of overcoming the main difficulties of meeting and motivating such individuals and groups.

**Activities**
1 Chosen participants present relevant CASE STUDIES from the field.
2 Small group discussions to identify main characteristics which are common to such groups and individuals.
3 Identify individual and special characteristics in case studies.
4 Discuss (in groups) suitable approaches for overcoming barriers to meeting and motivating such groups and individuals.
5 Individual group presentation for whole class discussion (or suitable role plays eg a family planning motivational attempt with a resistant individual).

**Assessment**
Analysis of characteristics and approaches to solution of problems.

**Materials**
Tapes (for tape recorder). Other materials required for the presentation of the role play.

**Teaching aids**
Printed case studies for group work (if participants are chosen in advance), OHP, tape recorder.

**Background reading**
Handout 1 - Working with special individuals and groups who are resistant or difficult to meet.
Handout 2 - Stages in the 'adoption' process.
Handout 3 - The distinctive qualities of family planning communication.

**Further reading**
Continuing education modules for PHC - *Resources in the Community* - Rural Health Division. Ministry of Health and Family Welfare, Government of India 1983.

Handout 1

# Working with special groups and individuals who are resistant and difficult to meet

- Hard core resisters should be approached through a relative, satisfied acceptor, peer group, or someone respected as an opinion leader.
- People cannot be blamed for the beliefs, values or moral standards.
- In bringing motivational messages to such groups it is important to understand their beliefs and values.
- For groups where the opposition is non-verbal and more subtle (as is often found in teenagers and illiterates, who cannot verbalise properly what their reasons are for their behaviour), it is important to try to understand the psychology of their behaviour, and general characteristics, and base the approach on this understanding.
- It is the understanding of the reason for beliefs that can serve as the main key to an effective strategy in getting the motivational message across.
- It is important to understand the various stages through which a new idea usually travels (see Handout 2).

The important point must be made at this stage that people are much more likely to be motivated if the motivator, as well as being interested in promoting his own developmental aspect ie health, is also mindful of the need to be seen to be interested in - and capable of - solving other aspects related to the social, economic or agricultural needs of individuals and groups. He therefore needs to be aware of, and ready to use, help from other developmental sectors eg agriculture, education etc. This will be treated more fully in Unit IV - 'Working with Others'.

Handout 2

# Stages in the adoption process

1 **Awareness stage.** At the awareness stage the individual is exposed to a new idea but lacks complete information about it. The individual is aware of the innovation, but is not yet motivated to seek further information. The primary function of the awareness stage is to initiate the sequence of later stages that lead to eventual adoption or rejection of the innovation.

2 **Interest stage.** At the interest stage the individual becomes interested in the new idea and seeks additional information about it. The individual favours the innovation in a general way but he has not yet judged its utility in terms of his own situation. The function of the interest stage is mainly to increase the individual's information about the innovation.

3 **Evaluation stage.** At the evaluation stage the individual mentally applies the innovation to this present and anticipated future situation, and then decides whether or not to try it. A sort of 'mental trial' occurs at the evaluation stage. If the individual feels the advantages of the innovation outweigh the disadvantages, he will decide to try the innovation.

4 **Trial stage.** At the trial stage the individual uses the innovation on a small scale in order to determine its utility in his own situation. The main function of the trial stage is to demonstrate the new idea in the individual's own situation and determine its usefulness for possible complete adoption.

5 **Adoption stage.** At the adoption stage the individual decides to continue the full use of the innovation. The main functions of the adoption stage are consideration of the trial results and the decision to employ regular use of the innovation in future.

Handout 3

# The distinctive qualities of family planning communication

1 Family planning and fertility behaviour deal with beliefs that are central to individuals. We are attempting to change intensely held attitudes and beliefs that are essential aspects of an individual's personality structure which are difficult to change.

2 These beliefs are extremely private and personal. Hence family planning ideas are not easy to discuss in public as they are seen as part of a forbidden type of behaviour.

3 Many family planning decisions are collective rather than individual. Both husband and wife are typically involved in most decisions of this kind.

4 In the case of most family planning methods, the client behaviour that we want to change involved sustained practice over a long period of time.

5 There are often counter-campaigns against family planning. Frequently, these negative messages, transmitted by word-of-mouth, have a considerable impact.

Unit IV

# Working with others

# Session 16

# Working with others: The value of interagency co-operation and co-ordination

Worksheet

**Instructional objectives**

At the end of this session participants should be able to

- Realise the importance of involving as many relevant developmental sectors in IEC interventions in the community as possible.
- Identify other relevant and useful agencies available to the community.

**Activities**

1 Short lecture/discussion - 'Education is for Development'.

2 In pairs - List developmental agencies available to a normal rural Indian community.

3 In pairs - Identify agencies (governmental and voluntary) which can be of assistance for IEC activities.

4 Small groups - Each group chooses a common health problem in rural communities, identifies agencies and personnel which could be employed in IEC interventions and describes generally how they would incorporate their services to attack the problem.

5 Individual groups present for critical discussion.

**Assessment**

Group presentations, how groups defend plans of action.

**Materials**

Transparencies, markers, pens.

**Teaching aids**

OHP, handouts.

**Background reading**

Handout 1 - The intersectional approach.

Handout 2 - Community Leaders who can be helpful to BEEs for carrying out their IEC activities.

Handout 3 - Components of the National School Health Services Programme.

Handout 4 - Steps for organising School Health Services.

**Further reading**

1 *The Child to Child Health Programme* - Institute of Child Health, London.

2 *Helping Health Workers Learn* - D. Werner & B. Bower. (Chapters 6 and 23).

Handout 1

# Community leaders who can be helpful to the BEEs for carrying out their IEC activities

1 Local authorities (sarpanch etc).
2 Officials sent or appointed from the outside (central government, state government).
3 Regligious leaders.
4 Traditional Healers.
5 Schoolteachers.
6 Extension workers (especially the Block Development Officers).
7 Club, group, union, political or co-operative leaders.
8 Women's leaders (Mahila Mandals).
9 Children and young people's leaders.
10 Committees (health committee, parent/teachers association).
11 Those who have much influence because of wealth.
12 Opinion leaders of the poor classes.
13 Opinion leaders of the rich classes.

Handout 2

# The inter-sectoral approach

Poor socio-economic conditions make it extremely difficult for Governments in developing countries to provide basic health care. It is therefore very important that elements which foster preventive rather than the curative aspects of health care are emphasised.
If it is accepted that the provision of health is an important element in all socio-economic development, it is necessary to understand that when we have different developmental sectors, eg. agriculture which can support any programme, it is better that they all attack the problem simultaneously. This will ensure better and more lasting results than if the different departments undertake programmes in different areas independent of each other. This concept is not difficult to understand. It is better to improve all the conditions in any set of villages at one time simultaneously rather than taking up these programmes separately in the same villages at different times. If all programmes are put into effect together, there will be a complementary or linkage effect. For example if a water supply programme is taken up in a village, there should be a drainage and also a latrine programme as well. An Agricultural and Nutrition Education programme would obviously be complementary.
It has already been agreed that IEC interventions are much more likely to succeed if an approach which tackles all aspects of the problem, affecting the quality of life of the community, is adopted.

Handout 3

# Components of the school health programme

National School Health Services Programme Components :-
- School Health Education.
- Healthy environment of school.
- Accident prevention.
- Personal hygiene of school children.
- School nutrition programme (if present in State).
- Observation by teacher of school children for deviations from normal.
- Training in First Aid and simple treatment of minor ailments in school children for teachers.
- School medical examination.
- Students health record.
- School health committee.
- Child-to-Child health programme.

Handout 4

# Steps for organising school health services

1 Prepare a list of schools in the area, with student population and number of teachers.

2 Divide the schools among the Medical Officers, Health Assistants, and Multipurpose Health Workers.

3 Arrange for meetings with the Education Officer in the area along with principals, headmasters. This is for enlisting the co-operation of the Education Department for taking responsibility in the school for preliminary screening of children and health education and sanitation.

4 Training programmes must be arranged for all the teachers in health inspection, health education, treatment of minor ailments and first-aid in co-operation with MO, PHN/ANM, Multi-purpose Health Workers (Male & Female).

5 The health worker must be asked to provide a list of schools with the total number of students in the class room. It is only through the teachers that any successful school health programme can be attempted. It is impossible for the PHC staff to give complete coverage of schools either for health inspection or health education. The training of the teachers should enable them to detect defects, deficiencies and diseases. They should be able to refer the cases to the Health Staff. The referral can be made to the sub-centre, on the days fixed for the visit for the Medical Officer or Health Visitor.

# Session 17
# Working with others: Assessing IEC in-service training needs for health service personnel

Worksheet

**Instructional objectives**
At the end of this session participants should be able to:-
- Practice the process of assessing IEC training needs of health personnel for PHC.
- Prepare a suitable checklist for the assessment.

**Activities**
1 Study Handout 1 (assessing training needs for health service personnel). Discuss.
2 Study official job functions and curricula for training of PHC health staff which are usually supervised by BEEs in their IEC functions.
3 Read carefully and discuss (in pairs) 'Task Analysis' in *Teaching for Better Learning* - F.R. Abbatt, Chapter 4.
4 Simple IEC task selected and done in detail on blackboard (whole class activity, teacher controlled).
5 Small group exercise - select a simple IEC task and analyse.
6 Individual group presentation for class discussion.
7 Small group activity - prepare a suitable checklist for a training needs survey for PHC workers.

**Assessment**
Individual work on one task analysis (a participant course assessment item).

**Materials**
Transparencies, paper, pens, chalk.

**Teaching aids**
OHP, blackboard, handouts, copies of curricula and job description for PHC staff from Rural Health Division, Ministry of Health and Family Welfare, Government of India.

**Background reading**
Handout 1 - Task Analysis.
Handout 2 - Assessing training needs for health service personnel.
Handout 3 - Survey of training needs.
Handout 4 - Training needs survey objectives.

**Further reading**
1 *Teaching for Better Learning* - F.R. Abbatt (Chapter 11).
2 *Helping Health Workers Learn* - D. Werner and B. Bower (Chapters 5 - 7).

Handout 1

# Task Analysis

Task analysis is a method of looking at each part (or task) of a person's job and writing down exactly what is done.This description is then analysed (see example below) to find out what students need to learn in order to do the job well.

**Task Analysis Sheet**
**The task: introducing latrines**

| | Stages of the tasks; Actions (A), Decisions (D), Communications (C) | Knowledge and skills needed | Ways to learn |
|---|---|---|---|
| 1 | Find out community interest (A) (C). | Ability to explain and listen. | Talk with experienced health workers; role plays, group discussion. |
| 2 | Decide if latrine project possible (D). | Understanding of people and customs. | Study of community dynamics; discussion about traditions and behaviour. |
| 3 | Help people learn importance of latrines to health (A) (C). | Knowledge of how disease spreads; teaching skills. | From observation, books and discussions, practice teaching. |
| 4 | Decide where latrines will be built (D). | Knowledge of safety factors. | Books and discussions; thinking it through with local people. |
| 5 | Get materials needed (A). | What local materials can be used; what else is needed; where to buy at low cost etc. | Talk with local mason; trip to market. |
| 6 | Help people build the latrines (A). | Dimensions of pit and platform; how to mix, cast, reinforce and cure cement; how to build outhouse and lid. | Have students take part in actually making latrines. |
| 7 | Encourage people to use latrines and to keep them covered and clean (C). | Home visits; art of giving suggestions in a friendly way. | Practice, role plays and discussion. |

To collect the information you need to do a complete task analysis, you can use these sources:

- your own knowledge and experience
- books and information sheets
- observation of health workers in action.
- discussion with other instructors or person with the experience required.
- discussion with health workers.

Adapted from *Helping Health Workers Learn* - D. Werner and B. Bower.

Handout 2

# Assessing training needs for health service personnel

1 Examine official job functions of the worker.
2 Passive observation of the worker while he is carrying out his functions. (Is he doing what he is officially supposed to do?)
3 During supervision of the worker.
4 Interview fellow workers.
5 Interview his supervisor(s).
6 Enquire into the relationship the worker has with the people in the community.
7 Interview opinion leaders within the community.
8 Interview the worker.
9 Test the worker.
10 Find out about previous training in IEC techniques.

Handout 3

# Survey of training needs

**For each health unit, the following information must be collected before you start your observation:**

- Find out how many workers there are.
- What are the qualifications of each worker?
- Where does each work (activities)? In what department/section?
- What time do they start working?
- What do they start with?

Try to discuss informally with the health workers the evening before. This will ease the tension as well as helping you to plan how to observe them.
Allocate yourself where and what to observe.
Make sure each health worker, particularly the trained one, has been observed.
As you are observing try to relate the activity being observed to the training that the health worker went through.
Try to discuss with the health workers (informally) by the end of the day to find out what they think of their training and what they actually do.

Handout 4

# Training needs (survey objectives)

1 To observe health workers and identify IEC tasks carried out, problems encountered, training needs.

2 **Collect information in these areas:**
What does the worker do?

- in the community.
- in the clinic/centre/dispensary.
- in his office.
- in the Health Centre.

3 **What problems does he encounter?**

- administrative (supervision).
- transport.
- equipment.
- environmental/community.
- personal.

4 **What training needs can you identify?**

- supervision.
- technical (skill).
- management.
- attitude.
- general.

# Session 18
# Working with others: Training needs survey in nearby Primary Health Care facilities

Worksheet

**Instructional objectives**
At the end of this session the participants should be able to:-
- assess training needs (knowledge, attitudes, skill) of different PH/MCH/FW personnel for continuing education in IEC aspects of Primary Health Care.

**Activities**
1 Field work exercise - Field survey in groups (max. 4) in selected communities through the PHC unit in the area. (Use checklist.)
2 Concentrate mainly on PHC personnel which the BEE will supervise as part of his official job functions.
3 Complete data.
4 Analyse and record using suggested format on Handout 1.
5 Study Handout 2. Participants should use the survey exercise to practise some subtle on-the-spot motivation and training of health workers regarding their IEC activities.

**Assessment**
Group fieldwork.

**Materials**
Paper, pens, survey checklists.

**Teaching aids**
Fieldwork checklists; handout.

**Background reading**
Handout 1 - 'A framework for analysis'
Handout 2 - 'Motivation'

**Further reading**
Trainers/Trainees investigate and suggest.

Handout 1

# A Framework for analysis

| IEC tasks identified | Problems identified | Training needs identified |
|---|---|---|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

Handout 2

# Motivation

Supervisors must motivate health workers so they will perform their work with enthusiasm and achieve high standards of performance. As a supervisor, you must guide and encourage workers. You must make assignments fair to both the workers and the health centre team. You must support workers in their dealings with the Ministry of Health and with community leaders.

In addition you must:
- set a good example.
- reward good work and help to correct poor work.
- make workers feel they are doing an important job.
- make workers feel they are taking part in team decisions.
- give workers new knowledge, skills, and responsibilities.

As you review each of these five ways of motivating people, think how you might apply them during the health workers community phase of training.

**Set a good example**
You must be motivated before you can motivate others. Exhibit a positive attitude when you work with the health workers.

**Reward good work and help to correct poor work**
Praise and encouragement, when they are deserved, are two of the very best ways to motivate workers. You will have many opportunities to evaluate workers' performance. When you do, remember to praise what workers do well, as you correct what needs improvement.

**Make workers feel they are doing an important job**
Make sure the health workers know how the work they have been assigned contributes to the district and national health care goals. Make sure workers feel their work is important in meeting those goals.

**Make workers feel they are taking part in team decisions**
Include the health workers in planning and scheduling their activities. Listen to their suggestions and use them whenever possible. Their workers will take satisfaction in knowing that they will be consulted and that their suggestions and reactions will be considered before decisions are made.

**Give workers new knowledge, skill and responsibilities**
Give workers as much opportunity as possible to test the skills they have already practised and to master new skills. Help them resolve any problems as they occur. Do not let them become frustrated by struggling with a problem they are unable to solve. Be a resource to whom the workers may turn when they encounter a problem they cannot solve.
The workers will look to you as an example of how they ought to behave and how they ought to carry out their work. They will turn to you when they need assistance. Make yourself available to the workers and be prepared to help them.

# Session 19
# Working with others
# Presentation of survey reports

Worksheet

**Instructional objectives**
At the end of this session participants should be able to:-
- analyse from survey findings appropriate training needs for PHC personnel.

**Activities**
1 Survey groups present reports in turn. Using 'Framework for Analysis' format present IEC tasks, problems and training needs identified.
2 Class discussion.
3 Small group exercise - 'From survey analysis write job description with regard to IEC activities for the cadres of health personnel you have surveyed'.
4 Post flipchart group presentations up on the wall board.

**Assessment**
Group presentations.

**Materials**
Flipchart paper, markers, transparencies, pens.

**Teaching aids**
OHP, blackboard.

**Background reading**
Trainers/Trainees investigate and suggest.

Unit V
# Aids to communication

# Session 20
# Aids to communication: Methods of communication

Worksheet

**Instructional objectives**
At the end of this session participants should be able to:-
- make a comprehensive list of various methods which would assist the communication/learning/motivational process during their normal working activities.
- categorise these methods in terms of their applicability to promoting the acquisition of knowledge, attitudes and skills to various individuals and groups, and in various interpersonal situations.

**Activities**
1 Brainstorming exercise - list common methods which can be useful in IEC activities:-
- in the field.
- in the clinic.
- on home visits.

2 Exercise 1
In small groups, pairs or individually, categorise each method as to its appropriateness for the teaching of :-
(K) - Knowledge.
(A) - Attitude.
(M) - Manual skills.
(C) - Communication skills.

3 Exercise 2
Complete list of advantages and disadvantages for each method.

4 Exercise 3
Categorise in terms of applicability for different interpersonal situations. This exercise can be expanded to differentiate between approaches for children, young adults (adolescents), and adults (male/female). (Remember cultural restraints.)

5 Discuss the character and limitation of each method and their possible application to identified target groups from the community survey conducted during Unit 1 activities.

**Assessment**
Exercises 1 - 3.

**Materials**
Flipchart papers, markers, transparencies, pens.

**Teaching aids**
Printed exercise forms for 'Methods', blackboard, OHP.

**Background reading**
Handout 1 - Teaching/learning/motivational methods.

**Further reading**
1 *Teaching for Better Learning* - F.R. Abbatt (Chapters 6 - 7).
2 *Helping Health Workers Learn* - D. Werner & B. Bower (Chapter 1 and 11 - 14).

Handout 1

# Teaching/learning/motivational methods

- Talks, lectures, lecturettes (active).
- Discussion - large/small groups, plenary, panel, debates.
- Brainstorming.
- Snowballing.
- Demonstration (observation), redemonstration, paired practice.
- Exercises, programmed instruction.
- Reading, self study.
- Projects.
- Dance, drama, song, streetplays.
- Role play followed by discussion.
- Supervised fieldwork.
- Puppet shows.
- Case studies.
- Field exercises.
- Workshops, seminars.
- Meetings.
- Competitions.
- Folk media.

Others (specify):

# Exercise 1
# **Methods - to teach**

| Method | Manual skill | Comm-unication skill | Attitude | Knowledge |
|---|---|---|---|---|

# Exercise 2
## **Methods**

| Method | Advantages | Disadvantages |
| --- | --- | --- |

# Exercise 3
# Methods - interpersonal situation

| Methods | One to one | Small group | Large group | Distance |
|---|---|---|---|---|

# Session 21
# Aids to communication: Communication aids

Worksheet

**Instructional objectives**
At the end of this session participants should be able to:
- make a comprehensive list of various audio-visual aids which would assist the communication/learning/motivational process during their normal working activities.
- categorise these audio-visual aids in terms of their applicability to promoting the acquisition of knowledge, attitudes and skills to various individuals and groups, and in different interpersonal situations.

**Activities**
As for 'methods' (see exercise forms).

**Assessment**
As for 'methods'.

**Materials**
As for 'methods'.

**Teaching aids**
As for 'methods'.

**Background reading**
Handout 1 - Useful audio-visual aids.
Handout 2 - Advantages and limitations of different media.

**Further reading**
As for 'methods'.

Handout 1

# Useful audio-visual aids

- Chalkboards
- Blackboards
- Clothboards
- Flannelgraphs
- Magnetic Boards
- Posters
- Pamphlets, booklets
- Flashcards
- Charts, maps, diagrams, flipcharts
- Slides
- Photographs, pictures, drawings, paintings
- Manuals, guidebooks, textbooks
- Games, puzzles
- Slide projectors
- Overhead projectors, transparencies
- Films, film strips
- Magic Lanterns
- Video
- TV, radio, loudspeakers
- Epidiascope
- Kits (eg BEE's)
- Actual objects, specimen
- One's self
- Models
- Books, handouts
- Cameras
- Tape recorders
- Notice boards
- Slogans

Others (specify):

-
-
-
-

Handout 2

# Advantages and limitations of different media

For convenience of use, the list of media is divided into three main groups; non-projected, projected and sound. The 'projected' group is further subdivided into still and moving pictures: the 'sound' group refers to sound alone (most of the moving picture goup incorporate sound).

1 Non-projected media

| Media | Advantages | Limitations |
|---|---|---|
| a) Books, handouts and other printed matter. | 1 Some learn best through reading.<br>2 Allows self-pacing.<br>3 Good for reference and revision.<br>4 Handouts easily produced, duplicated for a large number of students; can also be associated with teaching to reduce need for notes; can be reproduced in local language. | 1 Published textbooks expensive and sometimes involve foreign currency problems.<br>2 Published textbooks rapidly out of date and only revised rarely.<br>3 Good manuals and handouts demand good typing and reproducing facilities. |
| b) Real objects and specimens. | 1 Present reality, not substitutes.<br>2 Three dimensional.<br>3 Permit use of all senses in study. | 1 May not be easily obtained.<br>2 Inconvenience of size, danger in use.<br>3 Costly or not unexpendable.<br>4 Usually only usable in small groups.<br>5 Sometimes easily damaged.<br>6 Problems in storage. |
| c) Models and simulation devices. | 1 Three dimensional and concept of reality.<br>2 Size allows close examination.<br>3 Can be used to demonstrate function as well as construction.<br>4 Can permit learning and practice of different techniques.<br>5 Some can be made with local materials. | 1 Craftsmanship required for local construction.<br>2 Simulation models often expensive.<br>3 Usable for small groups.<br>4 Models often easily damaged.<br>5 Never same as performing technique on a patient. (Beware wrong learning.) |

| Media | Advantages | Limitations |
|---|---|---|
| d) Graphics (charts, diagrams, schematic drawings), paintings, photographic prints. | 1 Promote a correlation of information.<br>2 Assist organisation of material.<br>3 Photographs nearer to reality than drawings but association often difficult.<br>4 Usually easily produced and duplicated (black and white photos).<br>5 Easy to store, catalogue and retrieve. | 1 For small audiences only (unless projected with epidiascope).<br>2 For effective use good duplicating equipment and trained staff needed. |
| e) Chalkboard (blackboard) | 1 Inexpensive, can be made locally.<br>2 Usable for wide range of graphic representation.<br>3 Allows step-by-step build up or organisation of structure or concept. | 1 Back to audience.<br>2 Audience limited to 50 or so.<br>3 Careful drawings erased not preserved for future use.<br>4 Considerable skill required for effective use. |
| f) Flannelboard (flannelgraph). Note: most comments also refer to magnetic board. | 1 May be used repeatedly.<br>2 Usually preparable from locally available materials.<br>3 Good for showing changing relationship.<br>4 Hold attention if well used.<br>5 Can be adapted for goup participation. | 1 For limited audience only.<br>2 Difficult technique to use convincingly. |
| g) Field trips (not strictly media but useful as comparison of factors). | 1 Observation of a participation in reality.<br>2 Opportunity for co-operative group work and sharing responsibilities.<br>3 Good method for individual motivation. | 1 Costly in time and transport.<br>2 For limited audience only.<br>3 Requires careful planning for effect.<br>4 Distractors cannot be controlled. |

| Media | Advantages | Limitations |
|---|---|---|
| **Still Pictures** | | |
| a) Opaque projection (epidiascope). This is equipment based on method as all materials selected from previous section - I. | 1 Enlargement of drawn or printed materials for large audiences.<br>2 Prevents need for producing slides and transparencies.<br>3 For transferring enlarged image to chart of b/board for copying.<br>4 For projection of small objects and specimens. | 1 Demands total darkness for clear projection (except for expensive models).<br>2 Bulky machine, difficult to transport.<br>3 Electricity required. |
| b) Transparencies for overhead projection. | 1 Projectable in full daylight to large audience.<br>2 Presented facing audience.<br>3 Relatively easy to prepare with local materials.<br>4 Subjects can be drawn in advance or developed by stages with the group.<br>5 Can demonstrate movements, processors etc with models. | 1 Electricity required.<br>2 Equipment and materials for making sophisticated transparencies expensive.<br>3 Not usually suitable for photographic material due to cost (although adaptor available to take 35mm slides).<br>4 Usually restricted to teacher use, as it is not easy to adapt for learner. |
| c) Slides and filmstrips. | 1 Suitable for large audiences.<br>2 Relatively easy production and (in black and white) reproduction.<br>3 Equipment available for viewing or projection without electricity. | 1 Fixed order of frames in filmstrip restrictive in use.<br>2 Need partial darkness for viewing unless rear screen or daylight screen used.<br>3 Duplication of colour slides expensive (even impossible in many countries). |

| Media | Advantages | Limitations |
|---|---|---|
| **Moving pictures** | | |
| a) Films (comments include reference to both 16mm and 8mm formats). | 1 Close to reality with movement and sound.<br>2 Suitable for large audiences (16mm) and small groups (8mm).<br>3 Compression of time and and space.<br>4 Brings out emotion, can develop attitudes, pose problems, demonstrate skills.<br>5 Good learning source if preceded by teacher's introduction followed by discussion. | 1 Does not permit self-pacing.<br>2 Films costly and difficult to produce.<br>3 Individual films relatively expensive.<br>4 Electricity required.<br>5 Equipment difficult to transport.<br>6 Darkness for viewing (except rear screen use).<br>7 Imported film may contain inappropriate information (see proviso in advantage 5). |
| b) Broadcast (open circuit television). | 1 Adaptable to large and small audiences in widely distributed area.<br>2 Capable of gaining and maintaining attention.<br>3 Can stimulat emotions, build attitudes and develop problems.<br>4 Can conserve resources of instructors by simultaneous broadcast to many classes. | 1 Programme expensive to produce and demands highly skilled staff.<br>2 Receiving equipment expensive and difficult to maintain.<br>3 Electricity required.<br>4 No immediate interaction or feedback.<br>5 Learner must adapt to fixed schedule, never the other way round. |
| c) Closed circuit television and videotape (including cassettes). | 1 Adaptable to medium and small audiences.<br>2 Videotape repeatable to fit learning schedules.<br>3 Film advantages 1, 3 above and 4 apply (see above).<br>4 Valuable for magnification image, recording intimate situations, microteaching, recording of developments in clinical syndromes or in scientific experiments in 'bringing the village into the class room' recording emergencies.<br>5 Portable equipment can function on battery for field recording. | 1 High initial cost of production equipment and requirement of trained staff.<br>2 Electricity required although portable works off battery, this needs charging from power source.<br>3 Receivers are expensive and require maintenance. |

| Media | Advantages | Limitations |
|---|---|---|
| a) Broadcast Radio. | 1 Adaptable to large and small audiences in widely separated areas.<br>2 Conserves resources of instructors by broadcasting simultaneously to many classes.<br>3 Capable of gaining and maintaining attention.<br>4 Reception equipment relatively cheap and will function on batteries.<br>5 If combined with prepared materials (radio vision) can be improved learning tool. | 1 Special studio facilities and staff required for broadcast.<br>2 Learners must adapt to fixed schedule, not other way round.<br>3 No immediate feedback and no audience inter-action. |
| b) Sound recording (reel and cassette tape, records/ discs). | 1 Adaptable to any size audience.<br>2 Especially suited to individual and small group learning.<br>3 Due to stop and playback facilities of tape, can be student paced.<br>4 Cheap, battery operated cassette players available and relatively cheap cassettes.<br>5 Many uses - to provide sound for slide sequences, for micro-teaching, heart sounds, for posing problems etc. | 1 Use for individual learning demands - many playback units.<br>2 Good quality recording: demands studio facilities. |

Exercise 1

**Audio-visual aids - to teach**

| AV Aids | Manual skill | Communication skill | Attitude | Knowledge |
|---|---|---|---|---|

Exercise 1 continued

**Audio-visual aids - to teach**

| AV Aids | Manual skill | Communication skill | Attitude | Knowledge |
|---|---|---|---|---|

Exercise 2

**Audio-visual aids**

| AV aids | Advantages | Disadvantages |
| --- | --- | --- |

Exercise 2 continued

| **Audio-visual aids**<br>AV aids | Advantages | Disadvantages |
| --- | --- | --- |

Exercise 3

**Audio-visual aids - interpersonal situation used in**

| AV aids | One to one | Small group | Large group | Distance |
|---|---|---|---|---|

Exercise 3 continued

| Audio-visual aids | interpersonal situation used in | | | |
|---|---|---|---|---|
| AV aids | One to one | Small group | Large group | Distance |

# Session 22
# Aids to communication:
# Using and maintaining audio-visual aids

Worksheet

**Instructional objectives**

At the end of this session participants should be able to:

- practice using most of the commonly available audio-visual aids.
- effect simple repairs to audio-visual aids.

**Activities**

1 Arrange small groups with instructor at convenient points around the classroom with different

2 Participants under close supervision eg changing projection lamps, bulbs, unravelling tangled wires, replacing/repairing fuses, plugs, projection procedures etc.

3 Change groups after a suitable period of time in clockwise rotation.

**Assessment**

Observation and practice.

**Materials**

Teaching aids (If available)

| | |
|---|---|
| OHP | Plugs. |
| Filmstrip projector. | Electrical wire. |
| Slide projector. | Cinefilm. |
| Cinefilm (8 and 16mm projector). | Magic Lantern. |
| Tape Recorder. | Screens. |
| Cassettes/audio tapes. | |
| Video recorder. | |

Resource persons who can make a valuable contribution to this process :-

- Resident projectionist.
- Resident electrician.
- Resident artist/projectionist.
- Any knowledgeable member of the teaching team.

**Background reading**

1 *Visual Communication Handbook* - (Teaching and learning using simple visual materials) - Denys J. Saunders.

2 *Helping Health Workers Learn* - D. Werner and B. Bower (Chapters 11 - 14).

# Session 23
# Aids to communication: Outlining IEC training plans for health personnel from training survey findings

Worksheet

**Instructional objectives**
At the end of this session participants should be able to:-
- understand the important steps in programme planning for IEC interventions.
- identify suitable areas where training needs are demonstrated.
- prepare an appropriate programme plan for the training of the identified health worker.

**Activities**
1 Study Handouts 1 and 2 on *Programme Planning, The Problem Solving Process and Training.*
2 Working groups for the fieldwork needs survey (Session 18 Unit IV) now come together again. Review findings and analysis from the survey.
3 Select ONE important training need identified for any category of health worker (preferably from the lower levels eg CHV or VHW).
4 Study example of *Training programme design and implementation structure* (Appendix I).
5 Do exercise *Teaching on a Refresher Course* (p92).
6 Using teaching plan format given as Handout 5 - prepare a suitable teaching programme plan for the health worker.
7 Groups present to whole class in turn. Programme plans refined.

**Assessment**
Group training programme plans.

**Materials**
Flipchart paper, markers, transparencies.

**Teaching aids**
OHP, blackboard, handouts.

**Background reading**
Handout 1 - Steps in Programme Planning.
Handout 2 - The Problem Solving Process.
Handout 3 - Training.
Handout 4 - Sample - Design and Implementation programme planning structures.
Handout 5 - Teaching plan format.
Handout 6 - A simple way of making a curriculum.
Handout 7 - In-service training checklist (for trainers).
Handout 8 - Evaluation of training

**Further reading**
1 *Teaching for Better Learning* - F.R. Abbatt (Chapters 4 - 5).
2 *Continuing Education for Health Workers* - Training Dept. African Medical and Research Foundation (Chapter 2).
3 *Helping Health Workers Learn* - D. Werner and B. Bower (chapter 3).

# Exercise 1
# Teaching on a refresher course

Here is a list of statements about teaching on a refresher course : -
Tick the ones you **strongly** agree with :

1 Most of the sessions should be a review of participants' basic training.
2 The participants spend most of their time listening to the facilitators.
3 The facilitators get participants to contribute from their own practical personal experience.
4 The participants already know most of what is being taught.
5 There is a lot of practical work.
6 The teaching is closely related to the real problems participants face.
7 Most of the teaching is about applying knowledge rather than knowledge itself.
8 The participants do very well in the pre-test.
9 The facilitators show the participants how little they know.
10 The participants are doing things in the sessions, rather than just listening.
11 The facilitators show the participants how much they (facilitators) know.
12 The participants are busy and confident that they are learning.
13 The facilitators concentrate on theory rather than on practice.
14 The course is relevant and useful to the participants.
15 The participants go back from the course to do better work.

Ask these questions about your teaching:
- Are most of my lessons a review of the trainees' basic training?
- Do my trainees spend most of their time listening to me?
- Do my trainees seem to know most of what I'm teaching?
- Did my trainees do well in the pre-test?
- Am I showing the trainees how little they know?
- Am I showing the trainees how much I know?
- Am I making sure the trainees know the theory, because it is so much more important than practice?

If the answers to these questions is mostly 'yes', **you are doing the wrong sort of teaching.**

Now ask these questions about your teaching:
- Do I get my trainees to contribute from their own, practical personal experience?
- Do I do as much practical work as possible?
- Is my teaching closely related to the real problems the trainees face?
- Is most of my teaching about applying knowledge, rather than knowledge itself?
- Are my trainees doing things in the lesson, rather than just listening?
- Are my trainees busy, interested and confident that they are learning?
- Is this course useful and relevant to them?
- Are they going to go back from this course and do better work?

If the answers to these questions are mostly 'Yes', **then you are running a good course.**
If an answer is 'No', ask yourself **why?** And try and change it.

Handout 1

# Steps in programme planning

- Identifying needs.
- Setting priorities.
- Pooling resources.
- Time phasing.
- Sequencing of activities.
- Evaluation and feedback.

Handout 2

# The problem solving process

**Tasks related to health education within the community**

| | |
|---|---|
| 1 Collect information | On the knowledge, attitudes and beliefs of the community in relation to particular health problems.<br>Assess the main health problems in terms of frequency, mortality and community concern.<br>Identify leaders and opinion formers. |
| 2 Interpret information | Discuss the problems with the people and identify areas of major concern.<br>Select for action a priority problem with the help of representatives from all interested groups in the community which will respond to Health Education. |
| 3 Suggest solutions | Define the behavioural change which is needed to improve the health situation.<br>Outline a plan in discussing these changes with the people.<br>Analyse the factors which might encourage and discourage these changes. |
| 4 Start and maintain activities | Lead group discussions concerning the prevention of disease.<br>Devise and use various aids and models (teaching methods).<br>Devise other suitable techniques. |
| 5 Evaluation | Assess changes in knowledge, skills and attitudes by questionnaires and analyses.<br>Estimate changes in health status over time. |

Handout 3

# Training

**Macro-steps**

- Planning.
- Organising.
- Implementing.
- Follow-up supervising.
- Evaluating.

**Micro-steps**

- Define the job function.
- Observations in the field (collect data).
- Analyse the data.
- Make a list of required knowledge, skills and attitudes.
- Define the objective of the training programme.
- Prepare the curriculum.
- Select the participation.
- Plan for the training programme.
- Plan the time.
- Assign the responsibility for each responsible person who may be asked to help.
- Prepare the lesson plan and aids.
- Prepare the evaluation tools for the training.
- Prepare a detailed schedule for the field training eg

a. observation visits
b. practice.

- Formation of various committees for the training.
- Involve the HFWTC and district level personnel.
- Inform well in advance about the commencement of the training programme.
- Prepare the background materials.
- Get ready the manual and other materials for the training.
- Fix the co-ordinator and field faculty for the field training.
- Plan for follow-up of the training.
- Evaluate the training programme periodically.

Remember that apart from the formal arrangement suggested above, it is also possible to conduct on-the-spot training whenever possible eg on supervision or evaluation visits to the workers.

HANDOUT 4

## SAMPLE DESIGN AND IMPLEMENTATION PROGRAMME PLANNING STRUCTURE

| STEP 1 BROAD OBJECTIVES | STEP 2 WORK to be DONE by VHWs | STEP 3 What VHWs need to KNOW FEEL & DO | STEP 4 SPECIFIC OBJECTIVES What VHWs DO in the Village | STEP 5 CURRICULUM | |
|---|---|---|---|---|---|
| | | | | Course Outline | Messages to be learned by VHWs |
| 1 Dispel harmful practices and beliefs, taboos related to maternity. | Help to dispel taboos related to pregnancy through accurate information on the care needed by the mother and new born infant.<br>Encourage better health practices in pregnancy by her own acceptance of these. | VHWs need to KNOW facts about pregnancy and the relationship between the health of the mother and the child<br>VHWs need to TEACH others more scientific ideas on pregnancy and child birth and to ACCEPT these ideas for themselves | a Gives accurate information to women on physiological changes during pregnancy.<br>b Teaches about advantages to both mother and baby in having antenatal care<br>c Follows good health practices and antenatal care herself (and for other family members) during pregnancy. | I **Social Aspects of the Care of Mothers and Newborn.**<br>A. Common beliefs and customs.<br>B. Misconceptions and harmful Practices.<br>C. Problems faced by pregnant women.<br>D. Normal physiology of pregnancy. | 1. Having a baby is a normal (and God-given) function of women<br>2. By taking care of herself a woman can be healthy and strong throughout pregnancy<br>3. The physiological changes in the woman's body provide for the proper formation and growth of the new baby's body.<br>4. The baby in the mother's body is also a member of her family, along with the other children. |
| 2. Provide for health education on the relationship of antenatal care of the mother, and the development of the fetus. | Give accurate information on the care the mother needs in order to have a healthy baby. | VHWs need to KNOW about and TEACH others about<br>— growth of the fetus<br>— essentials in mothers nutrition.<br>— preventive measures against tetanus,<br>— signs indicating possible complications at time of delivery. | d. Persuades women who are pregnant that eating enough of the proper foods is necessary for the growth of the fetus.<br>e. Keeps a record of antenatal mother's weight, Height of fundus and fetal heart rate.<br>f. Persuades pregnant woman to accept the tetanus toxoid injections.<br>g Recognizes potential danger signs such as a small or malformed pelvis and refers these to the Health Team. | II. **Relationship of Antenatal Care of the Mother, Fetus.**<br>A. Growth and development of the fetus.<br>B. Nutritional requirements of the mother.<br>C. Prevention of Tetanus<br>D. Pelvic measurements (estimate by observation) | 5 The growth and development of her body depends on the mother's good nutrition<br>6. A pregnant woman should eat more than she eats normally ★<br>7 A pregnant woman should eat some green leafy vegetables every day<br>8. The state of the mother's health and the development of the baby in her body can be known by keeping records of certain measurements.<br>9. Tetanus can be prevented in both the mother and the newborn by injections of tetanus toxoid.<br>10 Pregnant women who are very small and who have pelvic bones which are not the right shape, should be shown to the Health Tea |

SAMPLE DESIGN AND IMPLEMENTATION PROGRAMME PLANNING STRUCTURE

| STEP 1 BROAD OBJECTIVES | STEP 2 WORK to be DONE by VHWs | STEP 3 WHAT VHWs needs to KNOW, FEEL & DO | STEP 4 SPECIFIC OBJECTIVES What VHWs DO in the Village | STEP 5 CURRICULUM | |
|---|---|---|---|---|---|
| | | | | Course Outline | Messages to be learned by VHWs |
| To provide full information and services (if required) for various operative or permanent methods of limiting the number of children | Indentify eligible couples who want to stop having children<br>Give accurate information about the operative methods of family planning (MTP, vasectomy, tubectomy)<br>Bring couples ready to accept operative methods of family planning to the Health Team | The VHW needs to know what operative methods of family planning can be carried out by the doctor and<br>- the indications, advantages and dis-advantages of each<br>The VHW needs sympathetic understanding of the doubts customs fears and religious beliefs of the people related to the operative methods of family planning<br>The VHW needs to be able to give assistance to those who request it in arranging their operations with the Health Team and in follow up after the operations | k Identifies families who may require more permanent methods of limiting family size<br>l Gives complete and accurate information regarding family planning operations which may be done<br>m Assists the parents with sympathy and understanding in making a decision on acceptance of an operation on the basis of need suitability and compatible with their religious beliefs.<br>n Brings couples ready to accept operative methods of Family Planning to the Health Team<br>o Assists in any follow up required by those who have accepted a Family Planning operation | III Operative Methods in Family Planning<br>A Medical Termination of Pregnancy<br>1 D and C<br>2 Vacuum method<br>B Sterilization<br>1 Vasectomy<br>2 Tubectomy<br>C Basis on which decision is made for the operations<br>1 Physical<br>2 No of children<br>3 Family situation, economic social etc<br>4 Religious belief<br>D Psychological support<br>1 Giving of information<br>2 Lessen doubts, fears<br>3 MUST BE COUPLE'S OWN CHOICE<br>4 Social acceptance<br>E Follow up care after patient returns home. | 11 Parents who make the decision that they cannot afford to have more children, may choose to accept a minor operation to limit the number<br>12 Some operations end pregnancy while others prevent all future pregnancy for the mother<br>13 No operation should be accepted by parents without a clear understanding about whether pregnancy (or conception) can occur again after the operation<br>14 a Common methods used in the village to end a pregnancy are dangerous for the mother<br>b The Health Team can help decide on a safer method<br>15 If parents decide to end one pregnancy they may still decide to have a child later.<br>16 A father who accepts a permanent family planning operation (vasectomy) for himself will not suffer from weakness or impotency later.<br>17 A father should continue to use a temporary family planning method (abstinence, safe period, condom) for three months after the operation<br>18 A mother who accepts the permanent family planning operation (tubectomy) will not become pregnant again, but she will not suffer from weakness or disability after the operation |

Handout 5

# Teaching plan format

**Objectives**

The objectives in the teaching plan cover the same content as the objectives in the trainee guide. Each objective is stated in terms of trainee performance. The number of objectives that are included in a teaching plan depends on the type and duration of the learning activities that the instructors select.

**Methods**

This section summarizes the instructions that are included in the learning activities, such as self-instruction, dicussion, instructor demonstration, student presentations, group work and clinical practice.

**Materials**

This section lists the equipment and written materials that are necessary to support the learning activities for the teaching plan. This section often makes reference to other parts of the curriculum, where trainees will find supporting information.

**Preparation**

This is a list of the activities that the instructor must complete in preparation for the teaching session. These activities often include preparing materials to be used during the session, selecting clients for the students to visit and examine, and arrange for supervised practice experiences.

**Learning activities**

This is a step-by-step description of the specific methods and techniques that the instructor will use to teach the session. The learning activities described in the teaching plans are summarised in the trainee guides so that the trainees are informed about the instructional process. Each activity is assigned a specific block of time.

**Answers to review questions and review exercises**

The answers to review questions and review exercises are included to guide discussions (Handouts).

Handout 6

# A simple way of making a curriculum

For the kind of training the BEEs is expected to do as part of his job function, it is not always necessary to become involved in precise objective-based curriculum development. The following six steps will assist him to develop a satisfactory curriculum:-

1 Identify what the learner will have to do after training.
2 Work out in detail what is involved in doing this job.
3 Describe in detail everything the learner needs to know, practise and learn in order to do his/her job satisfactorily.
4 Choose teaching/learning activities which will help learners to learn and practise.
5 Identify the resources which the learners will need in order to learn and practise.
6 Choose an evaluation method which will help you to find out how well the trainees have learned.

Handout 7

# In-service training checklist (for trainers)

Trainers use this checklist to assess group activity while the group conducts in-service training.

| | | Yes | No | Remarks |
|---|---|---|---|---|
| 1 | Did the group study the background of the trainees? | | | |
| 2 | Did the group identify trainees' needs? | | | |
| 3 | Did the group assess training needs? | | | |
| 4 | Did the group prepare objectives for training? | | | |
| 5 | Did the group prepare curriculum for training? | | | |
| 6 | Did the group prepare lesson plans? | | | |
| 7 | Did the group prepare teaching aids and other training materials? | | | |
| 8 | Did the group procure necessary teaching aids and training materials? | | | |
| 9 | Did the group prepare for each lesson? | | | |
| 10 | Did the group prepare a plan of evaluation in advance? | | | |
| 11 | Did the group use appropriate teaching aids? | | | |
| 12 | Did the group encourage trainees to participate? | | | |
| 13 | Did the group explain technical terms in simple language? | | | |
| 14 | Did the group communicate effectively? | | | |

This checklist which is for trainers can be used to give participants an indication of what they should include in the checklist which they must prepare.

Handout 8

# Evaluation of training

Should examine:-

- What costs have been incurred in terms of finance and other resources.
- What people have been receiving in-service training and how many.
- If methods of in-service training employed were suitable/successful.
- How much have the administrative/managerial/communicative procedures been strengthened.
- How far physical resources have been improved.
- How much have skills in course development and reading been improved.
- What impact on the provision/quality of health care has resulted.
- How future training should be modified to better provide for identified needs.

**Methods and types of evaluation**

Methods:

- Observation (with checklist)
- Interview (with checklist)
- Questionnaire including Knowledge, Attitude, and Practice.
- Others - see *Teaching for Better Learning* - F.R. Abbatt (Section 3 Chapters 10-11).

Types:

- Pre-evaluation (eg pre-test)
- Concurrent evaluation
- Terminal evaluation
- Self evaluation

# Session 24
# Aids to Communication: Selection, design and pre-test of methods and aids for IEC Community Intervention

Worksheet

**Instructional objectives**

At the end of this session participants should be able :-

- select appropriate methods and aids for an IEC intervention in the communities surveyed in Unit 1.
- design a suitable audio-visual teaching aid.
- pretest the teaching aid using suitable target individual/s/group/s.

**Activities**

1 Revise Session 23.

2 Survey groups from community survey reconvene, select identified problems and target individuals/groups in the communities surveyed.

3 Study handouts - 'Guidelines for Designing Teaching Aids' and 'Steps for Making Simple Audio-Visual Aids'. Also, 'Pretesting - What for?' and 'Pretesting - How?' Do Exercise 'Young/Old lady Picture' individually. Discuss implications.

4 Do Exercise II. Answer questions.

5 With the assistance of the resident artist (resource person) - design one teaching aid which will be used in the community IEC intervention exercise in Session 28.

6 Pretest using suitable target individuals or groups in the immediate community (if appropriate).

**Assessment**

Selection of methods and aids to address problems identified in communities.

**Materials**

Flipchart paper, cardboard, pens, markers, coloured crayons, scissors, 'tape', glue etc.

**Teaching aids**

Handouts, some examples of simple teaching/motivational visual aids. BEE's (IEM) kit.

**Background reading**

Handouts 1 and 2. Survey reports and analyses from Unit 1 - Community Survey.

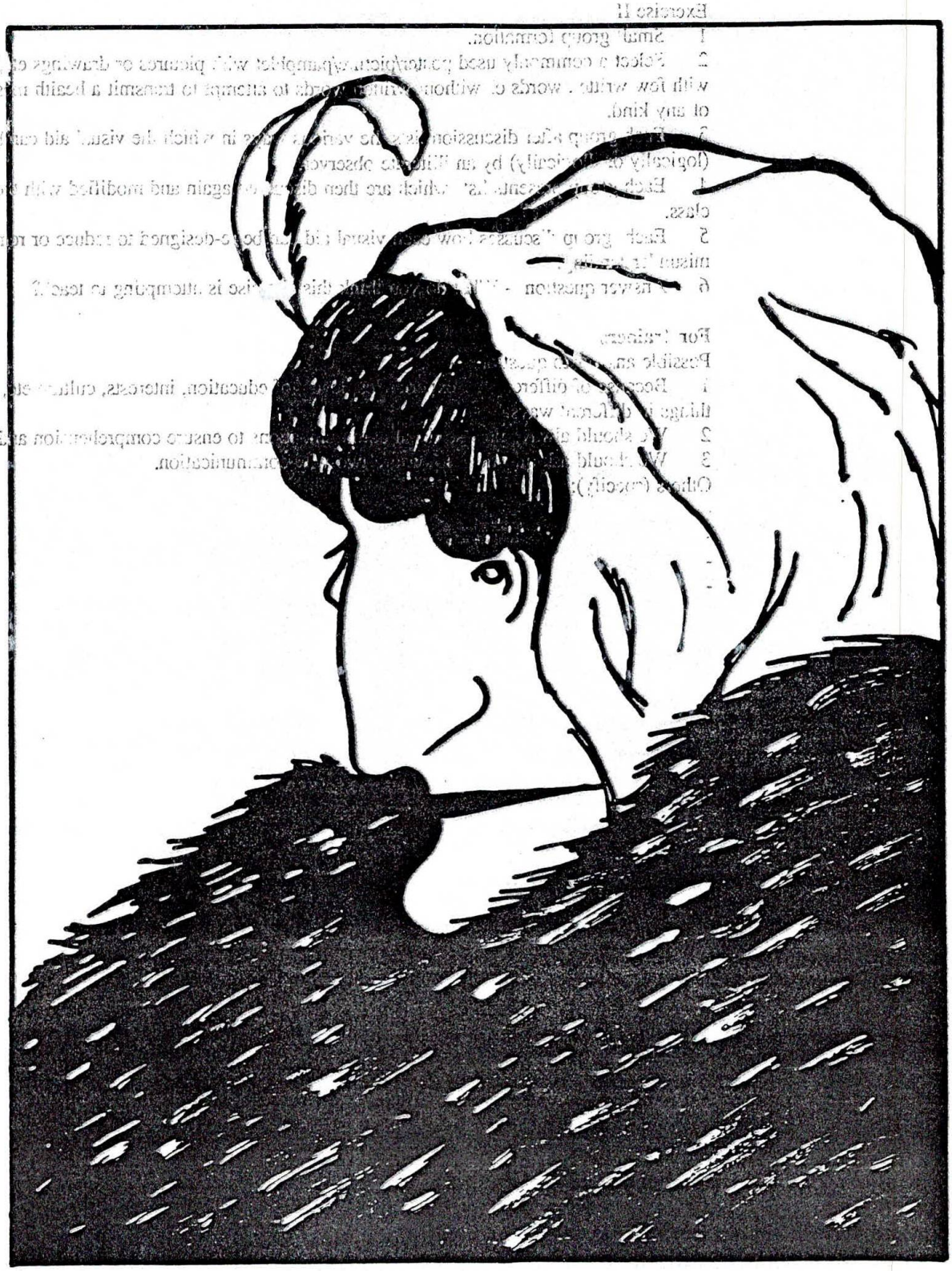
**Further reading**

1 *Communication Handbook* - Denys J. Saunders.

2 *Helping Health Workers Learn* - D. Werner and B. Bower (Part 2 - Chapters 11 - 16).

# Young - Old lady picture

Exercise I - Spot the young and old lady in this picture

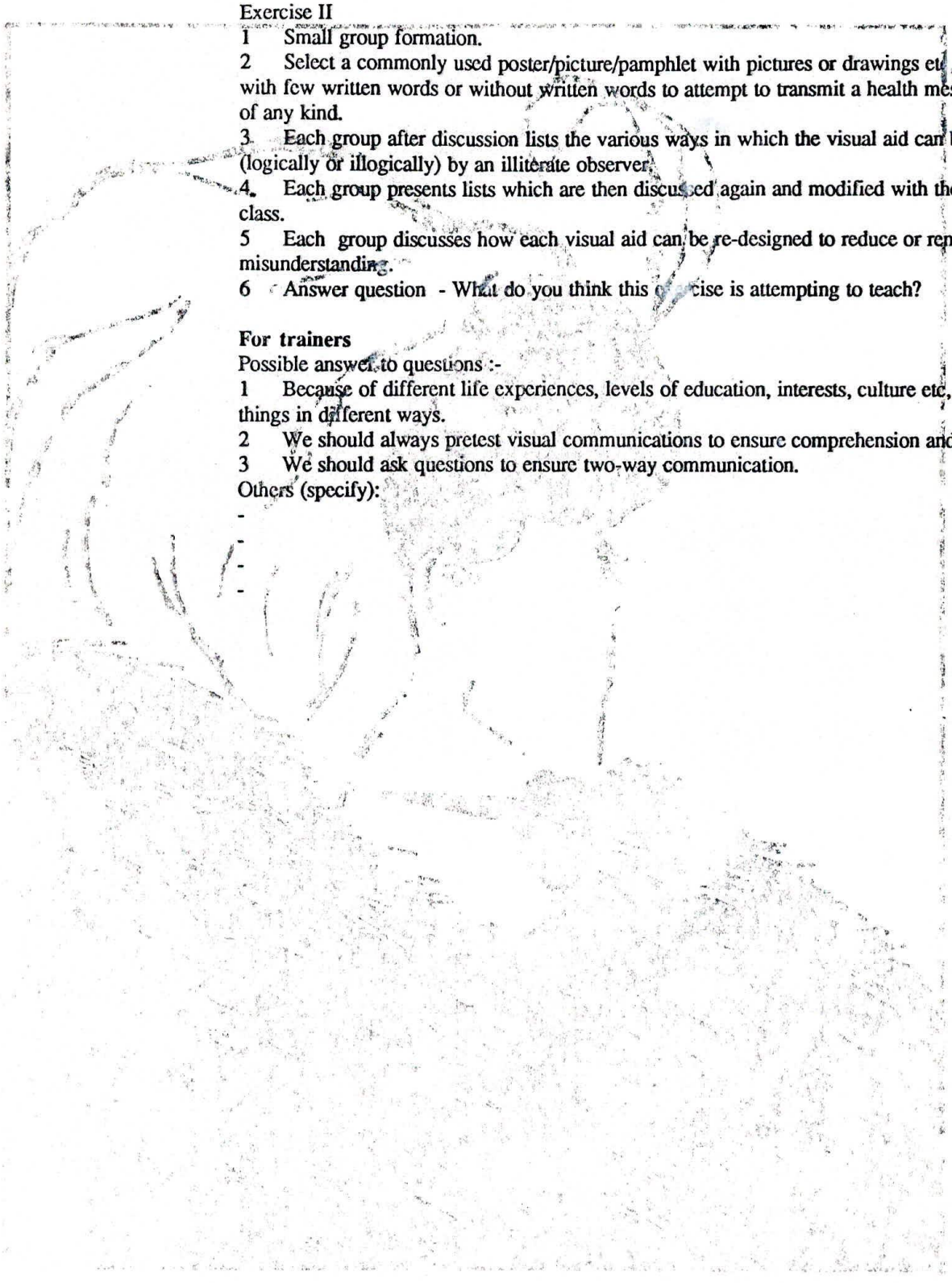


**Visual perception**
(the way we interpret things when we see them)
When designing visual aids, it is important to be aware of the fact that because of different life experiences, environment, culture, levels of education etc, individuals are liable to interpret what they see in different ways from each other.
Individual thoughts, feelings and perceptions vary from individual to individual, group to group. These consideration are very important when making and using visual aids.

Exercise II

1 Small group formation.
2 Select a commonly used poster/picture/pamphlet with pictures or drawings etc, which is used with few written words or without written words to attempt to transmit a health message of any kind.
3 Each group after discussion lists the various ways in which the visual aid can be interpreted (logically or illogically) by an illiterate observer.
4. Each group presents lists which are then discussed again and modified with the rest of the class.
5 Each group discusses how each visual aid can be re-designed to reduce or remove misunderstanding.
6 Answer question - What do you think this exercise is attempting to teach?

**For trainers**
Possible answer to questions :-
1 Because of different life experiences, levels of education, interests, culture etc, we all perceive things in different ways.
2 We should always pretest visual communications to ensure comprehension and relevance.
3 We should ask questions to ensure two-way communication.
Others (specify):
-
-
-
-



Handout 1

# Guidelines for designing effective teaching aids

For a visual aid to be effective it must be :-

- Relevant.
- Attractive.
- Simple.
- Interesting.
- Able to highlight one or two important ideas.
- Stimulating.
- Inexpensive.
- Durable.
- Easily understood.
- Mindful of the characteristics of the audience.

**Suggested steps in making visual aids**

1 Work with the people you will be trying to motivate.
2 Determine the material to be covered.
3 Limit the focal message of the visual aid to one or two points.
4 Decide with members of the target community what type of visual material is appropriate, popular, or acceptable.
5 PRETEST a sample of the material with people from the intended audience, or people who are close in characteristics to the intended audience.
6 Make necessary modifications if necessary.
7 PRETEST your material in final form.

Handout 2

# Pre-testing theory

**Pre-testing - what for?**

Pretesting of audio-visual IEC material is designed to find out if :-

- The message is interesting enough to hold the attention of the target audience.
- The message is clearly understood.
- The message contains anything which offends the local sensitivities of the target audience.
- The target audience feels that the message is directed at them.
- The message is likely to cause the target audience to act in a desired way.

In other words the more attractive, comprehensible, acceptable and self-involving a communication is, the more likely it is to persuade target audiences to take the desired action.

**Pre-testing - how?**

How can we be sure that people will understand audio-visual materials which have been prepared for them - posters, pamphlets, stories, puppet shows, role plays/dramas, demonstrations and other visual presentations?

Informal methods which the BEE can use are :-

- Try them out on the target audience.
- Test them under conditions similar to those of the target audience.
- Offer the material to a small group of the larger audience and ask them these questions :-

What is the purpose of the material?
What is the main message it is attempting to convey?
Is it clear?
What kind of motivation is being used?
What action is being asked for?
Does the material make the target group want to act?
Is there anything about the communication which is confusing?
Does it offend community sensitivities in any way?

# Session 25
# Aids to communication: Preparation for micro-teaching exercise

Worksheet

**Instructional objectives**

At the end of this session participants should be able to:-

- recognise the appropriateness of using various techniques for teaching and motivating.
- prepare appropriate interventions for health worker IEC training and community intervention.
- practice the use of these prepared interventions in a simulated working situation.

**Activities**

1 Study Handouts 1 and 2. Discuss (in pairs).

2 Study prepared slides (whole class) and prepared mounted photographs depicting actual field situations. Discuss and critically analyse good and not so good examples depicted related to teaching/motivational technique.

Think of:

- School Health (note 'Games and Puzzles' Handout)
- Home visiting (MCH, FP)
- Communication techniques
- Special target groups (for public health workers)

Also:

- Seasonal variations of disease patterns
- Locally expressed needs
- National priorities

3 Relevant survey groups - prepare a 10-minute presentation for a health worker. [Incorporate prepared visual aids (from session 24) and any other appropriate method or aid].

4 Relevant survey groups - prepare a 10-minute presentation for a community intervention exercise.

5 Prepare appropriate checklists for evaluation.

6 Groups rehearse for presentation.

**Assessment**

Checklists for teaching/motivational exercises.

**Materials**

**Teaching aids**

Prepared slides/photographs on teaching motivation techniques, slide projector and screen handouts.

**Background reading**

Handout 1 - Community educational methods for individuals and groups.

Handout 2 - Fifty health messages which apply to India.

**Further reading**

1 *A Manual of Learning Exercises* for use in health training programmes in India, R Harnar, Voluntary Health Association of India.

2 Study Carefully *Teaching Health Care Workers* F.R Abbatt and R McMahon. (Teaching knowledge/communication/manual/decision-making skills, chapters 10-14.)

Handout 1

# Community educational methods for individuals and groups

Points to consider:-

- appropriate culture-oriented educational tools must be chosen for each programme.
- nearly always a combination of educational techniques (methods and aids) are required to achieve the desired behavioural changes.
- effectiveness and cost must be considered when selecting techniques.
- local culture, traditions and folk beliefs must influence the final choice of techniques.
- methods must seek to promote confidence and self-reliance such as through the use of problem solving.

**Home Visits Individual (one to one) educational methods**

An effective home visit must be planned for just like a community meeting, a classroom teaching session or a community programme. Important points to remember when preparing for and conducting home visits are as follows:-

- plan your home visit as you would a lesson.
- make a family record (folder) for each home visited.
- have appropriate materials which have been carefully chosen to reach your motivational objective.
- remember that a very useful aid in a one to one teaching situation is a small handy flipchart which is relevant to the topic you intend to discuss.
- make the visit pleasant and put the family at ease (revise interviewing technique).
- show respect to family elders.
- ensure privacy when intimate matters are being disctussed.
- take every opportunity to compliment mothers for good family protection activities.
- show interest in as many family activities as they would want to talk about.
- keep everything you learn confidential so as not to lose the trust of the family.
- make sure to re-emphasise the main issues of what was discussed.
- be sure to thank the family for allowing you the opportunity to visit them at home.

Notes on the following information about each visit should be made and updated whenever re-visits are made :-

The family name.
The address and location of the house.
The date of the visit.
The names and ages of all members of the household (be sensitive to local customs about collecting such information).
What health problems does the family have?
What problems or related topics were discussed? Other?
What did you suggest to the family?
What did they agree to do?
What did you agree to do?
When do you need to visit again?
Did you accomplish what you had hoped to do?
What can be done to make the next visit worthwhile?
What approaches or techniques seem to work well or poorly?

**Individual (one to one) educational methods**

Remember also, that this one-to-one interpersonal situation arises quite often in the confines of your office and therefore presents a similar teaching/learning opportunity as a home visit. Much of the information which can be obtained from a home-visit can be obtained in this way. Make careful notes as for home visits.

**Useful group educational methods**

**Demonstrations**

Conducting demonstrations for teaching/motivational purposes requires careful planning, preparation and pre-demonstration practice. It is an effective teaching method because it can point, sometimes dramatically, to a better, more successful way to do something as opposed to a commonly employed less efficient way of doing something.

The kind of demonstration you choose should :-

- answer the needs of the community.
- teach a sound practice - one you know is right.
- be timely - for example, when foods are in season (nutrition).
- be given with readily available materials.
- combine seeing and doing; the demonstration should involve members of the community in preparing for it and carrying it out.
- show improvement over a method in current use.
- encourage people to try the new practice.
- be so simple that anyone watching can copy what is done.

In preparing for the demonstration you and others who will make the presentation should :-

- consult with co-workers about the choice of topic and the method you plan to use in giving it;
- know more about the subject than you plan to teach so you will be prepared to answer questions;
- publicise the demonstration (posters, talk with people, ask the local leaders to tell others);
- outline the demonstration step-by-step and list key points;
- assemble equipment and supplies;
- practice (with co-workers).

PRACTICE is very important if you are to give a successful demonstration. Do it exactly as you plan to do it, but before someone who can evaluate it to help you be sure that your presentation will be clear and understandable to your audience, and to be sure that the demonstration will run more smoothly.Immediately before the demonstration, arrange your equipment and supplies. Check that everything works properly. Be sure your audience will be comfortable and able to see and hear you.

The demonstration may consist of four parts :

1 Introduction

- Explain the need for the demonstration and why you are showing it to this particular audience.
- Acknowledge the present method but emphasise how the new practice will improve on it.
- Be short and clear while convincing your listeners that the subject is important.

2 Demonstration

- Be enthusiastic and friendly.
- Follow your outline and make it look so easy that everyone will want to to try it.
- Be sure everyone understands you.
- Speak loudly and clearly.

3 Questions

- Encourage discussion either during or at the end of the demonstration.
- Ask them to demonstrate back to you or to explain the steps.
- Ask them to help you as often as possible.
- If a step is not understood, repeat it.

4 Summarise

- Review the important steps and key points briefly and tell the audience where they can get any materials new to them.
- If this demonstration is to be followed by further sessions, tell the audience when and where the next one will be held.

Following the demonstration :-

- evaluate it.
- did the audience learn how to do what was demonstrated?
- what evidence was given that the audience plans to carry out this practice on their own?
- visit members of the audience to see if they are using the new methods demonstrated.
- how could your demonstration be improved?

# Useful group educational methods

**Meetings/group discussion**

A general meeting is good for teaching something of importance to a large group of people.You can offer subject matter, questions can be discussed and the audience can participate.
Lecturing is the most common educational method used, but used alone it is one of the poorest. Learning can be much easier if the audience can see and take part in it.Visual aids make meetings more interesting and meaningful and will be discussed later.Plan your meeting. Outline your talk.Think how you can emphasise each point visually. Then prepare all materials.
Consider, for example :

- Actual objects. If you are talking about immunisation, show the syringe and vial of vaccine.
- Drawing simple sketches on chalkboard.
- Using flipcharts.
- Making a series of posters.
- Using flash cards to tell a story.
- Using a flannelgraph.
- Showing pictures or a film of how someone else already used the practice and succeeded.

Points to remember :-
Involve the people. This makes the meeting more interesting.
Here are some ways to involve them:-

- Have a group act out some activity.
- Have a villager report on a successful project.
- Use songs to reinforce learning. In Sierra Leone, women put the key points of a meeting to music and sing them.
- Have enough reference materials which the people can use or examine.
- Stimulate discussion/ feedback by asking questions.

Make the group comfortable. Give some thought to the little things which you can do to help the community see that this is their problem and project, not yours. For example, if people usually chat while sitting on mats, follow their way. Let someone from the community head the meeting while you serve as a resource person. Ask for information more than you give information. The meeting place and time should be convenient for the audience. Know the names of those who attend. Suggest to the leader that the meetings be short.
Seat the group in a circle. This is so everyone can see faces of the others. Give everyone a chance to talk, and since viewpoints disagreeable to the group may come up, work to keep the atmosphere friendly.
Let the audience tell what the problem is. Your job is to find out how they think, not to tell them what to think. If there is a disagreement about the problem, help them to come to an understand by asking the group questions that will clarify the issue.
Discourage speechmaking. Everyone in the group should be allowed to contribute, but you may find one or two persons who want to do all the talking. If you say "Let"s hear what someone else thinks", this may help to keep the discussion to other members.
Help all to take part. Ask questions. Show that their answers are good. Involve the shy person. Never laugh at or belittle anyone's ideas. Group discussion is a big conversation, moved by the leader, but not monopolized by him/her.
Guide the discussion to group action. Help the people to decide what the problem is and to act on it. This may be the hardest part. It is easier to talk than to do what is necessary. At some point in the discussion of the problem, summarize it with the group. It is very important that the group members agree on the definition of the problem. Then they can discuss "How can we attack it?".
Help the group find technical information and help. At times, a problem will be too involved for the villagers and they will need outside help. Help them to understand this and the importance of knowing the problem before deciding what they have said so they do not forget any important information.

**Clubs**

There are many kinds of organisations to which women, men and young people belong. Mothers Clubs usually involve pregnant and fertile women for the purposes of education in maternal child care. Youth groups usually consist of both males and females and may be project-oriented or involve education about such subjects as drug abuse, human reproduction or home-making. Farm organisation can involve both men and women on projects.

Clubs are becoming popular in many areas. They provide for a systematic way of teaching over an extended period of time. The co-operative spirit developed through club work provides an excellent opportunity to teach that "we", the members, are responsible citizens and working as a group for the betterment of "our" community. The spirit of greater whole-community unified participation can be fostered in such a social atmosphere.

**Songs**

Village people like to sing and dance and almost every village has someone who can sign and put words to music. Give this person a topic you want to make popular such as :-

The village without a safe well.
The sick children who got well with the proper food to eat.
The village girl who went to school to become the agricultural specialist.
The house where no flies and mosquitoes breed.
The lesson is learned best if the song covers one topic.
The words can tell a story. A well-known tune can be used.
Popular village artists can be employed to give the song more impact.

**Drama**

Drama is less common in villages, but it is a good means to interest people in a message. Most people like to play the part of someone else, so involve several people from the community. Ask members of the community to help write the script. Teachers might be of assistance. Maybe someone knows of some one-act plays already written which can be used or modified.

Any open space with a raised area will do for the performance. Have adequate seating and lighting available if the drama is to occur at night. Keep the script simple and clear. Present the drama at a convenient place and time. Say a few words at the beginning of the play to introduce the subject and give the reasons for the drama. At the end of the entertainment, answer questions and explain anything the people did not understand.

Encourage discussion. Short introductory talks and re-emphasis of the point, with questions at the end, are essential if drama is to be an educational method and not just entertainment. This is a useful way to involve clubs, youth groups and schools.

**Role playing**

Role play is an informal p y in which the members imagine a situation and then act it out. This might be used to show how different people feel about a problem and what they should do about it. Role playing can be used to start off a discussion, to see what the possible consequence of a certain action is, and to develop a better understanding of why people feel as they do.

The role-players might meet once to decide what points they wish to put across to decide which characters will best show the issue and to assign the parts and to try a quick test-run. Too much rehearsing or advance coaching will deaden the performance though. People like spontaneity. By semi-experiencing a situation, both the actors and the audience gain a better understanding and feeling for the problem.

Role-playing should always be followed by group discussion and never should be allowed to last too long. How did the people feel? What were the issues? Why? Be wary about highlighting controversial issues in a role play, as this may offend sensitivities.

**Puppet plays**

People like to be entertained and puppetry can be a good means to both amuse and at the same time leave a message with the audience. Even crudely made puppets can keep an audience interested if the action is lively and funny.

For a puppet play to be effective, you must clearly define the points you wish to teach and limit the lesson to the things you want your audience to remember. Keep it simple with only a few points. Use a dramatic story and exaggerate the action of the characters because the villagers have come for entertainment.

The good characters must be very good; the bad must be very bad. Avoid silent pauses. Have short scenes with lots of action. The voices must be distinctive and new characters must be clearly introduced so that everyone can follow the action. Do not preach. The audience is there to be entertained. Be sure to try out your puppet play with a small group first to be certain your

audience will understand the puppets and the messages you want to communicate.
The time spent in making the puppets, writing the play, rehearsing, testing, finding puppeteers, and the secondary role of the actual health message would have to be weighed against the comparative effect of this method in health education. The simpler the message, the simpler it will be to plan and carry it out. Perhaps a Mothers Club or school could plan this kind of programme.

## Visual aids and mass media

When selected and used properly, visual aids can help to explain new concepts and relationships. But more often, they are used in ways which prevent discussion rather than discovery of such relationships. They may entertain or distract an audience but rarely educate. So use them wisely to support a true educational approach, and test out their usefulness before you go too far.

**Leaflets/pamphlets**

Leaflets can be very appealing if their message is simple and clear, and if the language is understood by the reader. Short sentences and paragraphs should be used, illustrated with simple drawings or pictures that are easily understood. Make sure instructions are exactly right before passing out the leaflets to villagers. Pretest them.
Remember too, that many of the men and women in your village may be just learning to read. They will appreciate having simple reading materials which are on topics that interest them and are not written for children.

**Circular letters**

You may have received information about the planned arrival of a much-needed vaccine in the village and you want to notify the villagers and perhaps request the help of a few volunteers. Occasionally, some communities can be reached through a circular letter.
The circular letter is duplicated so that many copies can be distributed, each containing the same information. The best ones are short, simple and cover one idea. If you have no access to a copying machine, perhaps the school principal will allow a few pupils to assist you, or you might ask for volunteers from the Health Committee or Mothers Club. Make sure the message is understood. Pretest it.

**Newspapers**

Newspapers might be of some help in reaching the villagers. Announcements can be made regarding health services, demonstrations or meetings planned; new ideas can be presented.
Very often though, the national newspaper does not reach smaller communities, or the people are unable to read them. In this case, a newsletter, written by the villagers themselves, can become the community's newspaper. Distribute it as you would a circular letter. Or place copies on a bulletin board or wall in a public meeting place (market, well, bar, shops). People will see it and those who can read will read it to others. The news will spread rapidly.

**Posters**

A poster will help get people interested in the topics it represents, but alone, it cannot teach them very much. It will remind them of a meeting to be held, or a procedure to be practiced, such as using well water and not water from the river.
Posters should :-

- be readable at a glance.
- concern a topic that is important to people.
- be easily understood.
- be in accord with accepted ways of behaving.
- have human interest.
- be placed where they will be seen by the intended audience.
- people can use posters for discussions.

What is the message?
How does this relate to us?

**Flash cards and flipcharts**

Flash cards or flipcharts are a series of pictures with a script that tell a story. (Similar to a filmstrip).

HOW TO MAKE: Steps in making these, as with all visual aids, require good planning in advance. First :

- Make a list of points that need to be brought out.
- Write a story of the points to be made.
- Break the story up into short sequences.
- Decide what pictures or drawings or cut-offs or cartoons will help visualise the story.
- Place side-by-side on a script :

A B

Word Sequence Picture

- Test material on potential audience.
- Revise.
- Test again.
- Put materials in final form.
- Use heavy paper or medium cardboard cut to desired size. Size depends on the number of people in the expected audience, seating arrangement for visibility, ease of transport, and on ease of use.

Flash cards are most useful in groups of 30 people or less. For 30 people, each card should measure about 22 x 28 inches. Flipcharts can be used in larger groups, say in the school, clinic or at meetings.

Use simple line drawings, cartoons or photographs depicting the village in which you work. Try to use no more than 12 cards. Anymore will be too lengthy and probably bore your audience. Let the local people show the cards, or flip the charts as the audiences will relate better to its own leadership.

At the beginning, tell what the story will be about and give a purpose for listening. When telling the story, use simple local language. Hold the flash cards against your body, chest high and turn from side to side so that everyone can see. A flip chart might be placed on a table or held by you as with the flash cards. Stack the cards in order. Explain number 1 with only it showing.Then slip it behind the stack, or in the case of the flipchart, flip number 1 to the back and proceed to explain card number 2. For further suggestions about preparing flipcharts and flash cards, turn back to the discussion on posters.

**Flannelgraphs**

The flannelgraph is one of the most effective and easily used teaching aids because it is cheap and portable. Except for trying to use this aid outdoors on a windy day, it has the same advantages as flash cards. It is very useful with people who do not read and in groups of less than 30 people.

To make a good flannelgraph, you will need a piece of cotton flannel with thick nap. Other materials you could use are burlap, a wool blanket, a thick towel, wool rugs, or almost any cloth with rough fibres. A piece 30 to 40 inches should be large enough. Stretch the cloth over a smooth board which is slightly smaller than the flannel and fasten the edges of the flannel to the back side of the board.

Pieces of felt, flannel, old rug or sandpaper will stick on the flannel. Just press them against the board and they will stay until you remove them. Tip the flannelgraph back slightly if you have any difficulty. Scraps of flannel or sandpaper can be pasted on the back of photographs, drawings or papers. Course or medium grain sandpaper works better than fine grain.

To prepare a flannelgraph story, place the title in large letters at the top of the board. Next, prepare the drawings, photos or printed materials. Pre-test all of these figures to be sure your audience will understand them. Cut them out and paste pieces of flannel or sandpaper on the back. Put them in sequence and number them on the back.

Keep the story simple. Pictures should be kept in order and the words you use should tell one step of your story at a time. Using common local names helps the audience identify with the lesson.

**Blackboard (Chalkboard)**

The blackboard is most useful in situations where writing may aid in understanding an idea. It can be used along with other teaching aids (flipcharts, flash cards. flannelgraph, film slides) to summarise the essential points made, to draw diagrams, to clarify certain points, to write out directions for further activities, to develop the lesson point by point and to highlight and answer questions.

You must, of course, plan ahead when using the blackboard. Some things to keep in mind:

- Write clearly in a large script.
- Keep drawings or diagrams simple.
- Use the blackboard to clarify the lesson, not as a basis for it.
- Stand so your audience can see what you are writing, do not keep your back to them.
- If you have too much to write, then you are probably not using the blackboard effectively.
- Anything put on the board ahead of time and not covered in the discussion will distract attention.
- Talking while writing on the board is confusing.
- If you make a drawing, always ask the group what it is, assure understanding.

You can make a blackboard from a 30 x 40 inch piece of plywood, cardboard or carton material. Paint this board with a special paint made by using :-

- 1 to 1+ parts of kerosene.
- 1 part of varnish.
- 1 part of lampblack (soot).
- Enough powdered pumice to make the surface slightly gritty.

**Photographs, slides and filmstrips**

Photographs are always of interest and can aid in education when they are also meaningful to people. People can compare pictures taken of a house before and after improvements are made. A very dramatic comparison can also be made between photos taken of malnourished children in the village and after receiving treatment.

A filmstrip is a series of still pictures on one roll of film that in sequence tells a story. You will need a projector for these, as well as for slides. Small, lightweight, inexpensive ones are available. If you have a camera, you can take pictures of good ways to do things, right in the village where you work, and have them made into a filmstrip, slides or photographs.

There are definite advantages to photos :

- They can be photographed in the town or region where you work thus assuring familiarity and recognition by the people.
- They may be in colour or black and white (colour would be especially important for foods, although you can always use the real thing or models in place of photos if they are not in true colour).
- They are relatively inexpensive and reproducible for different uses, (poster, flash cards).
- The action, position, and characters or objects can be easily manipulated.
- They can be simplified by the 'block out' method to emphasize the point being made.
- You can make them yourself.
- With a 35mm camera, you can produce filmstrips too, but this means planning well ahead for proper sequence (a filmstrip by definition is a series of still pictures on one connected roll of film).

The same care should be taken with photography as drawings, taking into consideration the familiarity with visual aids of the group you are working with.

Things to remember when using photos, slides and filmstrips.

- Try to make and select pictures in which all objects are familiar to the people to whom you are going to show them.
- Try not to use pictures where only parts of important objects are shown.
- Make sure that all objects are shown from the level at which they are normally seen.
- Try not to use photographs which show objects larger than they really are.
- Use natural colour photography whenever you can.
- Keep everything out of the picture which is not important to the message.
- When showing pictures one by one, remember that people need time to comprehend them; ask them to say what they see and explain if they make mistakes.
- Filmstrips must be photographed in a logical sequence.
- If you want to use photographs of people, be sure that those people understand how you are going to use their pictures, and give their permission for it.

**Films**

People who will not attend your lessons or any kind of meeting, may go to see films. For this reason, you can use films as a way to get people interested. Showing a moving picture effectively takes planning and forethought: You will need electricity or a generator, a projector and films.

1 Be sure that the projector is in good working order; know how to operate it.

2 Have suitable physical arrangements. For example, seating arrangements, hearing and lighting arrangements.

3 Always preview a film so that you may plan for its proper use. Involve a group of villagers in previewing the film. Villagers can assist in presenting the film to the village.
4 Introduce the film: what is the film about? It is easier to understand the message of a film if we have some idea of what it is about. Example, 'I am going to show you a film entitled 'How Disease Spreads'. It will show very vividly how disease spreads in a village. It will show what causes disease to spread and will show how disease can be prevented. This film presents a problem which is very important in every part of the world and of very great importance to us here in Rathimunda Village'.
5 Give a purpose : when viewers have a purpose for looking at a film they will understand and remember more of the content of the film. A few questions given to the group in advance will give them a purpose for viewing the film. For example, 'Does disease travel in our village the way it does in the film?' 'What are the ways disease travels?' 'What can we do about stopping the spread of disease in this village?'.
6 Discussion : the questions given in advance can serve as the basis for discussion at the conclusion of the film. Discussion will make the group think about the film and its meaning for them. Discussion will help to fix the important points of the film in the minds of the audience. Discussion can help in clarifying any points which are not clear or concerning which additional information may be needed.
7 Show the film again: often it is desirable to look at the film again to get information which may have been un-noticed in the first showing. People who are not accustomed to seeing a film may have to see it several times before getting the point. Avoid showing a number of films at one time, particularly those which may be unrelated.
8 Never show a film without having a discussion.

**Games and puzzles**

Games and puzzles when used in the educational process show that learning can be fun as well; and that training programmes do not always have to be dull and serious to be useful.
While being very popular and appropriate for work with younger children it can also be used successfully with adolescents, youths and adult groups. For instance the game which can be played by small children who are asked to identify different types of food using pictures, inexpensive cut-outs from newspapers, magazines or made from pieces of paper or cardboard, can also be used to help teach illiterate mothers to categorise them into different nutritional groups, or plan balanced nutritional meals. After the initial lesson they can be presented with the cards jumbled up in a paper bag and asked to categorise them. Other educational topics eg family planning and immunisation games (also quite economical to make) which would involve hazards and punishments, care and reward. With a little careful thought, many such simple but effective games which are guaranteed to produce boisterous involvement and at the same time promote important learning can be produced.

Adapted from *Community Health Education in Developing Countries* Peace Corp Information Collection and Exchange Office and Training Programme Support, Washington, USA.

Handout 2

# Fifty health messages which apply to India for a healthier village - what people can do for themselves

**What families can do**

1 Dig a pit for rubbish. Compost this rubbish into valuable manure.

2 Grow a vegetable garden, using the manure from the rubbish pit, and the waste water from the house.

3 Make a better latrine that the people will like to use, especially in all new houses.

**What the village can do together**

4 By group discussion, get group decision for group health actions (to begin with, choose a problem where success is assured).

5 Clean village wells and keep them clean. Protect them by building up their sides.

6 Control the worst of the village pests - snakes, stray dogs, lice, fleas, bed bugs, scabies, mosquitoes, rats.

7 Make family planning methods known and available outside of clinics and health workers.

8 Plan how to feed the very thinnest of the toddler children with extra food per day during the leanest months of the year.

9 Arrange with the nearest health centre to immunise all the children.

10 Get someone in the village trained in simple health care, and get her supervised regularly. Get at least one village dai trained also.

**Child care**

11 Breast feed as long as possible.

12 Introduce semi-solid food from five to six months.

13 Feed young children five or six times a day.

14 Continue giving food in illness.

15 Use the health service available.

16 Get children immunised.

17 Keep yourself and your surroundings clean.

18 Drink clean water.

19 Have no more than two or three children.

20 Have children two to three years apart.

**Care of mothers**

21 A woman who is pregnant or breast feeding, should eat more food than she normally eats. And she should eat some green leafy vegetable daily.

22 A woman who is pregnant or breast feeding needs at least one iron tablet daily, especially if she is tired or pale.

23 Pregnant women and women with young babies need special care. They should visit a trained health worker each month.

24 A pregnant women should have the delivery of her baby done by a trained health worker. A trained health worker washes her hands frequently. This protects the mother from fever afterwards.

25 Cut the cord of the newborn baby with a clean knife first held in the flame. This will protect the baby from tetanus.

**Care of the eyes**

26 For healthy eyes, eat green vegetables, and plant a kitchen garden.

27 Stop infection spreading from eye to eye. (Trachoma and pus spreads from one eye to the next by mother's sari, common towel, kajal or surma).

28 See a trained health worker if a person

- cannot see clearly in both eyes.
- cannot see at night.
- has pain in one or both eyes.

29 If something has got into the eye, or if it is sticky, wash out the eye immediately with plenty of water. Then show to a trained health worker.

30 Cataract is curable if operation is done early enough. Get operations done only by eye doctors from well known hospitals.

**Tuberculosis**

31 Tuberculosis is a dangerous disease if it is not treated properly.
32 Proper treatment for tuberculosis means regular treatment for at least a year.
33 If the patient stops treatment as soon as he feels better, the disease will surely return. This time the cure will be difficult and very expensive.
34 Take treatment only from trained health workers.
35 Special foods are not necessary, but regular treatment is essential.
36 Regular treatment soon makes the person non-infectious.
37 Tuberculosis is a disease which is spread by sputum and cough.
38 Stop the disease spreading. Cover the mouth when coughing. Do not spit on the floor. Keep a special container for sputum, and burn it in the fire.
39 If there is cough with sputum for more than two weeks, it might be tuberculosis. Get the sputum tested at the nearest health centre. Show any thin child with cough to the health worker; it might be tuberculosis.
40 Protect all children from tuberculosis by BCG injection.

**Leprosy**

41 Leprosy is not hereditary. It is a disease, and not a curse from God. It is not a venereal disease.
42 Do not be afraid of people with deformity. Usually they do not have infectious leprosy.
43 Leprosy can be cured with regular treatment.
44 Take treatment only from trained health workers.
45 Start treatment as soon as possible.
46 Patients on treatment soon become non-infectious.
47 Stay on regular treatment.
48 Deformity can be prevented with regular treatment.
49 Deformity can often be cured with surgery.
50 Inspect unfeeling hands and feet each day for injury or burns; wear shoes to prevent injury to the feet.

**Special messages for certain areas**

Here are some examples of extra messages for certain areas and local problems. Each person knows his own area best : the message has to be short and clear.

| | |
|---|---|
| Western Orissa where violent massage is practised. | Do not massage the baby's abdomen after birth. This is harmful to the baby. |
| Many rural areas where tetanus is common despite branding of the skin. | Do not brand the baby's abdomen after birth. Instead brand the end of the cord and prevent tetanus. |
| Areas where goitre is commom as in hill areas of Assam and Bhutan. | Iodised salt prevents goitre (if iodised salt is available). |
| In Rajasthan where water is scarce. | Purify wells weekly with bleaching powder. |
| In Assam where wood is plentiful. | Boil all drinking water. |

**Acknowledgement**

*For a healthier village* is radically adapted from *Nine do-it-yourself Health Actions* by Dr Sam Street, WHO, Ethopia in UNICEF News 7/1976/1.
Child care - is from *Child Care Education* - basic universal messages by Dr Peter Greaves FOA/UNICEF Regional Adviser in Nutrition, card published by UNICEF Information Service, New Delhi.
Care of mothers is adapted from *Simple Nutrition Messages* by VHAI.
Care of eyes, tuberculosis and leprosy sections are adapted from the relevant patient-retained health records published by VHAI, and from pamphlets on leprosy published by Dr R Thangaraj, Leprosy Hospital, Salur, AP.

Handout 3

# Community IEC intervention checklist

**Group guides assess**

A The groups.

B Individual trainees while their groups conduct the activities using the following checklist.

| A | Group assessment | YES | NO | Remarks |
|---|---|---|---|---|
| 1 | Did the group contact identified leaders who could help in implementing the activities? | | | |
| 2 | Did the group select the appropriate target group for education/motivation? | | | |
| 3 | Did the group select an appropriate place, date and time? | | | |
| 4 | Did the group give wide publicity about the activities? | | | |
| 5 | Did the group choose effective audio-visual aids, media and materials? | | | |
| 6 | Did the groups choose appropriate audio-visual aids and media for the specific target group? | | | |
| 7 | Did the group have all audio-visual aids, media and materials ready? | | | |
| 8 | Did the group check the equipment before using it? | | | |
| 9 | Did the group use audio-visual aids effectively? | | | |
| 10 | Did the group mix media? | | | |
| 11 | Was the group sensitive to socio-cultural background of people? | | | |
| 12 | Did the group adopt the contents to the background of the specific target group of people? | | | |
| 13 | Did the group fully cover the contents of the lesson fully? | | | |
| 14 | Did the group give correct information? | | | |
| 15 | Did the group encourage participation by the people? | | | |
| 16 | Did the group find out if the contents and visuals were understood by thepeople? | | | |
| 17 | Did the group involve voluntary workers? | | | |
| 18 | Did the group involve PHC or District Staff? | | | |
| 19 | Did adequate number of people attend the activities? | | | |

| B | Individual assessment | YES | NO | Remarks |
|---|---|---|---|---|
| 1 | Did the individual member of the group co-operate with others? | | | |
| 2 | Was the individual selfish? | | | |
| 3 | Did the individual complete his work properly? | | | |
| 4 | Did the individual complete his work in time? | | | |
| 5 | Was the individual interested in achieving the group goals? | | | |

# Session 26
# Aids to Communication: Micro-Teaching Exercise

Worksheet

**Instructional objectives**
At the end of this session participants should be able to :-
- practice good teaching/motivational technique.
- critically analyse good and bad teaching/motivational technique.

**Activities**
1 Each survey group in turn makes 10-minute presentation on a relevant topic for health worker training for IEC.
2 Other groups observe using prepared checklists.
3 Discussion/critical analyses to follow each presentation immediately.
4 Repeat round for community interventions.
5 Unsatisfactory groups reteach (if time is available).

**Assessment**
Critical analyses of group presentation.

**Materials**
As required (each group to provide) BEE (IEM) kit.

**Teaching Aids**
As required (each group to provide).

**Background reading**
As at session 25 (study carefully).

**Further reading**
As at session 25.
*Teaching Health Care Workers* - a practical guide - F.R.Abbatt and R. McMahon.Chapter 12
*Teaching and Assessing Communication Skills*

**Comment**
Good preparation and planning would have ensured that by this stage :-
1 Suitable candidates would have been carefully selected.
2 They would have been informed well in advance of the time of training.
3 Their supervisors would have been informed well in advance so that schedules could have been adjusted.
4 A suitable place would have been chosen and prepared.
5 Transportation and finance would have been arranged (either for the trainers to go to the trainees or the trainees to come to the centrally selected placed for training).
6 All training manuals would have been assembled.
7 Resource persons should have been provided with all relevant information.

REMEMBER that it was suggested previously that CHV's, VHW's and TBA's are the cadres of health workers who can find such training most valuable, since they are in closest contact with the communities. Nevertheless, any category of health workers can benefit from such in-service training.

# Session 27
# Aids to communication: Health Worker Training 1 day (Fieldwork) exercise

Worksheet

**Instructional objectives**

At the end of this session participants should be able to :-

- effectively conduct appropriate IEC training session/s at a convenient health unit in the field, or at a centrally selected place or institution.
- combine and co-ordinate resources to ensure successful implementation of the IEC training session/s.

**Activities**

1 Participants in groups of at least FOUR persons conduct training sessions for chosen :-
- health workers
- either individually or in small groups.

2 Trainers supervise and assess (using checklists).

3 Participants take every opportunity to observe, assist, facilitate and assess (using checklists) the work of other members. Also make supplementary notes as necessary.

**Assessment**

Training sessions by checklists.

**Materials**

As required.

**Teaching aids**

As required

**Background reading**

Handout 1. Contrasting perspectives for school and adult health programmes.
Handout 2. Considerations for IEC interventions involving adults.

Handout 1

# Contrasting perspectives for school and adult community health education programmes

In the normal traditional approach to formal education learning about subjects is considered to be useful for conducting later life. The time perspective is one of postponed application. Learning is therefore considered to be a process of accumulation of facts and figures (information) which does not always add up to knowledge, some skill and attitudes may prove useful when children become adults. The learners in this situation, enter educational activity in a subject centred frame of mind. In contrast, adults engage in learning largely as a response to pressures imposed through current life problems, and therefore their time perspective is one of immediate application. They therefore regard learning as a process of improving their ability to deal with pressing current problems, and tend to enter any educational activity in a problem-centred frame of mind.

Handout 2

# Consideration for IEC interventions involving adults

1 Adults (learners) have a deep psychological need to be treated with respect. They tend to avoid, resist and resent being put into a situation in which they feel that they are being treated like children.
2 They tend to resist learning in 'classroom' situations like those of childhood.
3 Much attention must be given to the 'quality' of the learning environment. The motivator should try to be supportive rather than judgmental.
4 Adults should be allowed to contribute fully to the diagnosis of their own learning needs.
5 Adults should be involved in the planning and conducting of their own IEC experiences.
6 Adults should be allowed to evaluate their own progress.
7 The adult learner has the potential for assimilating new learnings more easily especially if he can relate them to past experience.
8 Emphasis should be placed on tapping the experience of adults.
9 Special attention should be given to introductory activities which help adults to relax from their fixed-habit patterns.
10 The starting point of all learning activities should be the problems.
11 IEC sessions should be applied to specific problem areas rather than 'subjects'.
12 The motivator should consider him/herself as a 'facilitator' rather than just a deliverer of information.

# Session 28
# Aids to communication:
# Community Interventions (Fieldwork) Exercise

Worksheet

**Instructional objectives**

At the end of this session participants should be able to :-

- effectively conduct an appropriate IEC motivational intervention in the communities surveyed in UNIT 1 coursework.
- combine and co-ordinate resources to ensure successful implementation of the IEC community motivational intervention.

**Activities**

1 Participants in groups of at least four persons conduct motivational sessions for each of the following :-

- schools/teachers.
- women's groups.
- clients at home.
- formal/informal leaders and any other.

2 Trainers (CDT) supervise and assess.

3 Participants take every opportunity to observe, assist, facilitate and assess (using checklist) the work of other group members. Also make supplementary notes as necessary.

**Assessment**

As at session 27.

**Materials**

As required. Cameras, video, films (if available) to record fieldwork proceedings.

**Teaching/motivational aids**

As required.

**Background reading**

As per session 27.

# Session 29
# Aids to communication: Evaluation of teaching/motivational exercises (Sessions 27 and 28)

Worksheet

**Instructional objectives**
At the end of this session participants should be able to :-
- systematically apply an evaluating instrument to training/motivational activities.
- critically analyse his own performance and the performances of his fellow group members.
- come to a satisfactory conclusion as to what could be done to improve his performance in the future.

**Activities**
1 The fieldwork groups - discuss and critically analyse referring to assessment checklists, with the members of the Course Development Team who supervised the group. Use 'visual' recorded examples if possible.
2 Answer these questions :-
- What did the participants want his target individual/group to learn about or do?
- Was the content of his presentation relevant, sufficient or correct?
- Was he able to help his clients to learn?
- How did he do so? What was the evidence?
- What tended to interfere with the teaching/learning process? Why?
- What could have been done to improve this process?

3 Make careful and comprehensive notes.

**Assessment**

**Materials**

**Teaching aids**
Completed checklists and observation notes. Photographs/slides/video film of field activities if they can be prepared in time.

**Background reading**
Re-read *Teaching Health Care Workers* - F.R. Abbatt and R. McMahon. (Chapters 10 - 13).

Unit VI

# Community participation

# Session 30
# Community participation: Community dynamics and participation

Worksheet

At the end of this session participants should be able to :-

- understand the importance of the community power structure to co-operative community action.
- understand how the way we look at 'community' can strongly affect our approach to participation.
- recognise that as health workers they should analyse conflicting ideas and draw conclusions drawn from their own experience.

**Activities**

1 Small group discussion - Define 'community' and 'participation'. Arrive at a consensus of what is meant by 'community participation'.

2 Group representatives defend definitions with the help of other group members.

3 Small groups. STUDY carefully and discuss extensive Handout 'Community dynamics and participation' (Handout 2 - p128).

4 Teacher led whole class discussion to ensure that important points in handout are explained and understood.

IMPORTANT QUESTION - Do we really believe in the ability of people to participate in community development?

**Assessment**

Group definitions.

**Materials**

Transparencies, flipchart paper, markers, pens.

**Teaching aids**

Handouts.

**Background reading**

Handouts 1 and 2.

**Further reading**

1 *Helping Health Workers Learn* - D.Werner and B.Bower. Chapters 6-11.

2 *Studying your Community* - R.L.Warren.
*Citizen Participation in Planning* (Chapter V page 73).

3 *Health Planning and Community Participation* - S.Rifkin - 'The community development approach' (page 13). Also 'Views about Community Participants' (pages 41 and 127).

Handout 1

# Community participation

**Definition**

Community participation is the process by which individuals and families assume responsibility for their own health and welfare and for those of the community, and develop the capacity to contribute to their own and the community's development. They come to know their own situation better and are motivated to solve their common problems. This enables them to become agents of their own development instead of passive beneficiaries of development aid. They therefore need to realise that they are not obliged to accept conventional solutions that are unsuitable, but can improvise and innovate to find the solutions that are most suitable for them.

Many studies have shown that the services provided by the Health Department are not fully used by the people. Some of the reasons are accessibility, availability and sometimes affordability. But another important reason for the under utilisation of services is the lack of awareness in the community about what the programme is for and how it is beneficial to them. Health has not yet become a felt need in the community.

To some extent the workers in the Health Department are also to be blamed because they have been carrying out their work in a routine manner and giving the services only to those who ask for them and not inducing the entire community to demand services.

Unless a demand is created and people ask for it as a whole group, utilisation will continue to be poor.

By community participation is meant that the people are gradually educated and encouraged to take responsibility to tackle their own problems and seek the aid of Government resources. Needless to say group sanction or support is necessary for new things to be adopted. For example for carrying out an immunisation programme or for conducting a Family Planning camp or eye camp etc, if the whole community has been involved right from the planning and also in the implementation, then the result will be better than the Government agency merely putting up a camp and expecting all the people to come and get their services. Why? If they create it, - it is theirs, and they will tend to cherish and preserve it more.

There are many ways to bring out community participation. Amongst them the two very useful methods are group discussion and planning and training of leaders. Leaders have to be identified and given responsibility for carrying out the programme along with Government Agencies.

Informal groups formed from the community will have to be educated from time to time about advantages of the programme and encouraged to give group support.

Handout 2

# Community dynamics and participation

To do their work effectively, health workers need to be aware of many aspects of community life: people's customs, beliefs, health problems, and special abilities. But above all, (they need to understand the community power structure): the ways in which different persons relate to, help, and harm each other. In this handout we explore these aspects of community dynamics and what is meant by community participation. As we shall see 'community' and 'participation' mean dangerously different things to different persons. In fact, the way we look at 'community' can strongly affect our approach to 'participation'.

**What is community?**

Many health planners think of a community as 'a group of people living in a certain area (such as a village) who have common interests and live in a similar way'. In this view, emphasis is placed on what people have in common. Relationships between members of a community are seen as basically agreeable, or harmonious.

But in real life, persons living in the same village or neighbourhood do not always share the same interest or get along well with one another. Some may lend money or grain on unfair terms. Others may have to borrow or beg. Some children may go to school. Other children may have to work or stay at home to watch their younger sisters and brothers while their mothers work. Some may speak loudly in village meetings. Others may fear to open their mouths. Some give orders. Others follow orders. Some have power, influence and self-confidence.Others have little or none. In a community, even those who are poorest and have the least power are often divided among themselves. Some defend the interests of those in power, in exchange for favours. Others survive by cheating and stealing. Some quietly accept their fate. And some join with others to defend their rights when they are threatened. Some families fight, feud, or refuse to speak to each other - sometimes for years. Others help each others, work together, and share in times of need. Many families do all these things at once.

Most communities are not HOMOGENEOUS (everybody the same). Often a community is a small, local reflection of the larger society or country in which it exists. It will have similar differences between the weak and the strong, similar patterns of justice and injustice, similar problems and power struggles. The idea that people will work well together simply because they live together is a myth.

Elements of harmony and shared interest exist in all communities, but so do elements of conflict. Both have a big effect on people's health and wellbeing. Both must be faced by the health worker who wishes to help the weak grow stronger.

**What is participation?**

Two views have developed about people's participation in health :

In the first more conventional view, planners see participation as a way to improve the delivery of standard service. By getting local people to carry out pre-defined activities, health services can be extended further and will be better accepted.

In the second view, participation in which the poor work together to overcome problems and gain more control over their health and lives.

The first view focuses on shared values and co-operation between persons at all levels of society. It assumes that common interests are the basis of community dynamics - that if everyone works together and co-operates with the health authorities, people's health will improve. The second view recognises conflicts of interest both inside and outside the community. It sees these conflicts as an important influence on people's health. It does not deny the value of people organising and co-operating to solve common problems. But it realises that different persons and social groups have different economic and political positions. Too much emphasis on common interests may prevent people from recognising and working to resolve the conflicting interests underlying the social causes of poor health. This second view would suggest that :-

Any community programme should start by identifying the main conflicts of interest within the community.

It is also important to identify conflicts with forces outside the community and look at the way these relate to conflicts inside the community.

Which view of participation is taken by planners or programme leaders will depend largely on what they believe is the cause of poverty and poor health.

Some believe that poverty results from the personal shortages or shortcomings of the poor. Therefore, their programme's goal is to change people to function more effectively in society. They think that if the poor are provided with more services, greater benefits and better habits, their standard of living will become healthier. The more the people accept and participate in this process, the the better.

Others believe that poverty results from a social and economic system that favours the strong at the expense of the weak. Only by gaining political power can the poor face the wealthy as equals, act to change the rules that determine their well-being. Programmes with this view to work change society to more effectively meet the people's needs. For this change to take place, people's participation is essential - but on their terms.

Many of these ideas are taken from

*On the Limitations of Community Health Programmes* by Marin das Merces G. Somarriba, reprinted in CONTACT - Special Series 3, Health : The Human Factor, Christian Medical Commission, June 1980.
*Helping Health Workers Learn* by David Werner and Bill Bower.

# Session 31
# Community participation: Rationale for the involvement of the community in the provision of its own health needs

Worksheet

**Instructional objectives**
At the end of this session participants should be able to :-
- identify the several good reasons for involving community members in the planning and management of their own health needs.
- identify health-related programmes which can benefit from community participation.

**Activities**
1 Small group discussion - List advantages and disadvantages for involving community members in health planning and implementation.
2 One selected group presents its list, which is discussed and modified accordingly to the contribution of the other groups.
3 A comprehensive list is agreed on, and posted on the wall.
4 In small groups - list as many health-related programmes which you think can benefit from the co-ordinated participation of community members.
5 As in 2 and 3 above.

**Assessment**

**Materials**
Flipchart paper, markers, transparencies, pens.

**Teaching aids**
OHP, blackboard, handouts.

**Background reading**
1 *Helping Health Workers Learn* - D. Werner and B. Bower - Chapters 6 - 12.
2 *Child-to-Child Programme* - Institute of Child Health, London.

Handout 1

# The rationale for involving the people in community health programmes

- the community holds knowledge regarding its health needs.
- the community contains within itself a wealth of resources, eg human, financial, physical etc.
- national financial resources are limited, therefore maximum utilisation of existing resources, including appropriate technology is an absolute necessity.
- it facilitates community cohesiveness.
- it affords continuity of planned programmes and projects because of its involvement and commitment.
- it facilitates personal development, self-help and self-esteem.
- it affords sensitisation to an awareness of the community's own capabilities and potentials in identifying suitable solutions to problems.
- it facilitates active participation in community and national development.
- it tends to create a more culturally appropriate health service.

Others:

-
-
-

**Disadvantages**

- Absolves the government from responsibility.
- Potential threat to political authorities.
- Undesirable support for local critics.

Others:

-
-
-

Handout 2

# Some health related problems which can benefit from community participation

- Housing (building and improvements).
- Latrine building.
- Protection of water sources (springs etc).
- Improvement of food production and storage.
- Vector control.
- Improvement of schools, and school health.
- Mother and Child Nutrition.
- Family Planning.
- Road building.

Others (specify):

-
-
-

Handout 3

# Benefits of community participation

It is not benefits of a programme which are of concern here but, the benefits obtained for the programme because of active involvement of the community in every stage of activity.
The following are some of the illustrations of such benefits which are essential for the functioning of Block Extension Educators.

| Stages | Benefits |
|---|---|
| 1 Community diagnosis | -Relevant data can be collected from respondents without hesitation from their side.<br>-Felt need of the people can be assessed.<br>-Community awareness is created towards health activities.<br>-The resources available in the community for facilitating health programming can be identified.<br>-Strange and hostile feelings towards giving information can be overcome.<br>-Identification of appropriate community members to assist in various programmes can be possible.<br>-At times the guidance of leaders are most beneficial which also helps in proper planning. |
| 2 Planning and conducting IEC activities | -Proper selection of place and timing suitable for community activities can be ensured and followed.<br>-In planning visual aids the local products can be utilised which will be liked and accepted by the community.<br>-Motivating resistant groups/individuals through leaders is most beneficial to the programme.<br>-As everything cannot be caried from the health centre, use should be made of community resources.<br>-Local folk media can be utilised. The same may be modified to fulfill educational objectives.<br>-A leader speaking for the programme will generate response from the target beneficiaries.<br>-Appropriate suggestions from the community members can be available to improve the programme further. |
| 3 Planning for health care | -By planning with the people, the ability of the community to receive health care can be ensured. It will not disturb their work.<br>-Health Care as per the felt need of the community can be planned as per priority.<br>-Response for receiving health care will be satisfactory.<br>-A suitable place to hold health campaigns can be arranged in the community.<br>-Voluntary co-operation from the interested group can be obtained.<br>-The approach and attitude to work with the people will make them feel that it is their programme.<br>-By planning with the people the demand for health services can be created. |
| 4 Up-keeping of health of the community | -Satisfaction derived from health care can be shared by the rest of the members if the community is rightly involved.<br>-Some of the members may be entrusted and encouraged to follow up the cases by timely reporting about the health care acceptors.<br>-Organisation of subsequent health programme will be easy through people's participation.<br>-Persons involved may influence others to continue the practice. |

# Session 32
# Community participation: Important enhancers and inhibitors to community participation

Worksheet

**Instructional objectives**

At the end of this session participants should be able to:-

- recognise agents and agencies which can assist or inhibit community participation in health programmes.
- recognise the importance of utilizing the community formal and informal leadership to encourage participation.

**Activities**

1 Brainstorming - Name 'enhancers' and inhibitors'.

2 List on the blackboard or OHP and say why classified as one or the other.

3 Villages and neighbourhoods usually have many kinds of leaders. Name as many as you can (brainstorming). Discuss how each can enhance or inhibit.

4 In small groups - list the different types of leaders in the villages and communities serviced by group members. Make sure that unofficial or informal opinion leaders are named, as well as local authorities.

5 Study Appendices V and VI.

Exercise

6 Answer these questions about each leader:-

- How was this leader chosen, and by whom?
- Does this leader fairly represent the interests of everyone in the community?
- If not, for whom does he play favours?
- From whom does he take orders or advice?
- What has this leader done to benefit the village? To harm it? Who benefits or is harmed most?
- In what ways do the actions or decisions of this leader affect people's health?
- Which leaders should we try to work with? In what ways?
- Should we include unfair leaders in our community health projects? If so, what might happen? If not, what might happen? If we do (or do not) include them, what precautions should we take?

If local leaders do not fairly represent the poor, what should we do?

- Keep quiet and stay out of trouble?
- Protest openly? (What would happen if we did?)
- Help people become aware of the problems that exist and their own capacity to do something about them? If so, how?
- What else might we do?

**Assessment**

Questions and answers.

**Materials**

Transparencies, flipchart paper, markers, pens.

**Teaching aids**

OHP, blackboard, handouts.

**Background reading**

Handouts 1 - 6.

**Further reading**

1 *On being in charge - A guide for middle level management in Primary Health Care* - WHO (Chapters 2 and 3).

2 *Helping Health Workers Learn* - D Werner and B Bower (Chapters 6, 26-27).

Handout 1

# Community leadership

After training, health workers are often exhorted to work closely with the leadership in the communities which they serve to encourage co-operation and community involvement in developmental projects which include health. However, it is necessary to look critically at community leadership, because the interest of some leaders might not always coincide with the interests of those in the majority whom the projects are designed to serve most.
Corruption of leadership, together with the resulting frustration of health workers responsible for the encouragement of community projects, explains the lack of effectiveness of many health projects.
Villages usually have many kinds of leaders:

- local authorities (headmen, pradhans, munsiffs, panchayat members)
- officials sent or appointed from the outside
- political leaders
- religious leaders
- school teachers
- extension workers
- club, group, union, or co-operative leaders
- women's leaders
- children's and young people's leaders
- committees (health committee or local school committee)
- those who have powerful influence because of property or wealth
- opinion leaders among the poor
- opinion leaders among the rich

In nearly all communities there are some leaders whose first concern is for the people. But there may be others whose main concern is themselves and their families and friends - often at the expense of the others in the community.
It is necessary for the health worker to decide after ascertaining by community investigations which of these leaders are most acceptable to the community, and to seek the help of such leaders in the implementation of community health prospects.

**How do you discover the informal leaders?**
The first step is to consider the responses you received when asking villagers 'Where would you go for help if you have a health problem?' Other questions you might ask are:
'Who are the important people in the community?'
'Whose opinion do you respect?'
'Whose advice do you follow?'
'Who is wise?'
'Who settles arguments within or between families?'
'Whom do you think people would go to for advice when their children have fever? To organise a special trip or event?'
You will probably find that the people named are those with leadership qualities and that the named will differ according to the problem to be solved.
However, leaders may not be the persons who show the greatest interest at the beginning of a project.
You may not uncover obvious enthusiasm to help others, but people who express interest, friendliness and willingness to work, or people whose name was mentioned often by neighbours, may be your key to potential leaders. In your search to discover local leaders, do not bypass those who appear to be against your work. Give them special attention and try to win their support and cooperation.

**Example of a local leader: the birth attendant**
Birth attendants are the most widely distributed of any category of health-related person. The reason for this is that women usually wish for some assistance at the time of delivery and they are unable to travel far or to wait long for someone to reach them when they go into labour. The birth attendant is also working at a time which is especially appropriate for maternal and child health education. Unfortunately, birth attendants are often untrained, but they are often very influential with mothers.
Identifying and working with local birth attendants can be very effective in health education. In fact, in some poor communities the entire standard of health, sanitation, infant and childhood death rates and family planning have been revolutionised primarily through the work of birth attendants.

**What leaders can do for the community**

If an effort is made to give leaders a thorough understanding of how health problems affect community well-being and how these problems can be solved, they can contribute immeasurably to better understanding among the people. They can also become a powerful motivating force for community unity and action. Through their own acceptance of improved health methods and practices, they become a motivating force for change.

But, care must be used when deciding which leaders are the influential ones related to the specific community problem. In Tonga, an environmental sanitation project was initiated after preliminary planning with the community leaders. In Tonga the women rank higher than the men according to traditional Tonga Kinship systems; the men however, are the heads of the households. The organisation of the project was based on the men's support, and, at the request of the men, the women were not involved in the planning. The health workers left the decisions about methods of work to the male leaders but conducted the evaluation themselves. The project failed.

When a second project was planned in another Tongan community, an analysis was made of why the first one failed. The conclusion was that both the male and female leaders should have been involved. Both groups were given full control of the activities under guidance of the health worker. The villagers were left to themselves to make the decisions and suggestions supported by the majority were encouraged and used. Evaluation of the second project showed that every goal was achieved.

Project success can be achieved through the efforts of the villagers themselves, providing the right approach is used in promoting the active participation of the most influential community groups and leaders.

Leaders can contribute to the success of a project if they are persuaded to:-

1 Bring people to meetings.
2 Arrange for and find meeting places.
3 Help reach more people by telling others.
4 Help people in the community get to know and gain confidence in you.
5 Give general information about the programme and help interpret it to the people.
6 Help identify problems and resources in the community.
7 Help plan and organise programmes and community activities.
8 Help plan and organise any services which might be provided.
9 Give simple demonstrations.
10 Conduct meetings.
11 Lead youth groups and various individual projects.
12 Interest others in becoming leaders.
13 Help neighbours learn skills.
14 Share information with neighbours.
15 Serve as an officer in an organisation or chairman of the committee.

How can these potential resources of the community be mobilised? In discussions with leaders, what have you discovered that is important to them? Maybe it is the protection of children's health. Maybe it is convenience, privacy, or cleanliness. Maybe they are moved by competition - 'Other communities are solving their health problems'. They might express pride in their community - 'We have done so many other things in this village, but this problem remains'. Capitalise on these motivations. Use them to guide you towards a better understanding of the people of the community.

Handout 2

# Enhancers and inhibitors

| Enhancers | Inhibitors |
|---|---|
| - Satisfied beneficiaries (of the health services) | - Dissatisfied users (of the health services) |
| - Health Staff | - Customs, traditions, beliefs, |
| - Home visits | - Illiteracy |
| - Opinion leaders | - Poor knowledge of health programmes |
| - Community organisations (eg Mahila Mandals) | - Poverty |
| - Village health committees | - Rumour |
| - Community Health Volunteers | - Misconception |
| - Social workers | - Fear |
| - School teachers | - Different priorities of different interest groups |
| - Private practitioners | |
| - Traditional practitioners | |
| Others (specify): | |
| - | - |
| - | - |
| - | - |
| - | - |

Handout 3

# Functions of a health committee

1 To represent the users of the community on the health problems in the community.
2 To decide whether health problems can be solved through community efforts, such as improving water supply, sanitation, drainage etc.
3 Motivate the community to work together to solve these problems.
4 To help identify health problems which need individual family attention, such as the improvement of the health of children through better nutrition and the prevention of diarrhoea.
5 To inform the community about health plans and activities.
6 To encourage the active participation of the community in the formulation of such plans and the conduct of such activities.
7 To motivate members of the community to train as Volunteer Community Health Workers.
8 To monitor and help to supervise the work of the CHW as their ultimate responsibility to the community.
9 To support the CHW (and other health staff), encouraging people to accept advice, teaching and treatment given by the CHW.
10 To assist with the development of training, arrangement of health camps in each community.
11 To attend regular monthly meetings.
12 To liaise with other organisations in the community for the social development of the community.

Handout 4

# Steps in organising community participation

- Identification of formal and informal leaders.
- Formal leaders like Panchayat members, village munsiffs, teachers, village level workers etc., are required, to give their support through their departments. It is the informal leaders who are considered by the people themselves as influential and therefore more important for undertaking responsibility for any programme:
- Collect socio-economic data and information concerning social inter-relationships.
- Identify common interests and areas of conflict.
- Make a list of leaders as suggested.
- Meet each of them individually.
- Tabulate all the names gathered and find out the number of times each one of them has been repeatedly mentioned by the interviewees.
- Finalise the list of leaders.
- Fix convenient date and time for the opinion leaders' (training camp) orientation meeting.
- Explain the objective of the (camp) orientation meeting.
- Discuss with them the health problems of the village.
- Give information related to the solution of the health problems identified.
- Prepare a plan of action programme and fix priorities. Arrange an orientation meeting for opinion leaders.
- Follow up up of the leaders' (training camp) orientation meeting.
- The leaders should be asked to do a survey and identify the problems of the community.

Meetings should be held periodically to review progress. Statistical information should be provided in the beginning and they should also be encouraged to collect and report relevant information. For example, the Mahila Mandal can report births and deaths of infants with causes. This can lead to discussion on to how the death of the infant could have been prevented. The mothers clubs can take charge of MCH and FP workers. Welfare Committee and Youth Committee, for example, are responsible for general sanitation, control of communicable diseases and other public health activities.

Handout 5

# Review meetings

Review meetings are very helpful for reviewing the progress, identifying the problems, and for future planning.

Steps:-

- Send information regarding the convenient date, time and place of the meeting.
- Prepare an agenda.
- Help participants (health workers, opinion leaders etc.) to review the work. In the morning prepare a review minutes and make it available at the meeting in the afternoon.
- Assess the performance in terms of process and progress checking of Records and Reports, individually.
- Allow the participants to express their ideas, feelings and problems.
- List the problems of the participants.
- Try to help the participants to arrive at commonly agreed solutions to problems.
- Provide the latest programme information, new Government Orders and other relevant information.
- Provide instruction/training for developing skills for effective job performance.
- Plan the activities to be carried out.
- Mobilise the resources of the activities from the PHC, Block, Village etc.
- Supply the necessary materials.
- Provide praise for good work.

Handout 6

# Two examples of orientation courses for community participation for two types of opinion leaders

1 A course for community leaders - for example, attended by some 25 leaders from all villages in the district (only a few of them former programming workshop participants) - would have the following objectives:-

**General**
Greater and effective participation of the community in the operation of health services through its leaders.

**Specific**
(I) Increased leaders' knowledge of methods and techniques of community work: (intersectoral co-operation Block Community Development Office).
(II) Increased basic knowledge of leaders about family health aspects: (BEE/Health Staff, PHC)
(III) Integration of community representatives in the activities of the health units in the community.
(IV) Cooperation of the community and its leaders in the implementation of the communication/education projects.

2 A course for school teachers, attended by 25 to 30 primary teachers from most schools in the district, would have these objectives:-

**General**
Participation of teachers in the Intensive C/P Project being implemented in the village community.

**Specific**
(I) General knowledge of teachers about the structure of the Ministry of Health at Central, staff and local level, and about the Intensive C/P Project.
(II) Knowledge of teachers about MCH and its components.
(III) Identification of problems affecting school children's health in all the district; knowledge of national norms on the subject, and definition of the teacher's role.
(IV) Development of a methodology for transmitting knowledge on mother and child health to school children and their parents, in coordination with the activities of the Intensive C/P Projects.
(V) Development of a child-to-child health education transfer - the use of children as health scouts and family health educators.

# Session 33
# Community participation: Case studies I

Worksheet

**Instructional objectives**
At the end of this session participants should be able to:
- recognise elements which contribute towards success or failure in CP programmes.
- identify various important elements which can prevent success.
- suggest ways and means of combating negative influences.

**Activities**
1 Selected experienced participants are invited to tell the entire group about their own successes and disappointments in working situations which attempted to get communities to work co-operatively for their own health provision.
2 The class listens, makes notes, and asks questions whenever clarification is required.
3 These reports can be recorded on a tape recorder for later reference if required.
4 In small groups - the reports are discussed and suggestions developed as to how disappointments could have been reversed. Also positive elements which were identified as enhancing forces are noted. The reporters must be ready to provide clarification and further information if necessary to facilitate this exercise.
5 Plenary discussion - groups present comments in turn. Comprehensive notes are to be made.

**Assessment**
Assignment (for next session) - In small groups prepare a plan for an orientation meeting for opinion leaders in a village (use experiences and information from earlier fieldwork exercises) to present ideas for a community IEC programme, and prepare a role play of what is likely to happen at an actual meeting. Different groups must prepare plans and role plays to address different relevant education programmes (refer to Handout 2 - Session 31).

**Materials**
Cassette tapes (other materials required for presenting reports and role plays).

**Teaching aids**
Tape recorders - (as required for presenting reports and role plays).

**Background reading**
Handout 1 - Role playing to motivate community action.

**Further reading**
*Helping Health Workers Learn* - D. Werner and B. Bower
*Ways of getting people thinking and acting: village theatre and puppet shows* - (Chapter 27).

Handout 1

# Role playing to motivate community action

Role playing has sometimes been used as part of a process to get a whole community of people thinking and taking action to meet their needs.

In Ghana, Africa, role plays were used to involve the people of Okorase in the town's development. To help with the role plays, health programme leaders invited a popular cultural group that often performs at local ceremonies. First the group would help lead a 'one-day school' focusing on town problems. Then the groups would stage role plays about one or two particular problems and their possible solutions. The following description of these events (somewhat shortened and simplified) is from an article by Larry Frankel in *World Education Reports*, April 1981.

The cultural group members (with help from the project) purchased food and palm wine to entertain their guests. Then they invited the chief, his elders, and other members of the community to attend the 'one-day school'. After the traditional ceremonies and welcoming speeches, they gave the entire morning to small group discussions of the town's problems and their possible solutions. Each group had a discussion leader whose job was to see that everyone participated freely so that the 'big men' didn't dominate.

Before stopping for lunch, each small group was asked to choose a single problem, one that they considered serious but also solvable by the people's own efforts. The small groups then joined together to choose one or two problems and propose realistic solutions.

After lunch all the people were excused, except the cultural group members. Everyone thanked the chief and elders for their attendance and their help in trying to make the problem's solution a reality.

The cultural group spent the afternoon preparing and practising two role plays. They wanted to show as dramatically and humorously as possible why each problem was important and what could be done about it. In the evening, the chief had the 'gong gong' beater call the entire town to a free show. The role plays were performed along with drumming, singing and dancing.

The role plays in Okorase focused on two problems: unhealthy defecating habits and the lack of a health clinic.

In the first role play, a big shot from Accra (the capital) returns to visit his birthplace, Okorase. He has come to donate a large sum of money to the town development committee. Feeling nature's call, he seeks a place to relieve himself. When he finds only bushes, he becomes increasingly desperate. His distress amuses several villagers, who wonder aloud why the bush is no longer good enough for him. The desperation of the actor playing the big shot had the people in the audience laughing until they cried.

Finally, the big shot flees Okorase without donating any money.

Later, each of the people who laughed at him falls ill with some sort of sickness carried in human faeces. So now the villagers become interested in trying a suggested solution: using low-cost water-sealed toilets to keep flies off the faeces.

In the second role play, a concerned group of villagers approaches the chief for help in starting a new clinic. But the chief is not interested. He argues that medical attention is available in Koforidua, only four miles away.

During the discussion, a messenger bursts in and throws himself at the chief's feet. The chief's son has just been bitten by a poisonous snake! Everyone rushes to find a way to get the boy to the hospital in Koforidua, but before a vehicle can be located, the boy dies.

In his grief, the chief sees the error of his ways. He gathers the townspeople together and begs them to contribute money and labour to build a clinic so that no other parent will have to suffer as he has. He also appoints some villagers to negotiate with the regional medical officers for drugs and personnel.

As it happened, the real village chief of Okorase had recently lost a very well-liked relative. This made the role play extra powerful. The people of Okorase determined to build their own clinic and to collect some money for medicines.

The new clinic was soon built. For the ceremony to celebrate its opening, officials from the regional government and a foreign agency, as well as newspaper and television reporters, were invited. On this occasion, the village cultural group put on another, more carefully planned play telling the story of a young girl who died of a snake bite because the clinic had no electricity and so could not refrigerate antitoxin. The play was presented as a community request to the authorities and development agencies to introduce electricity into their town. As a result, negotiations are presently taking place between the village and the Ministry. There is a possibility that electricity may actually come to Okorase.

This example from Ghana shows how role plays were used to motivate villagers to take action to meet their health needs. Finally, role plays were even used to activate the government on the village's behalf.

# Session 34
# Community participation: Case studies II

Worksheet

**Instructional objectives** (As at Session 33)
At the end of this session participants should be able to:-
- recognise elements which contribute towards success or failure in CP programmes.
- identify various important elements which can prevent success.
- suggest ways and means of combating negative influences.

**Activities**
1 Groups present role plays individually.
2 Other groups observe/listen critically - make comprehensive notes on what they observe.
3 Post-presentation discussion and analysis. Consider these points:-
- Who was taking the lead?
- In what ways was the leader different?
- What were the main problems?
- How were they overcome?
- How was the leadership employed?
- Could similar approaches be used for stimulating programmes involving CP in the communities? If not, why?
- What chance has the spirit of CP of being firmly rooted in the community attitude towards community life, as a result of the situations presented and discussed.

4 Slide shows - Jamkhed (Maharastra - India) - Comprehensive Health Care and Agriculture Developments - TALC. Institute of Child Health, London. Observe and follow activities 2 - 4 above.

**Assessment**
Questions and answers in plenary.

**Materials**
Slide projector, slides, screen, speakers.

**Background reading**
As at Session 33.

**Further reading**
As at Session 33.

**Book review**
A Each participant selects a book from the special course library for review. (Preferably early in the training course period.)
B Objective:
1 To practice reviewing relevant books in terms of appropriateness for study or professional upgrading.
2 To emphasise the need for continuous study and self-development.
C Use Book Assessment Form overleaf.
D Time permitting, each participant presents his book review to the group and gives in a written version of it for assessment.

**Book Assessment Form**

Medical Nursing Environmental Community

Senior

Junior

Put C for a Course Book
Put R for a Reference Book

Title _____

Author _____

Published _____

Price _____

Subject(s) covered _____

Tick on the right for your assessment of each point.

| Content | Mainly | Partly | Not at all |
|---|---|---|---|
| Is the subject matter based on relevant health needs? | | | |
| Is the subject matter based on appropriate methods? | | | |
| Is the subject matter based on specific job description or a specific curriculum? | | | |
| Is the coverage complete and well balanced? | | | |
| Does it describe 'what to do' adequately? | | | |
| Does it contain practical instructions on 'how to do it'? Does it need any support material? | | | |
| **Presentation** | **Mainly** | **Partly** | **Not at all** |
| Is the language controlled? | | | |
| Is the physical layout of the material well presented? - text; heading etc. | | | |
| - pictures | | | |

-non-prose formats

---

- diagrams and tables

---

Is the referencing system
adequate?
- index

---

- table of contents

---

- numbering

---

Does it need training in
how to use it?

---

Other comments

---

**Other resource material provided**

1 A scrapbook of newspaper clippings from as many of the easily available local and national newspapers, which is maintained by the Artist but contributed to regularly by the participants and the Course Development Team.

Items of local, national and international happenings, which reflect professional and general health interest to the work of the BEEs are depicted and discussed daily - preferably during the orientation period at the beginning of each day's session.

The scrapbook is attractively labelled 'Keeping In Touch' and clippings are collected in the local and national languages and English.

2 Comprehensive prepared handouts on several Public Health topics especially with regard to Maternal and Child Health are provided to the BEEs to assist them to attach more precise and accurate information and knowledge to the preparation for their IEC interventions.

**Extra curricular professional updating (evening) sessions**

1 The Family Welfare Programme in India - Impediments to progress and how they can be challenged.
2 Maternal and Child Health - Recent promotional developments.
3 Management of Primary Health Care at Primary Health Centre level.
4 Malaria Eradication - The role of Community Participation.
5 Tuberculosis - Prevention and Control. The dimension of the programme locally and nationally.
6 Family Planning - Improving promotion and acceptance.

Resource persons are chosen from the senior officers in charge of the national priority health programme at the central district health offices, or from professionals at the various health institutions in the immediately convenient locality.

**Participant assessment**

During the course participants will be continuously assessed with regard to their interest, involvement and active participation.

Participant aptitude to course work will be assessed as follows:

| | % |
|---|---|
| 1 A task analysis (written exercise) | 15 |
| 2 A book review (project - self-development) | 10 |
| 3 Teamwork attitude (attitude) | 15 |
| 4 Fieldwork ability (skills) | 15 |
| 5 General contribution to course | 25 |
| 6 Post test (knowledge change over course period) | 20 |
| | 100 |

# Appendix I
# In-service training programme for Block Extension Educators in communication and community participation

## Design and implementation structure

**Overall objective**

At the end of the training programme the BEE should be able to demonstrate:

1 An increased ability to ensure a high acceptance of PH/MCH/FW programmes by target communities, by being able to apply appropriate measures of communication in several interpersonal situations and

2 Increased knowledge and skills which would be likely to generate a satisfactory degree of community participation in the planning, implementation and maintenance of PH/MCH/FW programmes in communities.

## Planning for effective communication - Unit I

**Specific objective** - as per job description

To develop ability to collect and use effectively, relevant information for the planning of effective communication programmes.

**Functional activities** - as per job description

- Social surveys
- Operational research
- Needs assessment
- Formulation of strategies
- Plan IEC activities at all levels
- Devise a system for continuing survey

**Functional tasks** - as per job description

- Plan surveys/assessments
- Conduct surveys
- Analyse/interpret/present findings
- Draft strategies/plans, programmes and submit them to consultation/co-ordination procedure.
- Undertake periodic reviews, evaluation, reprogramming (with consultation).

**Instructional objectives**

Participants should be able to:

- Define the rationale behind the need to plan and conduct community survey.
- Understand and practice the process of conducting, analysing, interpreting and depicting survey findings.
- Use survey analyses to prepare plans and programmes.
- Understand the need for constant follow-up for the purpose of modifying programmes to suit changing conditions in communities.

**Content**

A Why survey

- purpose of community survey
- value of community survey and follow-up

B What to survey

- levels of awareness about health matters in communities
- attitudes and beliefs as they affect behaviour
- community health problems

C How to survey
- process of community surveying for purpose of development of IEC programmes

D Using survey findings
- interpreting collected data (community diagnosis)
- using for formulation of draft plans
- the need to consult with others during plan formation

**Learning activities**
- group discussion on purpose and value of IEC community survey and follow-up
- production of statements on purpose and value
- elements of community surveying
- preparation of survey methodology to identify existing and potential opportunities for IEC intervention in community (group activity)
- conduct a mini-survey in a small nearby community (field work-group exercise)
- draft plan for IEC intervention in the communities surveyed

# Knowing your audience - Unit II

**Specific objective** - as per job description
To differentiate between target groups so as to be able to deliver the most suitable information/education/motivational message in the most appropriate way by careful examination of social norms in the community.

**Functional activities** - as per job description
- identification of target groups
- identifying community communication modes
- evaluating customs, traditions, folk beliefs as they affect community sensitivities

**Functional tasks** - as per job description
- plan surveys
- conduct surveys
- analyse/interpret/present findings
- study contents, relate to customs, traditions, beliefs

**Instructional objectives**
Participants should be able to:
- identify target groups for motivational intervention
- understand the importance of finding out how information travels within communities
- investigate common communication channels in communities
- relate community customs, traditions and beliefs to the development of appropriate IEC interventions

**Content**
A Modes of communication
- different ways in which information is transmitted in communities
- the important disseminators of information
- identification of target groups

B Channels of communication
- personal characteristics commonly associated with innovators
- opinion leaders
- people who are slow to change
- how customs, traditions, folk beliefs affect communication

**Learning activities**
- group discussions and evaluation of the modes of communication commonly recognised in the communities (how does information get around)
- examination of how survey findings can help to identify target groups
- discussion on process of identifying innovators, opinion leaders, and inhibitors to change in communities - list characteristics - group work
- discussion on how custom, traditional beliefs can affect communication in communities

# Talking to clients - Unit III

**Specific objective** - as per job description
To develop the ability to choose what to say and how to say it, so as to avoid possible misconception and negative feelings about health promotion programmes

**Functional activities** - as per job description
- mass meetings
- group discussion
- individual (one to one) contact
- special gatherings and ICM sessions at PH/MCH/FP service delivery camps
- health /population education programmes in schools, colleges, youth clubs and out of school youth

**Functional tasks** - as per job description
- plan IEC activities at all levels (most communities/individual)
- arrange meetings, give presentations, conduct activities
- hold IEC activities in support of service provided at camps
- conduct school/college authorities social and youth organisations, promote programmes
- assist leaders in planning and conducting programmes, give talks and provide IEC materials

**Instructional objectives**
Participants should be able to:
- organise and conduct large and small groups, IEC sessions and individual interviewing and instruction.
- be conscious of the need to be aware of audience sensitivities.
- practice appropriate interviewing techniques.

**Content**
- crucial barriers to overcome for successful communication
- techniques in interviewing
- meeting and motivating hard-to-reach or resistant groups and individuals
- a comparison of school and adult education in community health education programmes

**Learning activities**
- discuss, examine, test various inhibitors and enhancers to communication in communities (group exercise)
- interviewing practical/observation/criticism
- compare and contrast teaching/motivational techniques for different age groups
- share studies of sterilisation acceptors from course development survey, and personal experiences of course participants in the field (problem solving exercise in groups), discuss in plenary session

# Working with others - Unit IV

**Specific objective** - as per job description
To develop the ability to ensure efficiency in PH/MCH/FW and IEC programmes through communication flow, co-ordination and co-operation with other health workers and with related governmental and voluntary organisations and individuals

**Functional activities** - as per job description
- inter-agency co-operation (governmental/voluntary)
- IEC inputs in training courses for PH/MCH/FW services for personnel
- in-service training of IEC staff and their continuing education
- orientation meetings with IEC staff, service workers and volunteers
- continuing guidance and supervision of staff
- training camps for opinion leaders

**Functional tasks** - as per job description
- assess training needs
- develop in-service training and continuing education, strategies and programmes

**Instructional objectives**
Participants should be able to:
- establish a rationale for the development of inter-agency co-operation and co-ordination for maximum outreach
- assess in-service education, communication training needs of PH/MCH/FW service personnel for continuing education programmes
- practice good guidance and supervisory techniques with service personnel and community agencies and volunteers

**Content**
- the value of inter-agency co-operation in the development of community programmes
- ensuring improved performance of integrated PH/MCH/FW services through the development of IEC attitudes and skills of staff and volunteers
- principles and practice of good supervision
- using opinion leaders for maximum outreach
- the value of follow-up in-service programmes for health staff and volunteers

**Learning activities**
Discuss:
- identification and involvement of organisations which can aid the communication process
- discussion and testing the various steps for determining in-service training needs for a PHC staff
- conduct survey in a H/Centre (field work)
- develop draft in-service training programmes on findings (project work, group exercise)
- discuss elements of good supervision
- practical observation/discussion

# Aids to communication - Unit V

**Specific objective** - as per job description
To develop the ability to design, pretest and select for use appropriate aids for the attainment of good communication in IEC programmes.

**Functional activities** - as per job description
- development of culture-based treatment of PH/MCH/FW programme contents for presentation in different media forms
- design, pretesting, production and distribution of printed audio-visual and crafted materials
- adopt materials from their sources
- utilisation of IEC materials in combination with local participatory activities, film, slide and video shows, folk plays and dramas, exhibitions, fairs, health days
- integrated campaigns for intensive service promotion/delivery drives

**Functional tasks** - as per job description
- relate treatments to customs and traditions; put into media form
- plan/design; adopt
- produce material
- assist community production of materials
- distribute to all relevant sources
- arrange film shows etc in support of meetings and other participatory activities
- organise and participate in intensive multi-media campaigns
- assist in maintenance of equipment

**Instructional objectives**
Participants should be able to:
- develop and present culture-based treatments to various priority PH/MCH/FW programmes
- appreciate the need to promote such treatments during activities which involve members of the community

**Content**
- method of communication (sending the message)
- teaching/motivational methods; the importance of good listening in the communication process
- common A/V aids
- designing, pretesting and producing culture based aids to communication
- choosing the appropriate aid for different situations and audiences
- use and maintenance of commonly available A/V equipment

**Learning activities**
- discussion on teaching/motivational methods and their appropriate application
- critical examination of various aids normally available to government health programmes
- case studies taken from course development field work
- assessment of media to develop a critical attitude to selection of films and other teaching aids for use in programmes
- practice use and maintenance of A/V equipment normally available to participants

# Community participation - Unit VI

**Specific objective** - as per job description
To develop techniques for involving the community in the promotion of its own health

**Functional activities** - as per job description
- identification of opportunities for local involvement, development of strategies and programmes
- contact with community groups, officials and voluntary organisations
- planning workshops/meetings for local identification of health needs, helping in the formulation of local objectives and action plans
- formation and strengthening of local groups interested in PH/MCH/FW promotion
- involvement in inter-agency co-operation within the concept of total community development, nutrition, sanitation etc.
- involvement in social/cultural structure and competitions on special local occasions

**Functional tasks** - as per job description
- assess in circumstances of communities, develop, strengthen and guide local involvement
- arrange and hold planning meetings
- identify and motivate opinion leaders
- arrange workshop, meetings and assist in the formulation of objectives and action plans
- promote local PH/MCH/FW oriented communities/groups
- provide IEC support scheme with PH/MCH/FW component
- promote and assist in social activities
- provide IEC materials, programmes etc.

**Instructional objectives**
Participants should be able to:
- enumerate the benefits of having the community being fully involved at every step of initiatives for PH/MCH/FW outreach.
- organise opportunities for encouraging communities to request and support services for health care.
- educate the community to take responsibility for its own health.

**Contents**
- the role of community participation in community development
- the critical role women and women's organisations can play in community participation for development programmes
- the role of voluntary organisations in community participation programme
- conducting meetings
- techniques for stimulating community participation in PH/MCH/FW programmes
- forces which can inhibit and enhance community
- participation in communities
- the need for periodic review and follow-up

**Learning activities**
- discuss and establish a rationale for community involvement in health programme promotion
- examine the forces which can aid/inhibit community participation in communities
- identify opinion leaders in community
- conduct meetings and follow-up (process)
- organise and conduct an opinion leaders' camp (using prescribed training curriculum)
- case studies of successful community participation programmes

# Appendix II
# A sample questionnaire

**Collecting information needed in health education**
Examples of questions which could be included in a community survey questionnaire are given below. If you are specifically interested in one area (for example in the field of child nutrition or environmental sanitation or personal hygiene) you may want to add more questions related to the area of interest. Remember to keep your questions as short and concise as possible. The sample questions are of the following types:
A Responses to questions 1 to 8 give personal information about the respondent and his/her family. These are easily answered questions for most people and can be placed at the beginning of the questionnaire.
B Responses to questions 9 and 10 provide information about the occupation of the community residents; unemployment and its causes.
C Responses to questions 11 to 15 show which diseases occur most frequently in the community; beliefs and practices regarding health and illness; and the health needs felt by the residents.
D Responses to questions 16 to 18 give the reasons why local health services are or are not used by the people and where they go for help.
E Responses to questions 19 and 20 give information about people's beliefs and practices related to the nutrition of children.

Example of a survey questionnaire:

1 What is your name?_____

2 How old are you? _____

3 Sex: Male_____ Female _____

4 Address_____

_____

5 Have you ever been married? ( ) Yes ( ) No

If yes, ask:

6 How many children do you have? _____

7 How many are living with you? _____

8 Can you give their names and ages?

| Name | Age | Sex |
|---|---|---|
| a. | | |
| b. | | |
| c. | | |

Be cautious: if your respondent does not want to give the names of the children, do not insist.

9 Is your husband/wife working? ( ) Yes ( ) No

If yes, ask: what is his/her occupation? _____

If no, ask: why not? _____

10 Are you working? ( ) Yes ( ) No

If yes, ask: what is your occupation? _____

If no, ask: why not? _____

11 Does your family have good health? Probe _____

_____

12 What kind of health problems has your family had?

a. Who was sick?

name: _____

age: _____

sex: _____

b. Describe the illness: _____

c. Is the person still sick? ( ) Yes ( ) No

d. What kind of treatment was given? _____

(Repeat for each sick member of the family.)

13 In your opinion, which illness causes the most sickness and death for the people in the community?

a. _____

b. _____

c. _____

d. _____

(For the first illness mentioned, ask the following)

13a.1 Are there other names that people use to describe _____

(mention the illness listed above under 13a.)

13a.2 What might cause people to get this disease? _____

_____

What else might cause it? _____

13a.3 If you thought that someone in your family had this disease, what would you do?

_____

If it still didn't help, what would you do? _____

13a.4 What can people do to protect themselves against this disease? _____

_____

What else? _____

13a.5 (Repeat above series of questions for each disease or symptom listed in question 13).

14 In this section ask specifically about diseases which are common, but were not mentioned. For example: 'Have you ever heard of a disease called tuberculosis?' If the answer is 'yes', ask series of questions as in question 13. If answer is 'no', ask: 'Have you ever heard of a disease which causes people to cough up blood?' If the answer is 'yes', ask series of questions as in question 13.

15 What things do you believe are most needed to improve the health of people in the community?

_____

16 Where do you usually go for help with your family's problems? _____

_____

17 Where is the nearest health centre? _____

18 Has any member of your family ever used it? ( ) Yes ( ) No

If no, ask: why has none of your family ever used the local health centre?_____

_____

If yes, ask: what do you think of the quality of services of the local health centre? _____

_____

Now, we would like to ask a few questions about bringing up your children.

19 Did you/your wife breast feed your child? ( ) Yes ( ) No

(Note: for people who are not parents, ask 'Do you feel that children should be breast fed?'

If no, ask: why did you not breast feed your child? _____

20 At what age do you begin to feed your child solid foods in addition to your milk (or formula)? _____ months.

21 What are the first solid foods that should be given to a baby? _____

_____

Add relevant questions if necessary.

# Appendix III
# Sample: Health unit (PHC, dispensary etc) utilisation questionnaire

1 District _____ Date _____

2 Village _____

3 House Number _____

4 Distance (km) from the Health Unit _____

5 Interviewer _____

6 Who was interviewed (mother, father etc.) _____

7 Number of people in household _____

8 Number of children under 5 in household _____

9 When did you last attend the health facility? _____

10 For what reason? _____

(Some common health problems)

| | |
|---|---|
| Coughs | Backpain |
| Convulsions | Abdominal pains |
| Wounds | Malaria |
| Burns | Scabies (or other skin infections) |
| Fever | Anaemia |
| Diarrhoea | Worms |
| Vomiting | Pneumonia |
| Cuts | Tuberculosis |
| Ear problems | Leprosy |
| Eye problems | Pregnancy |
| Headaches | Bleeding in pregnancy |
| Malnutrition | Ante natal care |
| Bites and stings | Family planning |
| Sexually transmitted diseases | Tetanus |

Others (specify):

11 What services are available at the health unit?_____

12 What services have you used at the Health Unit during the last 12 months? _____

13 Did you find them satisfactory? _____

14 What other services would you like the unit to provide? _____

15 Have you attended other health facilities for any reason during the last 12 months? If yes, why?_____

16 Do you have a 'Road to Health' Card for each child?

Yes _____ No _____

If yes, check the following:-

Are the cards up to date? Yes _____ No _____

Are the cards showing weight readings within the normal range?

Yes_____ No _____

Are the immunisations up to date? Yes _____ No _____

17 (For the Mother)

Did you attend ante-natal clinic during your last (or current) pregnancy?

Yes _____ No _____

If no, why not? _____

18 Where were you when your last baby was born?

At home _____ At the PHC _____In Hospital_____

# Appendix IV
# Questionnaire to find out different attitudes towards community health

(which could lead to an assessment of a community's predisposition to involvement in community participation)

This questionnaire is designed to help find out different attitudes about community health from different kinds of people. You do not have to give your name. Also, it is not necessary to think very deeply about the questions. It is your reaction to the statements which is required. There is no right or wrong answer to any question in parts II and III.

**Part I: Personal file**

1 What is your age?
2 Sex (cross out as appropriate) Male/Female.
3 What work are you doing now?
4 How long have you been doing this work?

**Part II: General views about community health**

1 Please tell me how you think the health of a poor community can be improved. Rank in order the following statements using 1 as the most important.

a by having more clinics and more doctors.
b by improving the economic conditions of the people before attacking the health problems.
c by giving people more information about Western medicine.
d by spending more money on research for cures for common diseases like cancer.
e by having more equal distribution of health care resources.
f by having the community control their own health programmes.
g other (please specify).

2 Please indicate in what way you think community health programmes can have the greatest impact on the community. Rank in order the following statements using 1 as the most important.

a strengthening the co-operation of all organisations working in the community.
b providing more medical services.
c gaining the support of the community for health activities.
d helping people to have control over programmes which affect their daily lives.
e helping people realise the link between health and other socio-economic problems.
f improving environmental sanitation.
g other (please specify).

3 Please tell me which of the following criteria you would use to measure the success of a community health programme.

a the health centre has an increase in the number of patients.
b people in the community ask for more doctors and more clinics.
c the programme receives more money to increase its activities.
d more people attend health education talks.
e community representatives set up a programme independent of the medical staff.
f other (please specify).

**Part III: Statements about community health programmes**

The following are statements about community health programmes. For each statement please put a ring around one of the numbers to indicate the extent of your agreement or disagreement with the statement. Please use the following scale to indicate your response.

If you 'completely agree' then ring number 1.
If you 'mostly agree' then ring number 2.
If you 'slightly agree' then ring number 3.
If you 'slightly disagree' then ring number 4.
If you 'mostly disagree' then ring number 5.
If you 'completely disagree' then ring number 6.

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 The major concern of a community health programme should be the delivery of medical services. | 1 | 2 | 3 | 4 | 5 | 6 |
| 2 A committee from the community responsible for community health activities should be appointed by the medical staff at the health centre. | 1 | 2 | 3 | 4 | 5 | 6 |
| 3 It is necessary to carefully prepare both the health centre staff and the community before starting a community health programme. | 1 | 2 | 3 | 4 | 5 | 6 |
| 4 Community participation in health care is a temporary practice that will soon pass. | 1 | 2 | 3 | 4 | 5 | 6 |
| 5 Too much money for community health programmes ruins the community initiative. | 1 | 2 | 3 | 4 | 5 | 6 |
| 6 Community health workers (people who live in the community, have another type of employment or tasks but do health work in their spare time) should be primarily responsible to the medical staff at the health centre. | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 Community participation should be considered mainly as a means to improve sanitary conditions in poor areas. | 1 | 2 | 3 | 4 | 5 | 6 |
| 8 Too much funding from outside the community should be avoided because it creates programmes that cannot be maintained when the money comes to an end. | 1 | 2 | 3 | 4 | 5 | 6 |
| 9 The community should be consulted about what community health workers should be taught. | 1 | 2 | 3 | 4 | 5 | 6 |
| 10 Community participation in health means that the community carries out activities decided upon by the medical staff. | 1 | 2 | 3 | 4 | 5 | 6 |
| 11 The medical staff at the health centre should handle all finances for activities for health improvement in which the community participates. | 1 | 2 | 3 | 4 | 5 | 6 |
| 12 Community health worker training should include communication and organisation skills. | 1 | 2 | 3 | 4 | 5 | 6 |
| 13 The most important source of financial support for the programme comes from the community itself. | 1 | 2 | 3 | 4 | 5 | 6 |
| 14 Surveys of the health conditions in the community should be carried out only by professional staff. | 1 | 2 | 3 | 4 | 5 | 6 |
| 15 Community participation in health care should be directed mainly to health education activities. | 1 | 2 | 3 | 4 | 5 | 6 |
| 16 Community development activities prevent medical professionals from doing their work properly. | 1 | 2 | 3 | 4 | 5 | 6 |
| 17 A community health programme needs a great deal of money because it must provide high quality medical services to the community. | 1 | 2 | 3 | 4 | 5 | 6 |
| 18 A good community health programme must have community development workers. | 1 | 2 | 3 | 4 | 5 | 6 |
| 19 Mothers in the community should help run well baby clinics. | 1 | 2 | 3 | 4 | 5 | 6 |
| 20 The best community health workers are those who volunteer for the programme. | 1 | 2 | 3 | 4 | 5 | 6 |

Extracted from *Health Training and Community Participation* - Case Studies in South East Asia - by Susan B. Rifkin.

# Appendix V
# Organisation of opinion leaders' training camp

**Copy of letter circulated from Health Directorate, Bhubaneswar (1984)**
'Targets for organisation of Orientation Training Camp of opinion leaders along with the guide lines have laready been communicated to you via this Directorate letter referred to above.
'The camps will henceforth be called "Family Welfare Leaders' Camp" and may be organised more effectively. This year there should be more emphasis on giving information on contraceptive methods, services and removing misconceptions if any prevailing in the minds of the opinion leaders.
'The programme to hold camps should be planned without delay and copy of the same sent to this Directorate.
'In addition to the guide lines already issued for organisation of camps, the following points may please be strictly followed:-

'1 Free and frank discussions should be encouraged in the camp to remove the misgivings and doubts which the opinion leaders may have.
2 The Family Welfare Leaders' Camp may be followed by service camps offering MCH Immunisation, Nutrition and Family Planning Services on popular demand.
3 Short films 10 - 15 minutes duration on topics like MCH Care, Immunisation, Population problems, Nutrition, Contraceptive Methods etc. may be shown in the camp.
4 Wherever the CHV's are available they must be invited to participate in the camp. Later they should be encouraged to form education groups in their village.
5 The District Mass Media Officers should be made responsible for evaluation of the camp in the District. The camp may be evaluated with respect to the number of Family Welfare Leaders invited and the number of actual numbers attending the camp, the subject covered in the discussion, interest shown by the participants, the preparation of village action plan, the amount of support to the Family Welfare Programme, actual efforts made by the participants in this direction etc. Evaluation findings may be sent to PHC's with specific suggestions for improvements.
6 Displays/Exhibitions on Health and Family Welfare topics may be arranged at the venue of the camps.
7 News pertaining to the camps may be published in local newspapers and the cuttings kept in records.
8 Photographs of the camps may also be taken for publicity purposes and records.
9 Every PHC should send a report of each camp to the District Family Welfare Bureau within 7 days in the proforma (Annexure A attached). The District Family Welfare Bureau should send consolidated report to the State Family Welfare Bureau by the 5th of every month in the prescribed proforma (Annexure B attached).
10 As you are aware, Orientation Training Camps of opinion leaders have been an important component of the motivational strategy of the Family Welfare Programme during the past years. Last year the target was to hold nearly 50,000 such camps in different parts of the country. The reports received from various sources indicate that these camps have helped in focusing people's attention of the importance of FW Programme and in creating a health climate in favour of the small family norm.
11 It is necessary that opinion leaders who participate in the camp are given educational materials to read and carry home with them. In order to prepare locally relevant material for the use of opinion leaders, we had suggested holding of workshops last year. Very few states have organised such workshops. I suggest that this may be done early this year. The expenditure on these workshops may be met out ot the funds allotted for camps.
12 The programme to hold the camps at various levels should be planned without delay. The camps should be evenly spaced all through the year, though more camps may be held at the time of special campaigns. A copy of the schedule of camps may please be sent to me. I would like my officers to visit your State and participate in as many camps as possible.'

# Annexure A

**Report of Family Welfare Leaders' camp - Proforma A**

(To be compiled at PHC for onward transmission to District Family Welfare Bureau within seven days from the date of the camp).

1 Name of Primary Health Centre
2 Venue of the camp
3 Date of the camp
4 Timings of the camp
5 Details of leaders who attend the camp:-
- Serial no.
- Name
- Official/social status
- Postal address
- Educational qualification
- Age
- Marital status
- No. of children
- FP methods being practised if any
- Remarks

6 Details of Government functionaries and representatives of voluntary agencies present in the camp.

7 Particulars of other distinguished visitors to the camp.
- Name of distinguished visitor
- Position/status

8 List topics discussed.

9 Particulars of the audio-visual aids used during the course of discussion in the camp.

10 Details of publicity and educational materials distributed to the participants:-
- Serial no.
- Type
- No. of materials distributed:- posters/charts, booklets/folders, handbills/leaflets, others. (Attach five copies of each of the material.)

# Annexure B

**Report of Family Welfare Leaders' Camp for the month of _____ - Proforma B**

(To be compiled at District Family Welfare Bureau for onward transmission to state Family Welfare Bureau by the tenth of the following month.)

1 Name of the District

2 No. of Family Welfare Leaders' Camps planned:-

- during the month under report
- cumulative total from lst April

3 No. of Family Welfare Leaders' Camps actually held:-

- exclusively for men
- mixed
- exclusively for women
- total

4 Indicate reasons for difference in 2 and 3.

5 No. of Family Welfare Leaders attended the camp:-

- men
- women
- total

6 No. of educational/publicity materials distributed in the camps:-

- posters/charts
- booklets/folders
- handbills/leaflets
- others

(Please attach five copies of the material distributed in the camp.)

7 No. of camps in which recreational activities like filmshows, folk-art performances, etc. were organised.

8 a) No. of District Level camps held

b) No. of participants in District Level camps.

9 Describe the new approaches (if any) tried in respect of participants, orientation content, methodology, duration of the camp etc. in the organisation of camps.

10 Remarks if any.

Date:-

Signature
District Family Welfare Officer

# Appendix VI
# Sample - Pre-test

1 Choose the most suitable answer. Indicate with a tick (√).
Community survey will be very helpful to us for effective communication, especially if one of the following is investigated:
- a Agricultural status
- b Socio-economic status
- c Nutrition, diet status
- d Modes and channels of communication
- e Educational factors.

2 Tick the odd one out of the following:- Elements of community survey include:-
- a Sampling techniques
- b Advance preparation
- c Data collection
- d Number of houses
- e Data presentation

3 Choose correct answers from the following which indicate steps in the process of conducting a community survey:-
- a Proper questionnaire
- b Budget
- c Conduct field work
- d Prepare data presentation
- e Draft a programme

4 Choose the most correct answer of the following:-
Communication and motivation for immediate immunisation are applicable to:-
- a Slum dwellers
- b Farmers
- c Newly married couples without children
- d Parents with young babies
- e Already motivated groups

5 Choose the correct answer:-
Information spreads most quickly in the community through one of the following channels:-
- a Telephone
- b Politician
- c Informal leaders
- d Newspapers
- e Cinema films

6 Which is the odd answer of the following:-
A formal community group would have the following characteristics:-
- a A constitution
- b A name
- c Prescribed rights and duties
- d Meets casually
- e Controls members' actions through rules and regulations

7 Choose the best answer of the following:-
An enhancing agent for successful communication in a community health programme could be:-
a Poverty
b A satisfied client
c Low income
d Rumour
e Traditional belief

8 Which of the following steps are to be followed for the planning of information/educational/motivational activities:-
a Identification of needs
b Setting priorities
c Demonstration
d Sequencing activities
e Evaluation

9 Name five barriers to communication:-
a
b
c
d
e

10 In trying to motivate hard-to-reach or resistant individuals one should use:-
a A politician
b Mass communication
c Visual aids
d Someone respected as an opinion leader
e A dissatisfied acceptor

11 Knowledge about use of conventional contraceptives can most effectively be given by:-
a Distributing contraceptives to a person
b Demonstrating the use of contraceptives
c Showing a chart of contraceptives
d Using a contraceptive kit-bag
e Conversation

12 Choose the wrong one of the following:-
When interviewing:-
a Be factual
b Do not make a prior appointment
c Establish rapport
d Give a clear idea about your interview
e Make some notes on the interview

13 An adult health education programme should be mainly concerned with:-
a Acquisition of facts
b Increasing knowledge (passing examinations)
c Academic subject, topics dispensing information on academic subjects
d Personal problems which are important to the respondents
e Leisure activities

14 List five components of a School Health Education Programme:-
a
b
c
d
e

15 We should observe certain principles when talking to groups:-
Answer by indicating true/false:-

| | | True | False |
|---|---|---|---|
| a | Every individual has his/her own style of speaking. | | |
| b | In speaking with a group, non-verbal signals should not be given. | | |
| c | One should behave as he/she likes when explaining matters related to sex or Family Planning. | | |
| d | It is important to have mastery of the subject matter of the talk. | | |
| e | If one is not emotionally comfortable with the topic even if he is knowledgeable, the effect is lost. | | |

16 Tick true/false against the following statements:-
In-service training needs of PHC personnel can be assessed by:-

| | | True | False |
|---|---|---|---|
| a | Target achievements | | |
| b | Interviewing the personnel | | |
| c | By asking community leaders | | |
| d | By verifying qualifications | | |
| e | By examining records | | |

17 To resolve a conflict between two working personnel when you supervise, which of the following actions would you consider to be most appropriate:-
a To scold one and support the other
b You keep quiet about it
c You are a good listener
d You wait for the result without being involved
e You report the conflict to higher authority

18 Name five Community Health Programmes which you think can bvenefit from community participation:-
a
b
c
d
e

19 Which one of the following audio/visual (A/V) aids is best suited for use in a one-to-one interpersonal motivational situation:-
a TV
b Slide projector
c An illustrated manual
d Blackboard
e Poster

20 The 'Road to Health' Chart is a way of checking:-
a Weight for height
b Age for size
c Size for height
d Weight for age
e Weight for size

# Appendix VII
# Weekly course evaluation form

Please tick as appropriate.

1 **Unit I** Objectives met Partially met Not met

If partially or not met, where did we fail? Comment.

2 **Unit II** Objectives met Partially met Not met

If partially or not met, where did we fail? Comment.

3 **Unit III** Objectives met Partially met Not met

If partially or not met, where did we fail? Comment.

4 Is the way the teaching material is organised relevant to your working needs?
All Some None

If some or none, where should it be modified? Comment.

5 Is the way the teaching is organised likely to meet the learning objectives indicated on the worksheets for sessions? If not, please make detailed comments.

6 Is the atmosphere conducive to active participation?

# Appendix VIII
# Teaching material

**End of course evaluation form**
Please answer the following questions honestly, and in as much detail as you like. Use extra sheets of paper if it is necessary to expand on any of the answers you give.
Please answer this section by putting a tick alongside the evaluation which gives your opinion.

1 How important for your work were the main topics in the guide?
- extremely important
- important
- not very important
- not at all important

2 Would you be able to apply the ideas discussed into your work activities?
- all of them
- most of them
- some of them
- none of them

3 Did the way the material was organised make it easy for you to follow the development of the sessions?
- very easy
- fairly easy
- manageable
- difficult

4 Was the language used -
- Difficult to understand
- Understood with some difficulty
- Fairly easy to understand
- Easy to understand

5 Did the participant training guide provide you with enough basic material?
- Too much
- Enough
- Just enough
- Too little

6 How valuable was the material in the different units to you?

| | Extremely | Valuable | Of little | No value |
|---|---|---|---|---|
| Unit 1 | | | | |
| Unit 2 | | | | |
| Unit 3 | | | | |
| Unit 4 | | | | |
| Unit 5 | | | | |
| Unit 6 | | | | |
| Background Information | | | | |

Answer in your own words:-

7 Do you think that this training programme achieved its objectives?

8 What part of the guide should be left out in the next issue (and why)?

9 What do you think should be added, (and why), to make it more useful for participants?

10 Comment on :
(i) the value of the handouts.
(ii) the use of audio-visual instructional media.

*Use extra sheets of paper if necessary.

# Appendix IX (i)
# Draft plan for post training follow-up activities of BEE's trained in communication and community participation

**Introduction**

After the In-service Training Course for BEE's on Communications and Community Participation comes to a close we will monitor their progress in implementing the programmes assigned to them and taught during the course. There are several ways we might choose to do this follow-up.

- Post-training projects could be set to facilitate supervision and continuing education.
- Schedule visits to PHCs to check on the progress of each BEE and help solve problems that may arise.
- District Supervisory authorities will be requested to contribute ideas about solving problems.

**Objectives**

- To assess the BEEs while working in the community as per their assignments, declared work schedules will be ascertained in advance of leave.
- To evaluate the involvement of community members in different projects conducted by the BEEs.
- To observe the IEC activities actually done by the BEE on the spot and guide him if necessary and continue practical training in the field.
- To assist the BEE in continuing education and solving problems and to lend support in solving problems.

**Selection of in-service BEEs for follow-up evaluation**

- From the first three courses of trained BEEs, at least 30% of the total number trained should be evaluated.
- Nearby districts ie Sambalpur, Bolangir, Dhenkanal and Keonjhar may be taken in the first phase and for the subsequent follow-up visits, selection of BEEs will be made from other districts.

**Duration of visit**

Four days to be devoted for the follow-up work including two days for the journey.

**Transportation**

Institution jeep may be used for the journey.

**Who will conduct the follow-up activities?**

The Course Development Team members individually will conduct follow-up work according to the instruments already prepared. The assistance and co-operation of all supervisory officers will be solicited and utilised.

**Plan of action**

1 Monthly advance tour programme of BEEs to be brought from the Medical Officer I/C, PHC or Assistant District Medical Officer (Family Welfare).

2 Advance intimation to the Chief District Medical Officer, Assistant District Medical Officer (Family Welfare), and Deputy Mass Education and Information Officer, Medical Officer, PHC, about the date and person (BEE) to be followed up and their co-operation to the persons who are going to do the follow-up.

4 Discussion with the District Level Officers about the follow-up activity, and their support and co-operation as supervisors for better implementation of IEC activities by the concerned BEE, and also for continuing these follow-up activities.

5 Discussion with the Medical Officer I/C, PHC to provide necessary scope to the BEE to perform IEC activities in his area effectively if is felt or heard, by the officers concerned conducting follow-up, that the BEE is not getting sufficient scope for organisation or implementation.

6 To prepare a checklist before going to conduct follow-up, as the list would be filled up then and there, while observing different activities of the BEE and asking questions etc.

7 To observe activities of the BEE in his working situation, to ask some questions and go through different records of the BEE about planning, organising and implementing IEC activities, to find out improvements made after returning from training (Communication and Community Participation).

8 Interviewing the Community Leaders, School Teachers, Local Voluntary agencies and other supervisors and subordinate departmental personnel.

9 Discussion with the BEE regarding the probelsm relating to implementation of IEC activities; problem solving with BEE.

10 Asking the BEE suggestions from his own experience and situation for better implementation of the same work.

11 Suggestions from the Medical Officer I/C, local leaders and voluntary agencies for better implementation of the work. It should be discussed with the Assistant District Medical Officer/Chief District Medical Officer for solving those problems and the action taken relating to that should be followed up repeatedly.

12 Instructions to the BEE for the continuance of IEC activities (continuing education).

13 Tell BEE that whenever he needs some help regarding planning, organising, implementing, interviewing technique and subjects he should contact the Course Development Team of the Training Centre through the Principal.

14 Regular feedback/correspondence with the Medical Officer I/C about the action taken for solving the problems and, if necessary, correspondence to be done with the District Level and State Level Officers concerned.

15 Writing up of follow-up particulars in detail after returning from the follow-up visit and submit to the Principal for further action to be taken at his/her end and approved transmission to be concerned authorities.

# Appendix IX (ii)
# Post training follow-up activities schedule: Questionnaire

(for immediate supervisors to Block Extension Educators)

**Category of Supervisors to be interviewed:**

1 Medical Officer, responsible for BEE.
2 Deputy District Mass Education and Information Officer.
3 Assistant District Medical Officer (Family Welfare).

1 Date of interview.
2 Name and designation of supervisor.
3 Name and address of BEE who supervisor is responsible for.
4 Period of working of the Supervisor with the particular BEE.

**Questionnaire**

1 Does the BEE perform his job satisfactorily - Yes/No.
1a If no - Why?
1b If yes - How?
2 It appears that BEE Sri _____ had undergone a training at the Health and Family Welfare Training Centre, Sambalpur, recently; what was that training for?
3 Has the BEE on his return from training discussed it with you? - Yes/No.
4 If not, have you had the occasion to ask the BEE for a similar discussion? - Yes/No.
4a If yes, what was the discussion?
5 Have you received a sort of work plan for conducting IEC (Information Education Communication) programme from the BEE?
5a If yes, may the work plan for IEC activities be referred to as satisfactory/unsatisfactory?
6 Do you advocate community participation for carrying out health activities? - Yes/No.
6a If no - Reasons.
7 Do you think this training on communication and community participation for BEEs will make an improvement in the Health programme? - Yes/No.
7a If no -Reasons.
8 Do you involve the BEE in programme planning? - Yes/No. If yes, all/few.
9 Do you think that audio-visual equipment is being properly maintained and utilised? - Yes/No.
10 Have you ever been exposed to solve the work problems of BEE? - Yes/No.
10a If yes - How? (with specific instance)
11 What are your suggestions to improve activities of BEE as per the training (note briefly).

Date:-

Investigator

# Appendix X (iii)
# Post training follow-up evaluation schedule: Questionnaire

(for Block Extension Educators only)

1 Date:-
2 Name of the PHC:-
3 District:-
4 Name of the Respondent:-
- age
- sex
- M/F
5 Date of appointment in the present post:-

**Post training activities**

1 Training status:-
Type of Training at the Health and Family Welfare Training Centre, Sambalpur.
From ..... To .....
a
b
c

2 Do you think that the Training provided on Communication and Community Participation is adequate to carry out the assigned duties? - Yes/No. If yes, how?
a To plan for effective communication.
b To know the audience.
c To talk with the clients.
d To work with others.
e To apply teaching and motivational methods.
f To identfiy and involve Community Manpower.

3 Do you collect data for planning IEC (Information, Education, Communication) in your block? - Yes/No. If yes, how?
Average achievement during the month
a Community surveying.
b Data tabulation and interpretation.
c Summary findings.
d Draft Plan for IEC.
e Any other.

4 How do you select your audience for IEC activities?
a Identification of target groups.
b Identifying community communication modes.
i
ii
iii
c Studying customs, traditions and folk beliefs.
d Identifying community channels.
i
ii
iii
e Any other.
i
ii
iii

5 What methods do you follow to approach your clients?

| | | Average monthly achievement |
|---|---|---|
| a | Mass meetings | |
| b | Group meetings | |
| c | Individual contact | |
| d | Attending special gatherings and IEC sessions at PH/MCH/FW service delivery camps. | |
| e | Health Education Programmes in schools and out of school youth | |

f Any other:

| Organisations attended | How many times per month | Topics discussed |
|---|---|---|
| a | | |
| b | | |
| c | | |
| d | | |

6 Do you work with others for IEC (Information, Education and Communication) activity? If yes - how?

a Interagency co-operation - Yes/No. If yes:-

| Name of Organisation | Type of help |
|---|---|
| a | |
| b | |
| c | |
| d | |

b Assessment of In-service Training need of IEC staff:-

i Have you planned for conducting the Training Programme for your staff? If yes:-
- Category of staff to be trained
- Period of training
- Topic to be taught
- Resource person
- Method to be used
- Media to be used

ii Have you prepared a checklist for assessment? Yes/No

c Opinion Leaders Camp:- Yes/No

d Orientation Meeting with IEC staff and volunteers:- Yes/No

e Any other:-

f Are you following the principles of supervision:- Yes/No

g Have you prepared a checklist for supervision:- Yes/No

7 For educational approaches (IEC) do you use audio-visual aids:- Yes/No
If yes - How?

a Preparation of different media forms on programmes:-
i Name of aid used
ii Place of use
iii Target group contact
iv No. of times per month

b Production and distribution of printed A.V. materials:-

c Utilisation of IEC materials in communication (films, slides, radio, folk plays, drama exhibition etc.)

d Integrated campagins and drives.

e Any other.

8 Are you involving the community in the promotion of its own health? Yes/No
If yes - How?

a Identification of opportunities for local involvement in development of health programmes.

b Arrange and hold planning meeting with community programme.

c Identify and motivate opinion leaders.

d Arrange workshops/meetings.

e Promote local PH/MCH/FW oriented committees.

f Promote and assist social activities; provide IEC materials and programmes.

9 Do you follow the interview technique while talking to clients? Yes/No

If yes - How?

a Self-introduction Yes/No

b Rapport establishment Yes/No

c Patient listening to the client Yes/No

d Purpose of interview and talking to the respondent Yes/No

10 Any suggestions for effective communication - any community participation?

a

b

c

d

Date:-

Signature of the Investigator.