Federal Democratic Republic of Ethiopia
Ministry of Health

Health Education, Advocacy and Community Mobilisation, Part 2

Blended Learning Module for the
Health Extension Programme

HEAT

Health Education and Training
HEAT in Africa

Acknowledgements

Contents

Study Session 12 Planning Health Education Programmes: 1

Introduction

Careful planning is essential to the success of all health education activities. This study session is the first of two sessions that will help you to learn about ways in which you can plan your health education activities. In this study session, you will learn about the purpose of planning health education interventions, the basic concepts of planning, and what steps to take when you are planning. The study session will focus in particular on needs assessment, which is the first step in planning health education and promotion. You will learn about categories of needs and techniques that you can use when carrying out needs assessment.

You may have covered some aspects of planning in other modules such as the *Health Management, Ethics and Research* Module. However, planning in this study session refers specifically to the health education planning process (Figure 12.1).

Figure 12.1 All health education messages require a lot of planning before they are delivered. (Photo: I-TECH/Julia Sherburne)

Learning Outcomes for Study Session 12

When you have studied this session, you should be able to:

12.1 Define and use correctly all of the key words printed in **bold**. (SAQs 12.1 and 12.2)

12.2 Explaiin the purpose of planning health education activities. (SAQ 12.2)

12.3 List the principles of planning in health education practice. (SAQ 12.2)

12.4 Describe the six steps of planning health education interventions. (SAQ 12.3)

12.5 Describe the main categories of needs assessment. (SAQs 12.4 and 12.5)

12.5 Discuss some of the techniques of needs assessment. (SAQs 12.4 and 12.6)

12.1 Planning health education activities

Before you can begin planning your health education activities, you need to have a clear understanding of what planning means. **Planning** is the process of making thoughtful and systematic decisions about what needs to be done, how it has to be done, by whom, and with what resources. Planning is central to health education and health promotion activities (Box 12.1). If you do not have a plan, it will not be clear to you how and when you are going to carry out necessary tasks. Everyone makes plans — for looking after their family, for cooking, and so on. You can build on experience you already have in planning, and apply it to health education.

Box 12.1 Key questions to ask when planning

- *What* will be done?
- *When* will it be done?
- *Where* will it be done?
- *Who* will do it?
- *What* resources are required?

12.2 The purpose of planning in health education

There are several benefits to planning your activities. Firstly, planning enables you to match your resources to the problem you intend to solve (Figure 12.2). Secondly, planning helps you to use resources more efficiently so you can ensure the best use of scarce resources. Thirdly, it can help avoid duplication of activities. For example, you wouldn't offer health education to households on the same topic at every visit. Fourthly, planning helps you prioritise needs and activities. This is useful because your community may have a lot of problems, but not the resources or the capacity to solve all these problems at the same time. Finally, planning enables you to think about how to develop the best methods with which to solve a problem.

Figure 12.2 Every village in Ethiopia is different. Planning is required so the health messages are tailored to the specific conditions.
(Photo: UNICEF Ethiopia/Indrias Getachew)

■ Haimonot is a Health Extension Practitioner. She is working at a health post near your village. Haimonot is doing health education activities — but not planning them. How would you convince her that planning health education activities would be helpful? What points would you want to talk about? Use the paragraph above to help you plan what you want to say.

□ To convince Haimonot to plan her own health education activities, you could explain the purpose of planning to her. You could explain that:

- Planning will make it easier for her to identify what she needs to do, and be more efficient in her work.
- Planning would help her to prioritise the health problems in her community that need intervention.
- Planning would help her choose the problems that are most important, and to match resources with the problems she intends to address. This would enable her to use her scarce resources more efficiently, and avoid unnecessary activities.

12.3 Principles of planning in health education

In this section you will learn about the principles you should apply when planning any activity in the community. Planning is not haphazard — that means there is a principle, or a rule, which you should take into account when developing your health education plans. You should always consider the principles shown in Box 12.2 when you plan a piece of work.

> ### Box 12.2 Six principles of planning in health education
>
> 1 It is important that plans are made with the needs and context of the community in mind. You should try to understand what is currently happening in the community you work in.
>
> 2 Consider the basic needs and interests of the community. If you do not consider the local needs and interests, your plans will not be effective.
>
> 3 Plan with the people involved in the implementation of an activity. If you include people they will be more likely to participate, and the plan will be more likely to succeed.
>
> 4 Identify and use all relevant community resources.
>
> 5 Planning should be flexible, not rigid. You can modify your plans when necessary. For example, you would have to change your priorities if a new problem, needing an urgent response, arose.
>
> 6 The planned activity should be achievable, and take into consideration the financial, personnel, and time constraints on the resources you have available. You should not plan unachievable activities.

■ Meserete is a Health Extension Practitioner. Some time ago she developed a health education programme for her community. At the beginning, she identified some important health problems that were occurring in her community. Local people were recruited to identify their own health problems, and to look for a solution appropriate to their setting. Meserete also identified local resources that would be helpful for her health education activities. Finally, she developed a plan to meet the needs of the community and started to implement it. However, she faced a shortage of resources to carry out all of the items in her plan, so she prioritised the items and modified her plan according to the resources that were available. Look at Box 12.2 above, and work out which principles of planning you think Meserete used.

□ Meserete has worked well, and used all the principles of planning. She understood local problems [principle 1], and considered the interests of the community [2]. Local people participated in the programme at all stages [3]. She also identified local resources for her health education programme [4], and made sure that her plan was flexible [5]. Meserete also modified her plan, and she thought very carefully about what was achievable [6].

12.4 Steps involved in planning health education activities

Planning is a continuous process. It doesn't just happen at the start of a project. If you are involved in improving and promoting individual, family and community health, you should make sure that you plan your activities. Planning can be thought of as a cycle that has six steps (Figure 12.3). In this section, you will learn the basic steps to take when planning your health education activities.
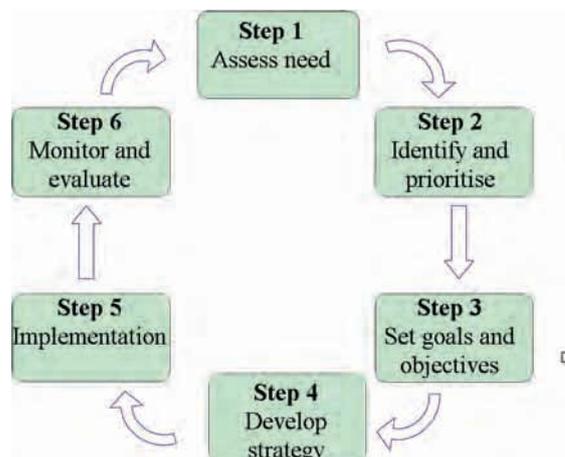
Figure 12.3 Steps in planning health education activities.
(Source: Henk van Stokkom)

12.5 Needs assessment

Conducting a needs assessment is the first, and probably the most important, step in any successful planning process. Sufficient time should be given for each needs assessment. The amount of time required for a needs assessment will depend on the time you have available to address the problem, and the nature and urgency of the problem being assessed.

Needs assessment is the process of identifying and understanding the health problems of the community, and their possible causes (Figure 12.4). The problems are then analysed so that priorities can be set for any necessary interventions. The information you collect during a needs assessment will serve as a baseline for monitoring and evaluation at a later stage.

Figure 12.4 You may find out that conditions such as goitre are common in your locality. (Photo: Henk van Stokkom)

Before you begin a needs assessment, it is important to become familiar with the community you are working in. This involves identifying and talking with the key community members such as the *kebele* leaders, as well as religious and *idir* leaders. Ideally, you would involve key community members throughout the planning process, and in the implementation and evaluation of your health education activities.

There are various categories of needs assessment. In order to develop a workable and appropriate plan, several types of needs should be identified, including health needs and resource needs, which are outlined below.

12.5.1 Health needs assessment

In a **health needs assessment**, you identify health problems prevalent in your community. In other words, you look into any local health conditions which are associated with morbidity, mortality and disability. The local problems may include malaria, TB, HIV/AIDS, diarrhoea, or other conditions arising from the local context, such as goitre caused by lack of iodine in the diet.

Having identified the problems, you need to think about the extent to which local health conditions are a result of insufficient education. For example, are people lacking in knowledge about malaria, or HIV, or diarrhoea? Are they aware that some of their behaviours may be part of the problem?

12.5.2 Resource needs assessment

A **resource needs assessment** identifies the resources needed to tackle the identified health problems in your community. You should consider whether there is a lack of resources or materials that is preventing the community from practising healthy behaviours. For example, a mother may have good knowledge about malaria and its prevention methods, and want to use Insecticide Treated Bed Nets (ITNs). However, if ITNs are not available, it may not be possible for her to avoid malaria. Therefore, a bed net is a resource which is required to bring about behaviour change. Similarly, a woman may intend to use contraception. However, if contraceptive services

are not available in her locality, she remains at risk of unplanned pregnancies. In order to facilitate behaviour change, you should identify ways of addressing this lack of contraceptive resources.

Be aware too that education is in itself one of the great resources you can call on. An **education needs assessment** should also be part of you plan.

12.5.3 Community resources

First read Case Study 12.1 to help you think about community needs.

<div style="background-color:#cceee5;padding:1em;">

Case Study 12.1 Tigist

Ms Tigist is a Health Extension Practitioner. She has been working for three years in a village called Burka. She has conducted a needs assessment in order to develop an appropriate health education plan. During the needs assessment, Ms Tigist identified that malaria, TB, HIV/AIDS and harmful traditional practices, such as female genital mutilation (FGM), were prevalent problems in the village. In addition, she identified that many community members did not know the causes of these problems, or any methods of prevention. For example, many young people did not like to use condoms, and many households did not use bed nets properly due to lack of knowledge. Ms Tigist also identified that many households did not own bed nets.

</div>

During a needs assessment, you also need to identify the resources available in the community, such as labour power. This would include finding out about the help that community leaders and volunteers could give, and the local materials and spaces in which to conduct health education sessions. When looking at community resources, you should include local information such as the number of people in each household, their ages and their economic characteristics. You would also include information on community groups and their impact on local health activities and communication networks.

■　Read Case Study 12.1 again, and then answer the questions below.

　　(a) Which categories of needs assessment has Ms Tigist conducted?
　　(b) List the problems Ms Tigist has identified in each of the categories of needs assessment.

□　(a) Ms Tigist has undertaken a health needs assessment (look at Section 12.5.1 if you need to clarify this), and a resource needs assessment (see Section 12.5.2).

　　(b) Problems identified in the health needs assessment showed that malaria, TB, HIV/AIDS and harmful traditional practices were prevalent, and that there is a lack of knowledge about causes and prevention methods for these problems. The main resource need identified was mosquito bed nets in some households.

■ If you identify malaria as a common health problem in your locality, what additional information would you need in order to plan and implement an appropriate intervention? You will find that looking at Section 12.5.2 again should help here. The important information you need to consider is the effect of current behaviours on the health problem you have chosen.

☐ You should conduct a further assessment for this specific disease to identify the reasons why malaria is a problem in your locality. Knowing it is a problem is only the start. You may identify behavioural factors such as not using bed nets, not seeking timely treatment, or not clearing stagnant water around the dwellings. When all these behavioural factors have been identified, proper health education strategies can be developed to address them, including resources that are needed, and whether you can get them.

12.6 Assessment techniques

Data related to the health needs of the community can be obtained from two main sources — these are called primary and secondary sources. **Primary sources** are data which you collect during a needs assessment, using techniques such as observation, in-depth interviews, key informant interviews, and focus group discussions. **Secondary sources** are data that were collected and documented for other purposes, including health centre and health post records, activity reports, and research reports. You may also be able to review data which has already been collected by other people to identify local health problems.

■ Think about a health education issue you are aware of in your community. Make a list of primary and secondary sources of information you could collect on this issue.

☐ You could collect primary information by conducting some interviews with key people in your community, or holding focus group discussions. Secondary sources of information about the health issue may be available from your local health centre, or health post data.

Various techniques can be used to collect data from the community. These include observation, in-depth interviews, key informant interviews, and focus group discussions — which we describe next.

12.6.1 Observation

To carry out an **observation**, you watch and record events as they are happening. Box 12.3 outlines some situations where observation can be a useful method of collecting relevant data.

> **Box 12.3 Observation is useful to understand**
>
> • Community cultures, norms and values in their social context.
> • Human behaviour that may be complex and hidden.

When you are observing households, individuals, or more general practice or behaviour in your community, you may find it useful to use a checklist. For

example, you could prepare a checklist to keep a detailed record of household practice and environmental hygiene. Following your checklist might help you to be more systematic about the things you are observing. You cannot observe everything at the same time, so the checklist will help you prioritise what to observe, and how to record what you have seen. A checklist is a very helpful tool for observation, and more generally with planning. There is an example of a checklist in Box 12.4.

<div style="background-color:#cce0f0; padding:1em;">

Box 12.4 Checklist to organise observations

A Health Extension Practitioner has prepared a checklist to help organise her observations when she visits pregnant mothers in her community to put up new insecticide-treated mosquito nets (ITNs).

The checklist includes the following points:

- Is the net hung above the bed? Yes/No
- Has it been tied at all four angles above the bed? Yes/No
- Is the net tucked under the mattress? Yes/No
- Does the net have a hole anywhere where an insect might get in? Yes/No

</div>

You have probably already gathered a lot of information by using observation within your community. If you keep alert to all the things that are happening around you, you will be able to gather a lot of very useful information. Systematically observing and recording what you see is an important technique that you can use to identify health problems and their possible causes (Figure 12.5).

Figure 12.5 Make sure you take notes of your observations as you plan your health education activities. (Photo: Yesim Tozan)

■ Observation is a real skill, and one you can practise very easily. Make a list of a number of small observations you can make in the next week or so. It doesn't even have to be work related! Then just try a few out, and make a brief checklist for each.

□ You could observe how many people greet you over one half-hour period, and make a note of how they do it. You could observe how many bicycles go past in ten minutes and the age of the people riding them. Or

choose an observation on health education. The important thing is to really pay attention, and then make some sort of record.

12.6.2 Interviews

The **in-depth interview** is another important method of data collection. This technique can be used when you want to explore individual beliefs, practices, experiences and attitudes in greater detail. It is usually conducted as a direct personal interview with one person — a single respondent. Using in-depth interviews as a Health Extension Practitioner, you can discover an individual's motivations, beliefs, attitudes and feelings about health and illness. For example, you may want to explore a mother's attitudes to — and use of — contraception.

It is a good idea to use open-ended questions to encourage the respondent to talk, rather than closed questions that just require a yes or no answer.

An in-depth interview can take around 30–90 minutes. Box 12.5 lists the steps you should take when conducting an in-depth interview.

> ### Box 12.5 Conducting an in-depth interview
>
> - Identify an individual with whom you are going to conduct an in-depth interview, obtain their consent and arrange a time.
> - Prepare your interview guide — this is a list of questions you can use to guide you during the interview. You can generate more questions during the interview if other issues arise that you want to follow up.
> - Write down the responses as accurately as you can. You can also use a tape recorder to record the responses. However, you should ask permission from the respondent to use a tape recorder.
> - After the interview is completed, review your notes or listen to the tape and prepare a detailed report of what you have learned.

Figure 12.6 In-depth interviews can help you gather a lot of information that will help you plan your health education activities.
(Photo: UNICEF Ethiopia/Indrias Getachew)

Perhaps you could practise inventing open-ended questions. Try it out on your family and friends until it becomes easy to do. A closed question goes like

this: Do you like vegetables? The person can only really say yes or no. An open question goes like this: Tell me something about how vegetables fit into your diet? Then the person can start talking about vegetables much more — and you will get a lot more information.

A good time to do an in-depth interview is when the subject matter is sensitive; for example, gathering data from women regarding their feelings about sexuality and family planning, or if the woman has had an abortion. This is a useful technique when you need to explore an individual's experiences, beliefs and attitudes in greater detail.

12.6.3 Key informants

Key informants are people who have first-hand knowledge about the community. They include community leaders, cultural leaders, religious leaders, and other people with lots of experience in the community. These community experts, with their particular knowledge and understanding, represent the views of an important sector of the community. They can provide you with detailed information about the community, its health beliefs, cultural practices, and other relevant information that might help you in your work. How do you feel about talking to leaders and people with lots of experience? Do you ask them different sorts of questions from those you ask of other people? Although beliefs and attitudes apply to key informants too, you also have a chance to find out some answers to questions about 'the bigger picture' of your community when people are public figures.

12.6.4 Focus group discussions

Focus group discussions are group discussions where around 6 to 12 people meet to discuss health problems in detail. The discussion is led by a person known as a 'facilitator'. Box 12.6 describes the steps to use if you want to conduct a focus group discussion.

> ### Box 12.6 Conducting a focus group discussion
>
> - Select 6–12 participants for your focus group discussion. For the discussion of some sensitive issues, it might be necessary to lead one focus group of men only (Figure 12.7), and another of women only. For other issues, a mixed group could lead to interesting and informative discussions.
>
> - Prepare a focus group discussion guide. This is a set of questions which are used to facilitate the discussion. While the discussion is going, you can also generate more questions to ask the participants.
>
> - There should be one person who facilitates the discussion, and another person who takes notes during the discussion. If possible, it is also useful to record the discussion using a tape recorder, so that you can listen and analyse it later.

You may find it useful to use focus group discussions in the following situations:

- When group interaction might produce better quality data. Interaction between the participants can stimulate richer responses, and allow new and valuable issues to emerge.

- Where resources and time are limited. Focus groups can be done more quickly, and are generally less expensive than a series of in-depth interviews.

Figure 12.7 Focus groups can be the source of a lot of useful information about local health conditions. (Photo: AMREF)

In this study session, you have learnt four techniques that will help you to conduct needs assessments. You can either select one technique which best fits the aims of your needs assessment, or use a combination of more than one technique to build a more complete picture of the issues you need more information about.

■ Spend a few moments thinking about these four techniques. Do you feel more at home with one than another? Do you think it might be best to use more than one method with a particular health education issue?

□ You do not have to use all of these techniques all the time. Some work better in some situations. But it is worth practising, so that if and when you need a particular technique you have it at your finger tips.

Summary of Study Session 12

In Study Session 12, you have learned that:

1 Planning is the process of making thoughtful and systematic decisions about what needs to be done, how it has to be done, by whom, and with what resources.

2 Planning health education activities has several advantages. It enables you to prioritise problems, use your resources efficiently, avoid duplication of activities, and develop the most effective methods to solve community health problems.

3 Planning should be based on your local situation, and take into account all the interests and needs of the community.

4 A needs assessment is the usual starting point for the health planning process. There are a variety of techniques you can use for this, including observation, interviews and focus group discussions.

5 No matter what techniques are used to conduct your health and resource needs assessments, the basic concept is to find out more about health

problems in your community, and gather information about their underlying causes.

Planning is covered in more depth in Study Session 13.

Self-Assessment Questions (SAQs) for Study Session 12

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering the following questions. Write your answers in your Study Diary and discuss them with your Tutor at the next Study Support Meeting. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ 12.1 (tests Learning Outcome 12.1)

What do you think are the most important elements of:

(a) Health planning?
(b) Health needs assessment?

SAQ 12.2 (tests Learning Outcomes 12.1, 12.2 and 12.3)

Which of the following statements about planning health education activities are *false*? In each case, explain what is incorrect.

A Planning should be rigid.
B Planning will create duplication of effort and activities.
C Planning should be based on the local situation.
D It is *not* important to consider the interests of local people when planning health education activities.
E We should not worry about the availability of resources when we plan our health education activities.

SAQ 12.3 (tests Learning Outcome 12.4)

Box 12.7 lists the steps you need to go through when planning your health education activities, but they are not in the correct order. Number the steps from 1 to 6 in the order you should do them.

Box 12.7 for SAQ 12.3

Setting goals and objectives

Problem identification and prioritisation

Needs assessment

Monitoring and evaluation

Implementation

Develop your strategy

SAQ 12.4 (tests Learning Outcomes 12.5 and 12.6)

Suppose you are asked to develop a health education plan for the community in which you are working. What are the three categories of needs assessment? What techniques might you use to conduct a health needs assessment?

SAQ 12.5 (tests Learning Outcome 12.5)

Derartu has conducted a health needs assessment to develop her health education activity plan. She has assessed the following needs. Which category of need would you put each of these into?

(a) Lack of knowledge about the benefits of latrine use.
(b) Lack of skill in using insecticide-treated bed nets.
(c) Having a negative attitude towards condom use.
(d) Condoms are not available in the village.
(e) Belief that malaria is caused by drinking dirty water.

SAQ 12.6 (tests Learning Outcome 12.6)

Match the needs assessment techniques in column A to the descriptions in column B.

A	B
Observation	Used to explore individual beliefs
In-depth interview	Interviews with religious and other community leaders
Focus group discussion	Uses a checklist
Key informant	Used when the subject is not sensitive

Study Session 13 Planning Health Education Programmes: 2

Introduction

In Study Session 12, you learnt about the purposes and principles of planning your health education activities. You also learnt that the first important step in planning was a needs assessment. In this study session, you will learn the next steps of planning, which are problem identification, setting priorities, and how to develop appropriate objectives and strategies. In addition, you will learn how to develop the components of a work plan. As you discovered in Study Session 12, one of the reasons to conduct a needs assessment is to identify community health problems and their causes. This study session begins by identifying and prioritising the problems which were discovered by needs assessment.

Learning Outcomes for Study Session 13

When you have studied this session, you should be able to:

13.1 Define and use correctly all of the key words printed in **bold**. (SAQ 13.1)

13.2 Describe the process for identifying and prioritising problems to focus on during your health education activities. (SAQ 13.1)

13.3 Describe the four categories of objectives for health education interventions, and explain how to write good objectives. (SAQs 13.2, 13.3, 13.4 and 13.5)

13.4 List the components of a work plan. (SAQ 13.6)

13.1 Identifying and prioritising health problems

By the end of your needs assessment work, you will have identified a number of health problems in your community. These problems may include a high incidence of malaria, TB, HIV/AIDS, and childhood diarrhoea. You should ensure that you have a list of all the problems you have identified.

You may also have identified some of the possible causes of health problems (Figure 13.1). These could include unhealthy practices such as smoking cigarettes or excessive alcohol consumption. Another possible cause that you might have been able to identify is unhelpful beliefs, such as that malnutrition is caused by bad spirits, or that dirty water causes malaria. Peer influences could also be identified as a cause of some health problems (Figure 13.2). For example, an individual who has malaria may want to visit the health facility to get treatment. However, his friend may want him to go visit a traditional healer.

Figure 13.1 Feet that look like this are caused by contact with red clay soil and can be prevented if shoes are worn. (Photo: Henk van Stokkom)

Figure 13.2 Peer influences may be important in determining alcohol consumption levels. (Photo: Tom Heller)

Once you have identified and listed the main community health problems and their causes, the next step is to prioritise these problems — because it may be difficult for you to address all of these problems at the same time.

Prioritisation is the process of arranging the problems in order of the urgency in which they need to be addressed. Highly urgent and important problems are put at the top of your list — and less important and less urgent problems put at the bottom. During needs assessment you may identify as many as 20 different community health problems, but you cannot address all of these at the same time. You now have to prioritise and put them in the order of importance to the health of the community.

Problem prioritisation is not arbitrary, but should use certain established criteria. There are five basic criteria you can use to prioritise problems. Look carefully at Box 13.1. It describes the criteria you can use to prioritise the problems you have identified in your community, in order to decide which ones should be tackled first.

Box 13.1 Criteria to prioritise problems

1 *Magnitude of the problem*

>   Look at the prevalence of the problem. Is there a lot of it in your community?
>   Are a large number of people affected by the problem?
>   Is the problem widespread in the community?

2 *Severity of the problem*

>   Does the problem lead to serious illness, death or disability?

3 *Feasibility of the intervention*

>   Are you able to solve the problem with the resources you have?
>   Can the problem be tackled with the resources you have?

4 *Government concern*

>   Do the official people want you to tackle this problem?

5 *Community concern*

>   Does the community really want to deal with the problem?

Activity 13.1 Scoring criteria for prioritisation

Knowing the criteria alone cannot help you to set priorities. This activity will demonstrate to you how to score these five criteria, so that you are able to arrange your problems in order of their importance. In the example set out in Table 13.1, each health problem has been scored on a range of one to five. A minimum score would be one. This indicates that there is very little concern for that health problem. The maximum score of five would be given for a problem that was thought to be very severe. The scores for each problem have been added up in the final column, and a rank has been given for each problem. The *rank* indicates the priority — a problem that is ranked 1 is the most important.

Table 13.1 Prioritising — scoring and ranking health problems.

	Problem identified	Score for each criterion					Total score	Rank
		Magnitude	Severity	Feasibility	Government concern	Community concern		
1	Malaria	5	5	5	5	5	25	1
2	HIV/AIDS	5	5	5	4	3	22	3
3	TB	5	5	5	5	4	24	2
4	Diarrhoea	4	4	4	2	3	17	4
5	Typhoid	3	3	4	2	3	15	6
6	Intestinal parasite	4	2	5	3	2	16	5

■ Now answer these questions on the data in Table 13.1:
  (a) According to this scoring system, which is the most important health problem?
  (b) Which health problem is considered by the community to be the least important?
  (c) Which health problem is considered to be the smallest health problem overall?

☐ Table 13.1 gives a lot of information about this situation:
  (a) Malaria has been given the highest rank in this ranking system.
  (b) Intestinal parasites have been scored by the community as the least important health concern for them.
  (c) Typhoid has only scored 3 in the magnitude column and is ranked 6 out of the six health problems — so is considered overall to be the smallest health problem.

The second option you have available in prioritising health problems is to ask a group of stakeholders, such as community members or other health workers, to prioritise the problems according to their knowledge and experience.

How many problems do you select to address? That really depends on your capacity, and the resources you have to deal with them.

13.2 Setting goals and objectives

Once you have identified the specific problems you intend to address, the next step is to prepare the goals and objectives for your health education activities (Box 13.2). Without goals and objectives your activities may lack direction, and it may be difficult to monitor and evaluate how effective your health education interventions have been.

A goal is a broad statement that can clearly describe what your health education activity is designed to achieve. It provides an overall direction for your activities. Your health goals might be something very general like: 'My goal is to improve the health of women and children in my locality.'

An objective is more specific than a goal, and it should be achievable. It is the outcome that you want to accomplish through a health education intervention (Figures 13.3 and 13.4). If you do not have objectives, you cannot evaluate the effectiveness and efficiency of your health education activities. An objective has five elements. A good objective must include all of these five elements. Box 13.2 describes them.

Figure 13.3 Giving people bed nets helps to achieve the goal of reducing malaria in certain areas of Ethiopia. (Photo: UNICEF Ethiopia/Indrias Getachew)

Figure 13.4 Your objective might be to increase the number of pregnant women who attend for antenatal care by 20% within the next year.
(Photo I-TECH/Julia Sherburne)

Box 13.2 The five elements of an objective

Objective statements must be written in a way that will answer the following questions:

1 *Things to be achieved*: What do you want to achieve?
2 *Place*: Where?
3 *Target group*: Who is the target group?
4 *Time*: When do you want to achieve it?
5 *Extent of achievements*: Can you measure the improvement in health that you have achieved?

Now read Case Study 13.1.

Case Study 13.1 Setting a goal and objective for addressing malaria in your *kebele*

If your needs assessment has shown that malaria is a problem in your locality, your goal might be very general. You might say something like, 'My goal is to reduce the amount of malaria in my *kebele*.'

You may also discover that one of the reasons for the malaria is that the uptake of insecticide-treated bed nets (ITN) is quite low in your *kebele*, so your objective would be something more specific and detailed. You might decide that your objective should be: 'To increase the number of households who use bed nets properly in my *kebele* from 100 to 200 within six months.'

You could look in more detail at this objective:

- What?   More people should use bed nets to prevent malaria
- Where?   Throughout my *kebele*
- Who?   Households, especially those with pregnant women
- When?   Within the next six months
- Extent of achievement   The number should increase by at least 100 households.

It is important to note that the objective should have a deadline, and it should be achievable. Now try this out with the two examples below.

■ Bilise is a Health Extension Practitioner. She is working in a village called Sato. She always plans her health education activities clearly. One of the objectives in her plan is: 'To increase the number of pregnant women who attend for antenatal care in Sato village from 15 now to 35 by the end of three months.' Has she included all the elements of an objective in her statement? Identify each element that she has used. The bullet points in Case Study 13.1 will help you to organise your answer.

☐ Yes, Bilise's objective is correctly written. It addresses all the elements that should be included when writing an objective. Each element could have been expressed like this:

- What?   Increased uptake of antenatal care

- Where?   In Sato village

- Who?   Pregnant women

- When?   Within three months

- Extent of achievement   Increase by another 20 pregnant women.

- Suppose Ayisha is a Health Extension Practitioner working at her health post in a village called Deneba. She wants to plan her health education activities on the subject of female genital mutilation (FGM) for village mothers. She intends to educate 100 mothers within the next four months. Based on this information, how do you think Ayisha should write her objective?

□ Ayisha's objective could be written as: 'To provide health education on FGM for 100 mothers who live in Deneba within the next four months.'

13.2.1 Categories of objectives

In health education and promotion activities, there are four types of objectives. **Health objectives** tell you how big the health problem is, and how much it should be improved. As you learnt in Study Session 12, the first step in a needs assessment is to identify a health problem. Here in the health objectives stage, you should decide by how much you want to reduce that problem.

A typical health objective might be:

- Infant mortality will be reduced in our region to 30 deaths per 1,000 live births by the year 2012.

The next step is to look at the health-related **behavioural objectives**. The term 'behavioural objective' refers to the actions that you encourage people to perform, or not perform (Figure 13.5). For example, health-related behaviour may include using condoms to reduce the risk of diseases caused by unprotected sex, or using an insecticide-treated bed net, or taking anti-malaria drugs properly, and so on. Since the primary objective of health education is to change people's behaviour; behavioural objectives are very important. You should determine by how much you want to increase healthy behaviours or, conversely, by how much you want to reduce unhealthy behaviours in the community.

Examples of behavioural objectives might include the following:

- To increase the percentage of households who use bed nets from 35% to 70% within six months.
- To increase the number of people who use condoms from 15% to 45% within one year.

Using bed nets or using condoms are behaviours that we want to encourage through health education. Therefore, you should have behavioural objectives for all behaviours that you want to change through health education.

Learning objectives refer to educational or learning tools that are needed to achieve desired behavioural changes. Learning objectives describe the knowledge, attitude, beliefs or skill development that leads to the desired behaviour change. If learning objectives are achieved, then behavioural objectives will be achieved. An example of a learning objective could include:

- 'At the end of the learning session, 60% of the people who attend will have learnt how to use bed nets correctly.'

Sometimes learning objectives can be developed for health education activities which will be undertaken for a longer period. For example, you might have a learning objective such as: 'By the end of 2013, 90% of the households in my *kebele* will be able to identify three means of HIV/AIDs prevention.'

Figure 13.5 The use of posters might help you achieve behavioural objectives.
(Photo: Carrie Teicher)

The fourth type of objective is a *resources objective*. During a needs assessment, you may also identify a lack of resources or services without which behaviour change could not take place. For example, without a mosquito net you cannot expect households to use bed nets properly (Figure 13.6). In general, if there is a lack of resources or services which are important for behaviour change, you should make these services available, and you should have objectives for doing so. Such an objective is called a **resource objective**. For example 'by the end of this year all mothers of children under two in this village should have access to oral rehydration salts'.

Figure 13.6 This family have been given an insecticide-treated bed net. Unless the resources are available, you will not be able to meet your objectives. (Photo: UNICEF Ethiopia/Indrias Getachew)

- Now try to identify the four different types of objectives. What kind of objective are each of the following?

  1 At the end of the learning session, 90% of the people who attended will be able to identify at least two risk factors for catching malaria.
  2 To increase the number of women who attend antenatal care visits from 21% to 45% within six months in Koticha *kebele*?
  3 At the end of this year six out of ten households should own mosquito nets.
  4 To reduce the number of cases of malaria in my village from 15 to 5 cases within six months.

- Answer 1 is a learning objective. 2 is a behavioural objective. 3 is a resource objective. 4 is a health objective.

- Now try this out for yourself. Write an example of one behavioural objective and one learning objective for your health education activities on HIV/AIDS.

- A behavioural objective might be something like: 'To increase the number of couples who use condoms in my *kebele* from 20% to 40% over the next two years.' A learning objective could be: '70% of the people who attend the health education session in my *kebele* will be able to identify three ways of HIV/AIDS transmission.'

13.3 Selecting educational methods

To achieve each of your stated objectives, you need to choose the best educational method, because not all health education methods are appropriate to achieve each of your objectives — some methods are better than others. For example, if one of your learning objectives is to increase knowledge about a particular health subject, you should choose a method which is appropriate for this objective (Figure 13.7). If one of your objectives is to influence attitudes, you need a different way of getting your message across.

Figure 13.7 Individual counselling may be the best method to use for detailed and delicate health messages such as correct breast feeding.
(Photo: UNICEF Ethiopia/Indrias Getachew)

Table 13.2 shows health education methods that are appropriate for each learning objective.

Table 13.2 Level of learning objectives, and appropriate health education methods.

Learning objective	Health education method
Raising awareness and passing on knowledge	Lecture with discussion, talks at public meetings or social gatherings, and the distribution of materials such as posters and leaflets
Changing attitudes	Individual approaches such as counselling or discussion, using visual and audio-visual materials
Skill development	Training and demonstrations involving practice

When you are choosing the educational method that you will use, you should also consider:

1 The number of people involved.
2 Learner preferences.
3 The appropriateness of the method to the local culture.
4 Availability of your resources.
5 A method that best fits the characteristics (age, sex, religion, etc.) of the target group.

13.4 Developing your plan of work

A plan of work is simply putting together all the components you have worked out to deliver your health education messages, such as your objectives and the activities you will use. Your plan should specify the roles of the different people involved, the time in which the particular activities have to be carried out, and the different methods you plan to use. Look carefully at Box 13.3 which describes the components of a work plan.

Box 13.3 What is in a work plan?

Your plan of work should include the following components:
1 Clear objectives
2 Your strategies
3 A list of activities that you will do
4 Who will help you
5 Resources to be used
6 Timing
7 Indicators.

As you can see from Box 13.3, an **indicator** is one of the components of a work plan. An indicator is used to measure changes related to each of your health education interventions. A variable is something that changes over time. For example, knowledge, attitudes, beliefs, skills and health behaviours are all variables, because they can change over time, and you hope that all these things will improve as a result of your work in the community.

For instance, a person's attitude is not static — it can change. So the variables can indicate, or show, the extent of your achievements. For example, if you educate households about the proper use of bed nets to prevent malaria, your indicator could be the number of households who have used a bed net properly after they have received your health education messages. The variable in this example is people's behaviour.

To understand how a work plan is developed, look at Table 13.3 (on the next page). This table helps you to visualise how the components of your work plan could be put together, and the relationship between each component. (Note that IEC materials involve Information, Education and Communication).

Table 13.3 Sample plan of work.

Objectives	Strategies/methods	Activities	Responsible people	Resources	Timing	Indicators
To increase the number of households who use bed nets properly from 20% to 60% over the next year.	Home visits. Training each household on the proper use of bed nets Demonstration of bed net use, practising with mothers and families.	Conducting home visits. Identifying barriers to using bed nets, giving advice to families, and helping them to hang bed nets properly. Preparing training materials, selecting participants, giving training.	Community health practitioners, community malaria workers.	IEC materials. Posters, leaflets, papers, pen, pencils, bed nets. Materials to demonstrate use of bed nets such as rope.	August 2012 to September 2013 (International Calendar).	Number of households who received training. Number of households who use bed nets properly after training.

■ Creating a work plan takes time and effort. So we are not asking you to do one here and now. But it is useful to familiarise yourself with its shape. So look at Table 13.3 carefully now, and think of a health problem you are aware of in your area. Try just mapping out a work plan in a very preliminary way. Think how you would turn the problem into an objective. Imagine the sorts of activity you would want to undertake. Who do you think would be responsible people to involve? What sorts of resources would you need? What would a reasonable time frame be? What sorts of indicators of change do you think would be helpful?

□ As we have noted, a work plan is not something which you can just put together in half an hour, but beginning to think about the issues you would need to deal with to construct one is a useful exercise. If you want, you could try it with a number of health problems, and begin to get a feel for what exactly you are going to need to do.

Summary of Study Session 13

In Study Session 13, you have learned that:

1 You will need to identify and use the process of problem identification and prioritisation in your work. Since it is not feasible to address all the health problems that have come out of your needs assessment, you should prioritise and select those problems which need urgent intervention.

2 You can prioritise your problems according to their magnitude, the severity of the problems, the extent of community and government concern, and the feasibility of addressing problems. You can also discuss with stakeholders, like community members and key informants, what they consider to be their priorities.

3 Once you have prioritised and selected the most important problems, the next step is to develop the goal and objectives which you are going to aim to achieve. An objective should include statements of what you want to

achieve, where, who is the target group, when do you want to achieve your goal, and how will you measure the outcomes of your interventions.

4   There are four categories of objectives. These are health objectives, behavioural objectives, learning objectives and resource objectives. Whenever you prepare your objectives, make sure they are achievable within a certain period of time.

5   In order to achieve your stated objectives, you should choose health education methods that are appropriate. You should take account of your learning objectives, the preference of learners, and the culture of the community, when you select your health education methods.

6   You will need to develop a work plan to help you plan all your activities in a logical way. The work plan should include your objectives and methods, as well as a time frame.

Self-Assessment Questions (SAQs) for Study Session 13

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering these questions. Write your answers in your Study Diary and discuss them with your Tutor at the next Study Support Meeting. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ 13.1 (tests Learning Outcomes 13.1 and 13.2)
(a)   What does problem prioritising mean?
(b)   During a needs assessment, you may identify many problems. However, it may not be feasible for you to address all these problems at the same time. What criteria do you use to select a priority problem?

SAQ 13.2 (tests Learning Outcome 13.3)
List the five elements of an objective.

SAQ 13.3 (tests Learning Outcome 13.3)
What type of objective are each of the following?

(a)   To reduce infant mortality by 10% by the end of 2015 in community 'Y'.
(b)   To increase the number of couples who use condoms from 30% to 50% by the end of 2014.
(c)   To increase the number of people who seek treatment for malaria within 24 hours by 20% by the end of 2014.
(d)   90% of households should be able to identify three types of HIV transmission by the end of 2012.
(e)   By the end of this year, 200 condoms will have been distributed for youths in this *kebele*.

SAQ 13.4 (tests Learning Outcome 13.3)

Are these learning objectives correctly written? In each case, explain why the objective is correct or incorrect.

A At the end of the learning session, participants should understand what malaria is.

B At the end of the learning session, participants will be able to identify three methods of malaria prevention.

C At the end of the learning session, 80% of the participants will be able to identify prevention methods against malaria.

D At the end of the learning session, 80% of the participants will be able to identify three methods of malaria prevention.

SAQ 13.5 (tests Learning Outcome 13.3)

Write an example of one behavioural objective and one learning objective for health education activities on the subject of HIV/AIDS.

SAQ 13.6 (tests Learning Outcome 13.4)

What components should you include in your work plan for a health education programme?

Study Session 14 Implementing Health Education Programmes: 1

Introduction

In Study Session 13, you learnt how to plan your health education activities, including selecting appropriate health education methods and developing your own work plans. In this study session, you will learn how to carry out your health education activities. This session builds on the work plan you developed in Study Session 13. A significant portion of your work as a Health Extension Practitioner will involve carrying out health education and health promotion activities. You have probably heard the old saying, 'a plan that is not implemented is no plan at all'. Therefore in this study session, you will learn how to develop and implement a range of health education activities that will help you work with the people you are responsible for. More specifically, you will learn about the implementation process using community organising, training manpower, as well as identifying and utilising community resources.

Learning Outcomes for Study Session 14

When you have studied this session, you should be able to:

14.1 Define and use correctly all of the key words printed in **bold**. (SAQ 14.1)

14.2 Discuss how to implement your health education activities by organising the community. (SAQs 14.2 and 14.3)

14.3 Explain the reasons for training manpower to help you in your health education activities. (SAQ 14.4)

14.4 Describe various resources available within your own community and how to mobilise them. (SAQ 14.5)

14.1 Implementation

The word '**implementation**' means to carry out. It is the act of converting your planning, goals, objectives and strategies into action. In other words, it is converting your planned activities into action — according to a plan of work. Conducting health education activities at a community gathering, or during home visits, are examples of implementation, or carrying out health education activities.

Community members should be involved in all your health education activities whenever possible. This should improve the uptake of your health education interventions, and enable you to pool community resources, including labour power. If the community seems reluctant to participate in health education activities, your plans stand much less chance of being successfully implemented. In order to avoid this difficulty, you should try to make sure that as many members of the community as possible are ready to participate in health education activities. To ensure participation, you should organise the community, and discuss with them the issues that you feel are important for the implementation of health education activities in their locality.

Box 14.1 Community organising

Community organising is the process of sensitising and empowering the community in such a way that they can identify and prioritise their needs and objectives. This will help them develop confidence and find resources through collaborative practices and community participation. Organising means bringing the community together for collective action.

■   Now look carefully at Box 14.1 above which describes what is meant by community organising. Think of a number of ways that you could organise health education activities in your own community.

□   To bring together the community, you will appreciate that being in touch with a wide range of groups with different interests will have the best chance of succeeding. Another well-known phrase is, 'it takes all sorts of people to make the world', and the many different people in your community may like many different activities, or come to health education from very different backgrounds. Organisation involves getting people involved in some way that feels right for them — in order that they can move forward to collective action.

When health workers or others organise their community, they build relationships among all those people who have common values, and who can participate in sustained social action (Figure 14.1). Therefore, community organising can be seen as the process of empowering individuals for collective action. When people become organised, they almost always feel commitment, and move forward together to achieve common goals. This is especially important in your work in improving the health of your community.

Figure 14.1 Collective action may be essential to tackle some community health issues, such as reducing water-borne diseases by providing a covered water pump for the village. (Photo: Ali Wyllie)

14.1.1 Methods of organising the community

There are different methods that you might be able to use in order to organise the community in which you work. You may be able to organise the community according to:

- Their place of work
- Common characteristics of the people
- The issue addressed
- Location or geography.

■ Look carefully at the list above. It shows some of the methods that you may be able to use to organise groups in your community. Think of examples from your own work for each item, where the community has been organised in this way.

☐ Here are some examples. You may have thought of others as well. You can organise the community according to the following:

1 Work place – for example; farmers' association, teachers, or a student group.
2 Common individual characteristics — for example, gender, or parents with young children.
3 Issue you are dealing with — for instance, anti-AIDS club, women's association, women's *idirs*.
4 Geography or location — you can organise people according to a specific part of a village.

According to your own interests and skills — and the needs within your community — you can organise the community to involve them in many different types of health education activities (Figure 14.2). It is best to begin with those people or groups who are already interested in addressing the community problem. In some situations, the community members may already be organised for certain purposes. In this case, you can assess the background and interest of the organised groups and work with them. So, you may not need to organise new groups if there are community groups which are already organised. Each community is different, and a variety of problems may occur. It is never easy to organise the community, and it may be possible for you to work with community leaders. Community leaders are often good organisers, and people tend to follow their example.

Figure 14.2 Bringing together members of the community to discuss health issues requires a lot of organisation. (Photo: AMREF)

- Look below at the characteristics of community leaders. Then think of examples from your own work where community leaders have played an important role.

  - Community leaders can facilitate, and make easier, the organising process, — you may be able to identify community leaders and work with them.
  - If possible, the leader should be someone with good leadership skills, as well as knowledge of the health problem, and of the community.

- What sorts of features came into your mind as you thought about community leaders? Community leaders are usually able to '*speak up*' for other people. They usually *know a great deal of what is going on in their community*. They also *command the respect of the community*. In this answer, we have *highlighted* some of the things which make community leaders such valuable allies.

14.1.2 How to identify community leaders

In order to identify community leaders who can help you to organise the community, first get the name of formal leaders like *kebele* leaders. Approach them, and ask them to recommend people in the community who are also considered to be good leaders. Then approach these other leaders, and ensure their willingness to work with you.

- Pause for a moment, and think of the most appropriate community organisations that could become involved in health-related work in your community. Are there any such organisations in the community? Are they organised according to their work place, or are they issue based? Do members share common characteristics of geography or location? Do these organisations carry out health-related activities? Are they relevant for health education?

- In any community, various community organisations are available, though they may vary from place to place, based on the purpose, norms and culture of the particular community. For instance, *idir*, *iquib* and *mehber* are among the common community organisations in Ethiopia. To work with these community groups, you should first approach the leaders of these groups and request their cooperation.

14.2 Training

Training is a special form of teaching that requires plenty of advance planning. **Training** refers to the teaching of vocational or practical skills and knowledge that relates to specific useful competencies. Teaching is basically imparting knowledge through learning, while training involves enhancing the skill through practice. It is through training that we can equip the individual and the community with the appropriate skills to deal with a wide variety of health issues. Once you have made contact with relevant community groups, you should help them acquire appropriate training so that they can participate in health education activities (Figure 14.3). Training is particularly important if these groups are newly organised.

Figure 14.3 Identifying community groups is a necessary step when organising the local community. (Photo: UNICEF Ethiopia/Indrias Getachew)

■   Why do you think that it is important to provide training for community members who will participate in health education activities? Do you think they can carry out this responsibility without being provided with appropriate training about ways in which it might be possible to educate their peers?

☐   Community members may lack appropriate knowledge and skills to carry out necessary activities in the health field. Even if they have some information about health issues, they almost certainly will not have all the necessary information and skills to deliver the correct messages. Training will improve their knowledge and skills so they can participate in health education activities.

In the community, you may be able to identify many interested individuals, such as community leaders or religious leaders, *kebele* administrators, and other committed volunteers and individuals. You should plan how to equip them with appropriate knowledge and skills through training. This can also be a way of getting them to think about other possible health problems in the future. There are several steps that you will have to follow to provide training for existing, or newly organised community groups. These steps are set out in Box 14.2.

Box 14.2 Steps to use when conducting training for organised groups

1   Select training participants
2   Identify their need for training; identify the knowledge or skill gaps which would benefit from training
3   Specify the objectives you intend to achieve through training
4   Collect the necessary materials required to conduct the training sessions, including teaching materials and other resources
5   Conduct the training session
6   Obtain feedback from the participants, so that you can improve your future performance.

14.2.1 Conducting training sessions

During a training session, you should undertake the following activities:

1 *Start with introductions and/or an icebreaker activity.* Welcome participants and introduce yourself by name to them. Talk briefly about why the training is important, and what your interest is in the training. Allow all the participants to introduce themselves. Adult learners appreciate an open, comfortable learning environment. Motivate participants at the beginning of a training session by introducing a fun activity (known as an 'icebreaker') that requires them to interact and learn more about each other (Figure 14.4). Do not spend too much time on these 'icebreaker' activities (recommended time is about 10 minutes).

Figure 14.4 Community groups of all ages will require special health training in order to be able to tackle health issues (Photo: WaterAid/Caroline Irby)

2 *Describe the agenda.* Explain to participants what training areas will be covered by the training, the order you will present topics, and how much time you will be spending on each one. Ask if they will need to modify or create their own agendas, according to their needs, culture, or customs.

3 *Gauge participants' knowledge and interest.* Before you start training, it is advisable to assess the participants' level of knowledge and interests. To do so, you should ask participants to complete some questions prepared for this purpose — or you can do this orally by asking the participants. Allow about 10–15 minutes to complete this task. This enables you to adapt the training activities to the knowledge, skills, interests and culture of the training participants. As you start presenting each topic in turn, take a few minutes to find out how much participants know about the topic, and what areas they would like to focus on.

4 *Pay attention to participants.* Do the participants look as though they are following the session well? Are they nodding, volunteering comments, and asking questions? Stop from time to time to ask for questions and ask how everyone is doing. If participants are tired or unengaged, you may need to slow down, turn the material into questions and generate discussion. Or it may be necessary to move more quickly, switch to a different type of activity, or take a short break. You can also revitalise their energy with a brief fun activity (either physical or not) that gets learning moving again.

5 *Be flexible.* Some things may not go as you planned. Be aware that some of your activities may take longer or shorter than planned. Explain to participants what is going on if you need to deviate from the schedule you have laid out. If participants do not seem to be engaged in a given activity, be prepared to adjust, stretch, shrink or eliminate activities as necessary.

6 *Think about keeping the interest of participants.* Keep the interest of participants. Start with simple concepts; build them into more complex ideas. Integrate physical movement, humour and practical demonstrations

(Figure 14.5). Tailor the presentation or talk to the specific group of participants. Include and encourage personal stories and humour whenever possible.

7   *Conclusion*. End each session with a summary, and a chance for participants to share their last thoughts. Ask everyone to share one thing that really stood out from the session.

8   *Evaluate each session*. This enables you to find out what worked in your session. Ask participants to give you feedback, so you can find out what they learnt in your session, what they enjoyed most, and what they would change.

Figure 14.5 Training and practical demonstrations will help get health education messages across to all sections of your community.
(Photo: WaterAid/Caroline Irby)

■   Have you ever received training? Do you have any comments on the way it was conducted? As you read the previous section about elements of a training session, think back to whether and when, as a trainee you have experienced these various elements. Was your experience good, bad or indifferent?

☐   Most people can remember some training that they have received in the past. You can probably remember both good and bad points from the training that will help you plan your training sessions in the community. Some people have been to sessions where the icebreakers were boring or made people anxious. On other occasions, icebreakers have been a good way of getting to know the participants and helping everyone to feel relaxed. Remember that if you have had an unsatisfactory experience of a particular training activity, it just means that the person leading the activity did not have enough experience or understanding of how people learn. The training as a whole may have been good overall. Following steps 1–8 above should help you to make your training sessions work well for the participants.

14.3   Identifying and mobilising resources for health education

For health education activities to reach the stated goals and objectives, they must be supported with appropriate resources. In this section, you will have the opportunity to learn more about some sources of health education-related resources, and how to mobilise them.

There are several different types of resources that may be used in health education activities. They can be broadly classified into three items:

1 Personnel or labour power
2 Material resources, including educational materials
3 Financial resources.

We will look at each of these in turn.

14.3.1 Personnel or labour power

The key to any successful health education activities will always be the individuals needed to carry them out (Figure 14.6). You are the primary person to put health education activities into practice within your own community. However, it is difficult for you to carry out every task. So you should be able to identify volunteer individuals from the community, such as community leaders, *kebele* leaders and possibly religious leaders. In addition, leaders of different community organisations such as *idir*, *iquib* and *mehber* may be very helpful. They may be able to assist you in organising the community, arranging schedules for health education, mobilising the community for participation, and even possibly delivering health education sessions for their followers themselves.

Figure 14.6 There may be lots of people in the local community who can help with planning and tackling health issues. (Photo: Carrie Teicher)

Other non-governmental organisations may be available in your community, and may be important sources of personnel for your activities. They may be able to assist you in different ways. For example, they may help you to provide training for peer educators or for households. In addition, you could request the *woreda* Health Office to provide you with assistance on certain issues. For example, the *woreda* Health Office might be able to provide you with teaching materials.

■   Look back at Section 14.1 which was about organising people, and remind yourself about whether in this section you thought about leaders of *idir*, *iquib* and *mehber* and whether you thought about approaching the *kebele* administrator.

☐   However you go about training people, it is obviously very important to get a sense of who community leaders think will be good peers to be involved in health education. Using this knowledge is key to being able to target useful and enthusiastic people. So make sure you use your networks of key people.

14.3.2 Educational materials

Educational materials are crucial resources that will help you to carry out your health education activities. Some materials can help you take your message to the community, and also support your communication with all the people for whom you are responsible. You may be able to use posters, leaflets, flip charts, cards, audio cassettes, videos, and other resources (Figure 14.7). You should be able to find these materials from different sources, such as non-governmental organisations working in your area like Plan Ethiopia, Fayya Integrated Development Association, *woreda* Health Offices, health centres, and other local and national organisations. In addition, you can prepare your own educational materials from locally available materials. For example, you can prepare posters by working with people who are good at drawing pictures. Perhaps you can think of examples of materials that you have already been able to use in your own work.

Figure 14.7 Prepared health education resources can help you communicate health information clearly. (Photo: Carrie Teicher)

■ Do you know any people in your community who have special skills at writing poems and songs, or who are good at drawing pictures, or who have other abilities which could be important for creating health education materials? Are there any local materials that could be relevant for health education activities, such as audio-visual equipment or other relevant resources?

☐ Suitable resources may already be available in your community. These resources may include people who are able to draw pictures, write educational poems, and sing local songs that can carry health education messages. In addition, various materials could also be available in your community. For example, traditional musical instruments such as *masinqo*, *krar*, *washint* and *kebero* may be very useful for your health education sessions. Building up materials is a key part of your job. As you do this, you will be able to add to your resources, so that you do not have to start again every time.

14.3.3 Financial resources

Financial resources are also very important to support your health education activities. However, financial support is often difficult to find specifically for health education activities. To secure money for your activities, you may have to try a variety of different options. The first one is to request community contributions. This is not to suggest that they should necessarily pay money towards the activities. But they may be able to contribute locally available resources in kind. For example, they may be able to prepare coffee while the community members are gathered in the village for health education meetings.

Government and non-governmental organisations may also be able to provide financial support for your activities. So you need to work closely with them. For example, non-governmental organisations working in your area might sponsor some of your activities. They may provide financial support for training heads of households about the proper use of bed nets. Other resources available in the community may include provision of the space to conduct health education sessions. Your community may be able to contribute the *kebele* administrative office, schools, or other places such as *mehber*, *ider*, *equib* and others. Equipment such as audio equipment, for example a megaphone, may also be available in the community.

■ Look at the following list and note down the sort of resource contribution each set of people may be able to contribute.

- The community themselves
- Non-governmental organisations (NGOs).

□ The list below contains just a few suggestions. It does not mean that everyone on the list will definitely provide the resources we have noted!

- Community provides: coffee and hospitality, *kebele* administration, office space and equipment
- Government or non-governmental organisations provide: sponsorship.

Summary of Study Session 14

In Study Session 14, you have learned that:

1 Implementation is the act of converting your planned health-related activities into action, according to your plan of work. Implementation is not a one-off activity, but should be continually reviewed.

2 Before the implementation of your plan, there are things that you should consider. These things include organising the community, training the labour force, and identifying and mobilising the available resources.

3 Community organising is the process of developing individual and community capacity, and empowering them for collective action. In community organising, it should be possible to develop a network of relationships among people in order to create a favourable environment to work together.

4 Community organisation is most often successful if you organise people according to the location, workplace or common characteristics of the participants, or their interest in the issue being addressed.

5 Sometimes you may find ready-made or organised community groups. This is a good opportunity for health educators, and you should work with such groups whenever this is possible.

6   Once you have organised the community, you should give them training to equip them with the necessary skills and knowledge to be able to include them in health education activities.

7   One big resource you have in your community is your people. Therefore, you should mobilise and involve as many local people as possible in all your planned health education activities.

Self-Assessment Questions (SAQs) for Study Session 14

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering these questions. Write your answers in your Study Diary and discuss them with your Tutor at the next Study Support Meeting. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ 14.1 (tests Learning Outcome 14.1)

(a) Write a definition of 'community organising' in your own words.

(b) What does the word 'implementation' mean?

SAQ 14.2 (tests Learning Outcome 14.2)

If you are new to the locality and you want to organise community health education activities, how can you initiate the community organising process?

SAQ 14.3 (tests Learning Outcome 14.2)

Assume that there are already the following existing community groups in the village you are working with: anti-AIDS club, malaria committee, reproductive health committee, women's association, women's *idirs*, student association, and water and sanitation committee. How might you utilise these groups in your health education activities?

SAQ 14.4 (tests Learning Outcome 14.3)

Which of the following statements is *false* about training community groups in health education? In each case, explain why it is incorrect.

A Training is required only for newly organised community groups.

B Training is required only for existing community groups.

C Training is required both for existing and newly organised community groups.

D Training aims to empower the community.

E Training aims to build the community capacity.

F Training aims to improve the skills and knowledge of individuals who are involved in health education activities.

SAQ 14.5 (tests Learning Outcome 14.4)

To answer part (b) of this question you, may need to read quickly through Study Sessions 12 and 13 again, as these set out the beginning of the planning and implementation process, including needs assessment.

(a) List the types of resources required for health education implementation.
(b) How might you be able to mobilise these resources?

Study Session 15 Implementing Health Education Programmes: 2

Introduction

In Study Session 14, you learnt about the meaning of health education programme implementation, and how your work could involve organising the community, training the labour force, and identifying and mobilising all the health education resources available in your community. The lessons you will be learning in this study session are built on the lessons you have learnt in Study Session 14. You will learn the next steps in the implementation of your health education activities. In particular, you will discover how to develop and disseminate health education messages. You will also learn how to monitor health education activities, and how to undertake the necessary recording and reporting of your health education activities.

Learning Outcomes for Study Session 15

When you have studied this Session, you should be able to:

15.1 Define and use correctly all of the key words printed in **bold**. (SAQ 15.1)

15.2 Describe the factors you will need to take into account during message development and dissemination of your health education activities. (SAQ 15.1)

15.3 Describe the importance of monitoring, recording and reporting health education activities. (SAQ 15.2)

15.4 Identify methods of monitoring health education activities. (SAQ 15.2)

15.5 Differentiate between input, output and process monitoring.   (SAQs 15.2 and 15.3)

15.1 Message development

Every health education session should carry a message (Figure 15.1). A message is a piece of information, a set of ideas, or a course of action that you want to convey to individuals, or to the whole community. One of the frequent mistakes made by health workers is that they do not prepare beforehand the message they want to convey during the health education session. It is too late when you are in the session to have to decide what message should be delivered, and in what format.

In message development, there are two components that you should consider — the content of the message, and the process by which you plan to convey the message. You will have to think about the content of the session, the topics that you want to cover during the session, and if there are any specific facts that you want to deal with. You should also think about the process you will use. You should think about whether there are any activities that will help you deliver your message, and you should be organised and prepared if there are any forms or other materials that need to be handed out during the session.

Figure 15.1 Even everyday health education sessions should have a clear message. (Photo: UNICEF Ethiopia/ Indrias Getachew)

15.1.1 Learning objectives

In all your health education work, you will need to decide what it is that you want your audience to have learnt by the end of the session (i.e. learning objectives). The learning objectives you are aiming to achieve during your session determine the nature of the message you need to develop. For example, in order to improve people's knowledge, giving them facts and clear information is important. However, to influence your audience's attitudes about health issues, the facts by themselves will not be sufficient. To improve health-related skills in your audience, specific training and giving clear instructions on how to behave is especially important.

■ What would a suitable learning objective be if you were teaching a session to a group of mothers on how to prepare re-hydration fluids if their children became dehydrated?

□ At the end of the session, your audience should all be able to explain to you how to prepare suitable fluids to feed their babies if they became dehydrated in the future.

15.1.2 Suitability of the method

Some health education methods are better than others when attempting to deliver a particular kind of message. For example, simple facts about specific health issues may be best delivered through a lecture. Skills are best developed through giving the audience a chance to practise, and by giving them demonstrations and simulations. Drama and role play may be good to influence the attitudes of your audience.

■ Think of an important health issue in your own community. What learning objectives do you think might be appropriate to get across your health message? What methods do you think might be best to deliver health messages about this subject to members of your own community?

□ Your answer might be different depending on your learning objectives. For instance, if your learning objective is to improve a skill, then a practical demonstration is good. If your objective is to improve awareness, then group discussions may be a good method.

The example of Makeda (below) shows how one health worker tackled this message: 'Using bed nets will help prevent malaria.'

Makeda, who is a Health Extension Practitioner, wants the people in her village to understand the importance of using bed nets. The learning objective is: 'To help the people in the village become aware of why using bed nets is important. The message is: 'Using bed nets will help prevent malaria'.

The best method in this case will be a small group discussion, and demonstration in one of the village houses.

15.1.3 Available resources

You should also make sure that all the necessary resources are available to deliver the message (Figure 15.2). For example, if you want to deliver your message using the demonstration method, you may need additional resources.

■ If your message is about the proper use of insecticide-treated bed nets, do you think a lecture or a demonstration would be better? And if the latter, what resources would you need?

☐ Using bed nets is a practical activity, and not just a piece of knowledge. You can easily show people how to do it if you have the right resources. For instance, you need some bed nets, sticks, ropes, and some individuals who can assist you, as well as an appropriate space to conduct the demonstration.

Figure 15.2 There needs to be a good supply of bed nets if you want to increase their utilisation in the community. (Photo: UNICEF Ethiopia/Indrias Getachew)

15.1.4 Characteristics and preferences of the audience

To decide the kind of appeal you should use in health education, always take into account the characteristics of the audience. For example, some communities may be influenced by positive appeals, others may be influenced by emotional appeals. It helps to prepare a message that is tailored to the need of your audience.

All health education messages should be culturally sensitive, and consider the comprehension level of the audience. For example, locally offensive words should not be used. Technical words should also not be used. Using complicated medical terms will not be understood by the people you are trying to reach. For example, if you tell people '*Mycobacterium tuberculosis* causes TB', they may not understand what you are telling them.

■ Which of the following should you avoid when developing your messages?

• Local terms which people understand
• Technical words
• Locally offensive words
• Complicated medical terms
• Simple accessible terms.

☐ Your terms need to be local and simple. Avoid medical and technical terms, and certainly avoid any words which might give offence to your audience. Choose words suited to the age of the audience (Figure 15.3).

Figure 15.3 Make sure that your message can be understood by the audience, whatever their age and educational level. (Photo: Henk van Stokkom)

15.2 Dissemination of health messages

Ideally, all health education messages should be pre-tested before being used more widely. **Pre-testing** is testing the message with representatives of your target audience before the message is disseminated to a wider audience. Without pre-testing, a message stands the chance of becoming ineffective and detached from the needs of the target audience. You may not need to conduct large scale pre-testing. For example, when you teach mothers about family planning at your health post, you can ask them how well they understood your message, their reactions, and how comfortable they are with your methods. In your future health education activities, you will be able to modify your approach as a result of getting this feedback.

Once your health education message has been developed, the next step is to disseminate the message to the respective audiences that you are trying to reach. **Dissemination** means conveying or delivering the message to each audience at a variety of different places. This is the actual implementation of your health education activities. However, you should keep in mind that health education is more than the simple dissemination of health education messages.

In order to bring about behavioural change, dissemination of your message should be accompanied by other supportive activities which facilitate the behaviour change process. For example, you need to clarify misunderstandings, elaborate the content of the message with examples, and identify barriers that may prevent people from performing the beneficial behaviours. This may also involve providing the resources needed to perform the health-related behaviour, such as providing condoms or other contraceptive methods if your message is about contraception. It may also be necessary to address any cultural factors which discourage the desired behaviour.

In Ethiopia, most mothers do not exclusively breastfeed for the first months. There may be various reasons for this unhealthy practice:

Figure 15.4 Exclusive breastfeeding until the age of six months is recommended throughout Ethiopia. (Photo: UNICEF Ethiopia)

- Mothers may not understand the benefits and the exact period that is best for exclusive breastfeeding (Figure 15.4).
- Husbands and grandmothers may prefer to start additional food too early.
- Community leaders may not understand why it is important to support exclusive breastfeeding for the first months of the baby's life.

■ Think about what kind of messages and supportive activities you could undertake in order to promote exclusive breastfeeding. To help you do this, think particularly about whether you would give the same message to the mothers, the husbands and grandmothers, and the community leaders.

□ Of course, you may not have thought about this before, and only have a couple of ideas. Table 15.1 provides a fairly full answer, and gives you an idea of the way that an experienced Health Extension Practitioner might tackle this issue.

Table 15.1 Health message dissemination

Audience	Message
Mother	Breastfeeding is a proof of your love. Take good care of your child from birth. Give your child breastmilk so the child will grow well and be strong. Breastmilk is the only food that a child needs to protect him/her in his/her first six months.
Husband and grandmother	Help mothers practise exclusive breastfeeding so your children and grandchildren will grow up to be healthy, strong and intelligent.
Community leaders	Promote exclusive breastfeeding for the first months. Advocate this behaviour and encourage the mothers.
Reinforce the message at every contact with the mother	Provide breastfeeding counselling and support during antenatal care, delivery, and immediately postpartum, as well as during postnatal, family planning and immunization sessions. Your health education activities should clarify misunderstandings, and you can always elaborate the content of the message with examples. Your work should identify barriers and help mothers to overcome these barriers.

15.3 Recording health education activities

Recording and reporting all your health education activities is very important, and you must record all your routine health education activities according to the standard documentation guidelines provided for you (Figure 15.5). It is usually considered that an activity which is not recorded has not been done. So, if you fail to document or record the activities you have accomplished, others will not know whether or not the activity has been performed.

Figure 15.5 Recording is an important part of health education activities. Here a patient is learning how to record the medicines she has taken.
(Photo: I-TECH /Julia Sherburne)

Likewise, if you fail to record activities, you cannot evaluate and monitor your achievements. As well as recording the activities, you should also report your health education activities to the concerned bodies, like the local health centres, and the woreda health office. You should keep others informed about the progress of your activities so that they can give you any necessary support and help. Health education activities are usually reported in standard reporting format. If standard reporting format is not available to you, you can record the activities in your own registration book, and later you should be able to replace it with the standard reporting format, when it is made available for you to.

Look carefully at Box 15.1. It describes health education activities which should be recorded.

Box 15.1 Recording health education activities

During the implementation of a health education activity, the following information should be recorded:

- Number of people who received health education (total, male, females)
- The topic addressed, and the content of the message
- The place where the health education activity was delivered
- The person who delivered the health education session
- The materials used (posters, leaflets, etc.)
- The method used (discussion, drama, etc.)
- Number of households reached or covered
- Number of health education sessions delivered
- Were any problems encountered?

■ Mrs Chaltu is a Health Extension Practitioner. She is working in Maru *kebele*. She conducts home visits three times per week. During her home visits, she educates the families that she visits about family planning and how to prevent communicable diseases. Using Box 15.1 above to help you structure your answer, write down how Mrs Chaltu should record her health education activities.

□ Ideally, she should record all the health education activities she has undertaken for example, the number of households visited, the number of people given health education at home, the methods and materials used, the messages disseminated, the number of mothers receiving health education on family planning and communicable diseases, and any other details of problems that have arisen.

Recording the problems you have come across is such an important thing to do. Solving problems is one of the key ways we all learn, and so if you note your problems and what you did about them, you are also recording your own learning!

15.4 Monitoring the implementation of health education activities

While you are undertaking health education activities, make sure that the planned activities are actually delivered in the way that they have been planned. It is easy to begin with plans and then to go off the beaten track. The method which enables you to know whether the activities are being implemented as planned is called **monitoring**. Monitoring is the ongoing routine collection and analysis of information that you record as your activities are progressing. Using monitoring, you should be able to check whether activities are being carried out as planned, and whether they are effective or not. Monitoring will help you keep your work on track, and can let you know when things are going wrong. If things are going wrong, you will be able to take action to correct any problems. Monitoring should enable you to determine whether the resources you have are sufficient and are being well used —and whether the capacity you have is sufficient and appropriate.

Monitoring can take place at any time during the implementation process, on a regular or periodic basis. For instance, you will be able to monitor your activities daily, fortnightly or monthly, or as the need arises. So as you can see, monitoring is absolutely crucial.

15.4.1 Monitoring health education activities

The data which shows the progress of health education activities can be collected by several methods, from various sources (Figure 15.6). During all your health education work, you will be able to observe how your own activities are being received, and the reaction of the community or participants. Of course, you will make periodic visits to households, during which time you can check whether their health-related practice has actually changed. It is important to make a periodic review of your recorded activities. For example, fortnightly you can review your achievements and check whether you have completed what you have planned to do. Feedback from clients and community, particularly those who participated in the activities, will always be the most important sort of monitoring.

Figure 15.6 Good statistics and careful monitoring are required to make sure that health prevention work is effective. (Photo: Carrie Teicher)

15.4.2 Input monitoring

Input refers to all the resources required to carry out your health education activities. It includes labour force, finances, materials, space and time — all of which should be recorded. Input monitoring involves checking whether the various resources required in order to carry out health education activities are in place, and whether they are going into the intended activities.

15.4.3 Output monitoring

Output is the achievement obtained through utilising resources. It is the extent to which you have delivered the planned services, for example the number of people who have received your health education messages. **Output monitoring** involves checking whether the resources that you have utilised for your health education activities have brought about the desired results (Figure 15.7).
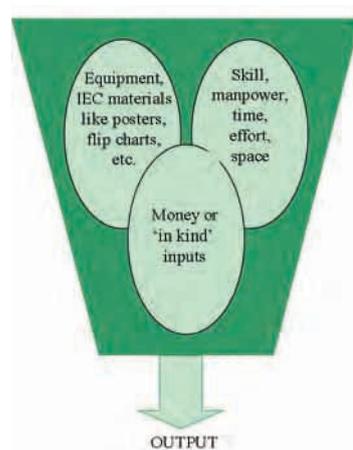

Figure 15.7 The inputs to a health education activity must be justified in terms of the output they achieve.

15.4.4 Process monitoring

Process monitoring tells you if you are doing the right thing to achieve your objectives, for example whether you have selected appropriate health education methods, topics, contents, messages, and so on. If you are not doing the right thing, then process monitoring will help you take corrective measures. For example, if the participants are not comfortable with your method, or with the content of your message, you will be able to make adjustments according to their needs and interests.

■ Ms Tejitu has planned health education activities on HIV/AIDS to deliver to adolescents at her local school. She carried out her plan and has used the following indicators to monitor her activities. Identify the type of monitoring in each of the following statements and give a reason for each answer.

   (a) She checked whether the health education materials which she was going to use for her demonstration were readily available.
   (b) She also checked whether her health education methods were appropriate, and whether they were applied properly.
   (c) She checked whether the expected number of students had attended the health education sessions

□ The types of monitoring are:

   (a) is input monitoring, because it involves checking whether the resources she needed to execute her health education activities were available.
   (b) is process monitoring, because it involves checking whether she was doing the right thing. In effect, she was overseeing whether her activities are being implemented in the right way.
   (c) is output monitoring, because it involves checking whether she has delivered health education for the expected number of adolescent young people at the school.

Summary of Study Session 15

In Study Session 15, you have learned that:

1 Health education messages can be facts, information, ideas, opinions, or a course of action that you convey to influence individual or community behaviours.

2 You should always develop your messages in advance of conducting any of your health education sessions. When you develop your health messages, you should keep in mind the learning objectives, the available resources, and the characteristics of your audience — and then select the most effective health education methods to use.

3 Different messages are needed to influence different target groups, and you must prepare a message which is tailored to each specific target group.

4 Once the message is developed, the next step involves disseminating the message to the respective audiences that you have chosen. However, health education is much more than dissemination of the message. It should be supported with a wide range of other supportive activities.

5 Recording health education activities is one of the most important tasks for Health Extension Practitioners. All your health education activities should be recorded and reported using standard documentation and reporting formats.

6   Monitoring is the systematic collection and analysis of data on work performance. It will help you to check whether activities have been undertaken as you planned. Monitoring will help you keep your activities on track.

7   In health education, input, output and process should each be monitored. Input monitoring deals with the resources required to run health education activities. Output monitoring deals with checking whether your expected health education activities have been delivered as planned. Process monitoring checks whether you are doing the right activity that will help you to achieve your learning objectives.

Self-Assessment Questions (SAQs) for Study Session 15

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering these questions. Write your answers in your Study Diary and discuss them with your Tutor at the next Study Support Meeting. You can check your answers with the notes on the Self-Assessment Questions at the end of this Module.

SAQ 15.1 (tests Learning Outcomes 15.1 and 15.2)

Tirunesh is working in a small village called Shoro. Malaria is a common health problem in the village. The village people believe that malaria is caused by a bad sprit and that it is a self-limiting disease. They do not allow the sick person to take any drugs, because they believe that if the sick person takes the drug, it makes the disease worse. Moreover, there is a belief that no one who gets sick from malaria should go to another place to seek treatment, because they believe that malaria becomes worse if the sick person leaves their dwelling area.

To change these beliefs Tirunesh has planned certain health education activities, and she wants to consult with you on how to develop the most effective health education messages.

(a) When should she prepare the health messages that she is going to deliver? Why?
(b) What should be the content of her messages?
(c) What consideration should she take into account when preparing her messages?
(d) List the sort of health education activities that she should record.
(e) Why is it important for her to record all of her health education activities?

SAQ 15.2 (tests Learning Outcomes 15.3, 15.4 and 15.5)

Chaltu is a Health Extension Practitioner. She is working in a village called Goro. One day she planned to conduct a health education session on the proper use of insecticide-treated mosquito nets (ITNs) to reduce the incidence of malaria in her village. She planned to demonstrate the proper use of bed nets. In her demonstration, she used bed nets, sticks, tacks and rope. Before she started the demonstration, she checked whether all the necessary resources to carry out the demonstration were in place. Two other people assisted her during the demonstration, and 20 people participated in that health education session. She explained each step to them on how they should use the net properly. Based on this information, answer the following questions.

(a) Identify the inputs Chaltu has used to conduct this health education session.
(b) What is the output that Chaltu has achieved?
(c) Identify the type of monitoring Chaltu has undertaken.
(d) What activities should Chaltu undertake in order to monitor the process of her health education session?
(e) What achievements should Chaltu record about her health education session?
(f) What activities should Chaltu report to concerned bodies?
(g) Why is it important for Chaltu to monitor all of her health education sessions?

SAQ 15.3 (tests Learning Outcome 15.5)

Match the type of monitoring in column A to the indicators in column B, by rearranging the items in column B.

A	B
Input monitoring	Checking whether health education methods are used properly
Process monitoring	The number of households reached during the health education sessions
Output monitoring	Checking whether the resources needed to carry out health education are in place

Study Session 16 Evaluation of Health Education Programmes

Introduction

In Study Session 15, you learnt how to carry out some of your health education activities. Your next step is to find out how effective your health education work has been — and how to evaluate the extent of your achievements. Evaluation is crucial for all health education and promotion programmes. It is the only way to find out which of your activities have been successful, and which need changing in some way. As a Health Extension Practitioner, your activities will involve educating individuals, households and community groups, and you will be expected to evaluate the effects of your own activities (Figure 16.1).

Figure 16.1 After every health education activity, be sure to ask participants to evaluate the session. (Photo: UNICEF/Indrias Getachew)

In this study session you will be learning how to evaluate your health education activities. Specifically, you will learn what the term 'evaluation' means and the purpose of evaluation, as well as some of the methods and different types of evaluation you can use.

Learning Outcomes for Study Session 16

When you have studied this session, you should be able to:

16.1 Define and use correctly all of the key words printed in **bold**. (SAQ 16.3)

16.2 Explain the purpose of evaluating your health education activities. (SAQs 16.1 and 16.3)

16.3 Describe some of the types of evaluation that may be used for your health education activities. (SAQs 16.2, 16.3 and 16.4)

16.4 Identify evaluation methods in health education. (SAQs 16.2 and 16.3)

16.5 List the steps that you should take when evaluating your health education activities. (SAQ 16.3)

16.1 Evaluation in health education

Evaluation is the systematic collection, analysis and reporting of information about health education activities. Evaluating means finding out how well you are doing in your health education work in your community, and making a judgment about your achievements. It is a critical assessment of the good and bad points of your health education interventions, and how they could be improved. Evaluation is the process of assessing whether your specified objectives have been achieved, in other words how successful you have been.

Figure 16.2 Monitoring the way that bed nets are used will tell you how effective your health education activities have been. (Photo: UNICEF Ethiopia/Indrias Getachew)

How do you know how well you are doing – or whether there are areas in which you should improve? It is always important to make an assessment about how you are getting on in the course of your work. Evaluation simply means looking at your performance in health education activities in a more structured way. For example, if one of your objectives was 'to increase the number of households who use bed nets properly from 30% to 50% within 6 months', but when an evaluation is completed you find that after 6 months, only 35% of households were using bed nets properly, then you have achieved only part of your objective (Figure 16.2). You had planned to increase the uptake by 20%, however, you have increased it by only 5%. This might indicate that there is something wrong in the way you have planned or implemented your health education activities. For example, the method you have used might not be appropriate or the message you have disseminated may not be the most effective. Using evaluation, you should be able to look into the process you have used and identify the strengths and the weaknesses, before possibly taking corrective measures.

Pause for a moment and think of your day-to-day activities. You are already assessing your efforts without necessarily calling it 'evaluation'. You assess the value and impact of your work all the time. For example, if you achieved a low score during an exam you would ask yourself what went wrong. You may consider changing your studying style and attempt to improve your score for the next time.

In evaluation, you judge your achievement and then use those judgments to improve your activity.

16.2 The purpose of evaluation in health education

Evaluation will help you to determine how effective you are in achieving your objectives (Figure 16.3). **Effectiveness** refers to the extent to which you have achieved your goals and objectives. While planning your health education work, you should have set down certain learning and behavioural objectives – and by using the process of evaluation you will be able to assess whether you have achieved these objectives.

Figure 16.3 Using bed nets properly will reduce the chance of getting malaria. Evaluation will find out how many families are protected in this way. (Photo: FMOH/WT)

Evaluation should be able to help you determine whether you have used your resources efficiently while achieving your objectives. **Efficiency** means the extent to which you have achieved your objectives with the available amount of resources. In other words, it refers to the proper utilisation of resources when achieving your health education objectives.

The following activity shows how effectiveness and efficiency are related to each other. It is important to recognise these terminologies so that you can keep your activities effective and efficient. Activity 16.1 will help you to understand the difference between them. Read Activity 16.1 and then answer the questions that follow it.

Activity 16.1

Genet and Bontu are Health Extension Practitioners. They are working at the Ayinew health post. Both of them visit 15 households each week. During her visits, Bontu always advises the family members on several health issues, like family planning, personal hygiene, housing conditions, use of the toilet, and how to keep utensils clean. However, Genet always teaches the families about only one health issue on each visit, and she needs 3 more visits than Bontu to achieve the behavioural changes in health promoting practice.

Who is more effective in achieving health promoting practice among family members, and why? Who is more efficient in achieving health promoting practice among family members? Why?

Comment

Both are *effective* because they achieved changes in health promoting practice. However, Bontu is more *efficient* than Genet because she uses fewer resources (visits) to achieve the same objective.

Evaluation helps you to improve your health education practice by learning from your successes and also understanding and changing any mistakes you may have made.

If you evaluate your activities, you will learn which of your health education methods work and which might need some adjustment. Evaluation should be conducted at the end of all your health education activities. For example, if you planned to increase the number of households who use bed nets properly in your village from 40 to 80 within a six month period, you should evaluate how many households are using the nets after six months. Evaluation can also be conducted by external bodies who may not have been involved in the health education implementation itself. If you evaluate your own work, you may over-appreciate your performance and underestimate the weaknesses. However, this does not mean that you should not evaluate your activities; rather, that you should take care to avoid such bias.

Evaluation is different from monitoring because it can only be done after a certain time, and requires more thorough investigation. It can be conducted by independent evaluators. Moreover, evaluation involves judgment — whereas monitoring assesses progress in implementation of ongoing activities, and it does not involve judgments.

■ In Study Session 15, you learned about monitoring your health education activities. You may want to re-read it before you continue to answer this question, in order to remind yourself about monitoring. After you have done this, think about what you would say are the differences between monitoring and evaluation? Briefly describe these differences.

□ Evaluation involves judgment of the outcomes of an activity, whereas monitoring does not involve judgment of the achievement. In monitoring, you do not say whether the achievement is good or bad. You simply check the progress and identify if a problem has been encountered. Evaluation is usually not a part of routine health education activities, whereas monitoring is an ongoing activity. However, evaluation is conducted at the end of a programme of activities. Evaluation may be conducted by an external body, whereas monitoring is usually conducted by those who carry out the activities.

16.3 Evaluating health education activities

In this section, you will learn about some of the different types of evaluation that can be used in your health education activities. Look carefully at Figure 16.4. It illustrates the three most usual types of evaluation.
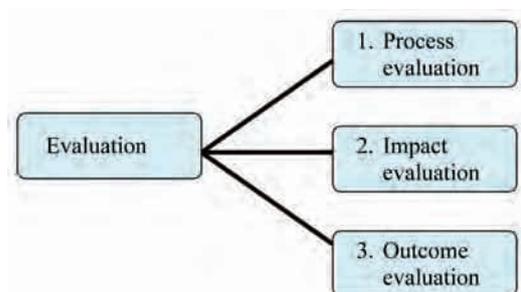

Figure 16.4 Types of evaluation used in health education.

16.3.1 Process evaluation

Process evaluation is concerned with assessing the process of your health education implementation and how the work takes place. It can be carried out throughout your activities and can guide you to make changes to maximise your effectiveness and efficiency. In process evaluation, you evaluate the

progress of work performance — whether the planned activities are carried out efficiently, cost effectively and as scheduled. Process evaluation is conducted while health education activities are going on.

Examples of how to approach process evaluation in your health education work are given below. Using process evaluation, you can find out whether health education activities have been successfully carried out – or identify why they might have failed.

- What health education methods were used during learning activities? How acceptable were the methods?
- What health learning materials were used during learning activities (Figure 16.5)? How effective were the materials?
- What health issues were taught? How were they selected? Were they appropriate topics for health education?
- What resources were used in health education sessions? Think about Personnel, resources, material and financial and so on.

Figure 16.5 Process evaluation will help assess the learning materials that have been used in your health education work. (Photo: Carrie Teicher)

■ Why do you think it is important to evaluate the process of your health education activities?

□ Process evaluation provides you with the feedback and the ability to take corrective action while the activities are still going on.

16.3.2 Impact evaluation

An **impact** is an immediate effect or change produced by an intervention. In health education, these immediate changes may include changes in awareness, knowledge, attitudes, beliefs, skills or health-related behaviours. **Impact evaluation** refers to assessing the immediate effects of your health education activities on the people who have received health education messages. This type of evaluation is usually carried out at the end of your health education activities. You may be able to observe how people behave after receiving health education messages. If no improvement has taken place, then something is probably wrong, either with your message or your methods.

16.3.3 Outcome evaluation

'Outcome' usually refers to the long-term changes that may have occurred as a result of health education interventions. These long-term changes may include decreases in mortality, morbidity, the prevalence of disease, or the incidence of the health conditions being studied (Figure 16.6). **Outcome evaluation** involves an assessment of some of these measurable long-term outcomes or effects of your health education activities. Surveys may be

conducted after three or five years, and they may be difficult to conduct. This type of evaluation may be conducted by external agencies.

Figure 16.6 Eradicating polio, for example, is a long-term goal and can only be assessed by external agencies long after the health education activities have been completed. (Photo: UNICEF Ethiopia/Indrias Getachew)

■   Mrs Abebech is a Health Extension Practitioner in Akaki. She has conducted health education sessions for ten mothers in a nearby village on the subject of family planning. She had a series of discussions with them. During these discussions she showed them different family planning methods. At the end of the sessions she evaluated her activities.

Identify which of the following are process, impact or outcome types of evaluation and say why.

(a) Asking about the mother's knowledge and understanding about family planning methods at the end of each session.
(b) Asking the mothers their beliefs about contraceptives after the final session.
(c) Assessing for herself how the discussions had been conducted.
(d) Asking the mothers whether the messages about contraception had been acceptable to them.
(e) Assessing whether the mothers were more interested in the discussion method than the demonstration method.

□   (a) and (b) are examples of impact evaluation. This is because changes in knowledge and beliefs are two of the immediate impacts (effects) of health education.

(c), (d) and (e) are all examples of process evaluation. This is because they involve assessing how well the discussions went and they look into the process of the sessions.

16.4 Evaluation methods

In this section, you will learn about the methods you should be able to use to conduct evaluation of your own health education work. In Study Session 12, you learnt about four of the ways in which you could carry out a health needs assessment these are observation, in-depth interviews, key informant interview and focus group discussions. These methods can also be used to gather data to evaluate your health education activities. Look carefully at Table 16.1 (on the next page). It details the specific methods that can be used in each type of evaluation.

Table 16.1 Methods used in different types of evaluation.

Type of evaluation	Methods used to conduct evaluation
Process evaluation	Gather feedback from those people who received health education, for example households, individuals, community key informants, etc. Use information gathered from interviewing them, and through discussions. Observe while the health education session is being conducted. Use a checklist to see whether health education activities are conducted as planned.
Impact evaluation	Use interviews, focus group discussions and observation methods to check whether: • behaviour change has taken place, • the level of knowledge has been improved, • a desired attitude has been developed, • a harmful belief has been changed, and if a required skill has been developed (Figure 16.7).
Outcome evaluation	It might be difficult for you to conduct outcome evaluation because this relies on measuring long-term changes; however, you may be able to observe if there are any long-term changes in your community as a result of your activity. Usually mortality, morbidity and prevalence of disease are measured by detailed research methods, or the collection of statistics by external agencies.

Figure 16.7 In-depth interviews give useful information for evaluation of health education work. (Photo: Ali Wyllie)

■ Jimma Zonal Health Department implemented a one-year health education programme focusing on family planning in their rural community. At the end of that year they evaluated the effectiveness of their own programme: whether family planning knowledge, attitudes and practice of couples in their area improved. They interviewed some mothers and their husbands to investigate their knowledge and attitudes about family planning. They also observed whether clients' attendance at family planning clinics had increased. In addition, they reviewed records of health posts and health centres to see the trend of family planning use. What evaluation methods did they use?

□ According to the information provided above, three evaluation methods were used – interviews, observation and reviews of the records.

16.5 Steps in the evaluation of health education activities

In this section, you will learn the steps that you can follow to evaluate your health education activities. Evaluation is not conducted in a haphazardly way, and there are six steps that are usually taken when conducting an evaluation of health education activities. In developing the evaluation steps, you will be able to put the methods we have discussed into the broader context of your local situation and the work you do. Look carefully at Figure 16.8. It shows the six steps usually involved in the evaluation of health education activities.

You should note that evaluation, similar to planning health education activities, is a continuous process. Based on the feedback gained from evaluation, you will develop another plan, and so the process continues.
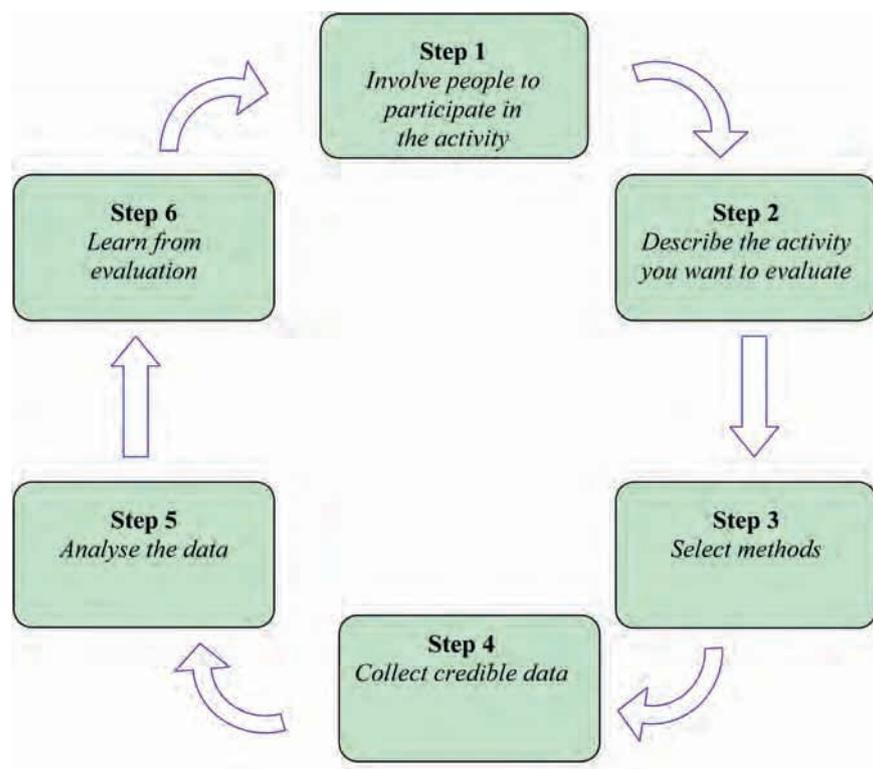

Figure 16.8 Steps in evaluation of health education activities.

These six steps are interdependent, and the earlier steps provide the foundation for subsequent progress. Thus, you could not jump to Step 2 without having undergone Step 1, and so on. In the following section, you will be able to learn about each of these steps in more detail.

Step 1: Involve people to participate in the activities

You should begin the evaluation cycle by engaging people who have been taking part in your health education activities. For example, it will be useful to meet with community members, key informants, NGOs in the locality, and others who have participated in the activities. If you fail to involve them, your evaluation might not address certain important aspects. If you do the evaluation by yourself and later tell them the findings, they may not take any notice of the findings because the evaluation has not addressed their interests.

NGOs are non-governmental organisations.

Step 2: Describe the activities to be evaluated

In order to carry out an evaluation, you need to describe the activities being evaluated in detail. This enables you to determine the objectives, activities, methods and materials—as well as the content of the messages used in the activities being evaluated. In doing so, you will be able to focus on what you have planned and what you have achieved. For example, if you want to evaluate the family planning health education activities that you have undertaken through home visits, you need to describe in detail how you have been conducting those health education activities in people's homes.

Step 3: Select methods

In this step, you will need to select appropriate evaluation methods to use. You could select observation (Figure 16.9), or interviews, or use other methods, depending on what you want to evaluate. Moreover, you need to decide who you want to interview, and when to interview them. Prepare all the necessary resources needed to conduct the evaluation.

Figure 16.9 After teaching about personal hygiene, an evaluation might involve observing how this is carried out. (Photo: Henk van Stokkom)

Step 4: Collect credible data

The data that is collected in order to conduct an evaluation is the most important step. You can use multiple data collection methods, such as observation, interviewing and discussion, at the same time. For instance, you may go to a family and observe whether their health-related practices have changed in any way (Figure 16.9 above). At the same visit you can also interview the mother or head of the household to know more in detail about their health practices. The method you use should be appropriate and sufficient to give you the information you need to know. For example, if you want to know how well households are using mosquito nets, direct observation might be more reliable than asking someone else (Figure 16.10).

Figure 16.10 After your teaching session on the use of bed nets, an evaluation will find out if this woman is using them correctly. (Photo: AMREF)

Step 5: Analyse the data

Once you have collected all the relevant data from various sources, the next step is to analyse and interpret the data (Figure 16.11). Analysis involves presenting the information you have collected in such a way that it gives meaning. For example, you can convert the raw data to percentages and numbers that will be relevant to people who need to know about the outcomes of the evaluation. For example, the number of pregnant women who attend antenatal care sessions, and the percentage of women who use family planning, are results of evaluation that might be of interest to the participants and other agencies.

Figure 16.11 You might need some help from a team of your colleagues to analyse the data that you have collected. (Photo: Yesim Tozan)

Step 6: Learn from evaluation

The last step of evaluation deals with judging your achievements. In this step, you look at the extent to which you have achieved your objectives, particularly behavioural and learning objectives. If the achievement is encouraging and you appear to have done the right thing, then it demonstrates that the methods, materials and the messages you have used have probably worked. So you can learn from this evaluation, and should be able to replicate these approaches in your future health education activities.

On the other hand the evaluation findings may tell you that you have not done so well. This could mean that you have achieved only a portion of your behavioural and learning objectives. The evaluation findings should not only tell you the extent to which you have achieved your objectives, but also the possible reasons for your failure. These weaknesses should not be repeated. This is one of the basic purposes of conducting evaluation.

■ What is the difference between evaluation methods and evaluation steps?

□ Evaluation methods are the specific techniques that can be used to gather the data for evaluation. For instance, observation, interviews and focus group discussions are all evaluation techniques, whereas evaluation steps are the procedures that you follow when you evaluate your own health education activities. In other words, evaluation methods are Steps 3 and 4 of the entire evaluation activity. As Figure 16.8 shows, the steps are starting evaluation by involving local people, describing the activities being evaluated, selecting methods, collecting data, analysing the data, and learning from the evaluation findings. What we are emphasising here is that evaluation methods form *part* of evaluation steps.

Summary of Study Session 16

In Study Session 16, you have learned that:

1   You should be able to use evaluation to make a judgment about the health education activities that you have been using in your locality. It should enable you to identify any weaknesses, which should not be repeated, and strengths, which you can use in future health education activities.

2   There are three main categories of evaluation that you can use for your health education activities. Process evaluation deals with assessing how the health education activities have been conducted. In impact evaluation, the short-term or immediate effect of health education on people is assessed. These short-term changes include: changes in knowledge, attitudes, beliefs, skills and practice. In outcome evaluation, the long-term effect of health education is assessed usually after a number of years, and is done by external agencies.

3   There are several different types of data collection methods used in evaluation. These include observation, interviewing and focus group discussions.

4   Evaluation is usually considered to have six steps. These steps are involving those people who have participated in the health education activities, describing the activities being evaluated, selecting evaluation methods, gathering credible data, analysing the data, and finally learning from the evaluation findings.

Self-Assessment Questions (SAQs) for Study Session 16

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering these questions. Write your answers in your Study Diary and discuss them with your Tutor at the next Study Support Meeting. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ 16.1 (tests Learning Outcome 16.2)

List at least three purposes of evaluating your health education activities, and explain briefly why they are important.

SAQ 16.2 (tests Learning Outcomes 16.3 and 16.4)

Identify three methods of evaluation that you could use to evaluate your health education activities, and indicate in which type of evaluation the methods you have listed might be used.

SAQs 16.3 and 16.4 are on the next page.

SAQ 16.3 (tests Learning Outcomes 16.1, 16.2, 16.3, 16.4 and 16.5)

Nigist is a Health Extension Practitioner. She is working in a village called Jogola. She has planned health education sessions on the proper use of condoms for young men. She planned to increase the number of men who use condoms properly by 30 after three months. She implemented her plan for three months. During the second month of her implementation, she conducted **process evaluation**. After three months, she evaluated the **effectiveness** and the **efficiency** of her health education activities. In addition, she did some **impact evaluation**. In all evaluations she interviewed a selection of young men.

Based on this information, answer the following questions.

(a) Define all the words printed in **bold** in the example above.
(b) Will these various evaluation projects help Nigist in her future activities? How?
(c) Identify the types of evaluation that Nigist has conducted.
(d) Identify the evaluation method that Nigist has used.
(e) List the evaluation steps that Nigist followed.

SAQ 16.4 (tests Learning Outcome 16.3)

Rearrange the types of evaluation in column A to match the effects of the evaluation in column B.

A	B
Process evaluation	Changes in attitude
Impact evaluation	Reduced mortality
Outcome evaluation	How health education activities have been carried out

Study Session 17 Advocacy

Introduction

Advocacy is an important part of your work as a health worker. As a Health Extension Practitioner, you will be able to use some of the skills of advocacy during your routine work with people in your locality. This session will provide you with an overview of advocacy, its goals, objectives and practices, all of which will help you improve the health of people in your community.

Learning Outcomes for Study Session 17

When you have studied this session, you should be able to:

17.1 Define and use correctly all of the key words printed in **bold**. (SAQ 17.1)

17.2 Identify the goals and objectives of advocacy. (SAQ 17.2)

17.3 Describe the advantages of advocacy. (SAQs 17.3 and 17.4)

17.1 Advocacy

Advocacy sounds like a really complicated thing to be undertaking, but actually it is just the act of delivering an argument so that you can gain commitment from your political and community leaders, and help your community organise itself to face a particular health issue.

Advocacy involves the selection and organisation of information to make sure that your argument is convincing. Advocacy is not just one thing or one way of doing things; it can be delivered through a variety of interpersonal and media channels. Advocacy also includes organising and building alliances across a wide variety of stakeholders.

Advocacy is strategic and it should be geared to using well-designed and organised activities in order to influence policy or decision makers about all the important issues that you think will affect the health of your community. This might include a wide range of possible issues, including health policy, laws, regulations, and programmes or funding from the public and private health sectors.

Advocacy can address single or multiple health issues, during which time-limited campaigns as well as ongoing work may be undertaken on a range of health issues. Advocacy can be conducted at national, regional or community *woreda* level, (Figure 17.1) — or at all levels at the same time.

Figure 17.1 In every community there are issues that are larger than the individual, such as the provision of clean water, and that will require detailed advocacy work. (Photo: Ali Wyllie)

You might already be involved in advocacy to improve the lives of your own community. For example, some cultures impose on their communities the practice of female circumcision or female genital mutilation (FGM). However, governments can act as advocates themselves in this area by passing laws that prohibit this practice, and also laws to protect those members of the community who refuse to have their female children circumcised.

17.1.1 Purpose of advocacy

The main purpose of advocacy is to bring about positive changes to the health of your population. Sometimes advocacy will address health issues through the implementation of a national health policy, or through the implementation of public health policy — and it can also address health issues related to harmful traditional practices. Moreover, advocacy could help to meet the goals of health extension programme policies, where specific resource allocation and service delivery models are formulated for advocacy campaigns.

Advocacy is about helping you to speak up for your community; to make sure that the views, needs and opinions of your community are heard and understood. It should always be an enabling process through which you, as a Health Extension Practitioner, together with individuals, model families and others in your community — take some action in order to assist the community to address their health needs. Advocacy is person-centred and people-driven. It is always community-rights based. That is to say that advocacy is dealing with what your community needs to improve its health. You could also say that advocacy is the process of supporting people to solve health issues. It includes single issues and time-limited campaigns, as well as ongoing, long-term work undertaken to tackle a range of health issues or health problems.

Remember, advocacy is your opportunity to influence polices or programmes of health. It also means putting important health problems on the agenda. Advocacy may be able to provide a solution to specific health problems, and build support and networks that can tackle health issues that are affecting the health of your community (Figure 17.2).

Figure 17.2 This picture shows a community ceremony to bless the work of voluntary community health workers. (Photo: Last Ten Kilometres Project)

- ■ Look at the words and phrases below, and underline the ones which you think have a connection with the idea of advocacy. Read the first section of this study session again to help remind you what advocacy is.

  - speaking up for others
  - supporting people
  - solving issues
  - an enabling process
  - using well-organised activities to influence decision makers
  - building alliances.

- ☐ We hope you underlined *everything* — because advocacy is all the things above.

'Speaking up' operates both at an individual level, with organisations and at governmental level. It has the potential to be extremely influential in your health education work.

17.2 The goals and objectives of advocacy

The *goals* and *objectives* of advocacy are to facilitate change and the development of new areas of policy, in order to tackle unmet health needs or deal with emerging health needs in a given community.

A *goal* is the desired result of any advocacy activity. An advocacy goal will usually be a long-term result, and it may take three to five years of advocacy work to bring about the desired result. It is unlikely that your advocacy network can achieve a goal on its own; it will probably require other allies to bring about the required change. It is vital to know what you are trying to do before you start your advocacy work. This involves developing a goal that applies to the situation that needs to change.

Important points to note about **goals** are as follows:

- A goal is the overall purpose of a project. It is a broad statement of what you are trying to do.
- A goal often refers to the benefit that will be felt by those affected by an issue.
- A goal is long term and gives direction — it helps you know where you are going. It needs an accompanying route map or strategy to show you how to get there.
- Without a goal, it is possible to lose sight of what you are trying to do.
- A goal needs to be linked to the mission and vision of your organisation.

- Consider which of the following could be considered health advocacy goals:

  1 Significant reduction of malaria in this district
  2 Reduction of infant mortality in this community
  3 Washing hands after using the latrine is helpful in combating stomach upsets and other infections
  4 Improvement in literacy in this district
  5 Mosquito nets are useful in helping combat malaria.

- 3 and 5 are health education messages, but not goals. However, they could be turned into goals. All the other statements are goals, and you can probably recognise them as the overall purpose of the sort of health education work that community health workers are frequently involved in.

Moving on from goals, an advocacy objective is measurable, realistic, and time-bound. While setting your objectives, remember that your objectives should be 'SMART' (Box 17.1).

Box 17.1 SMART objectives

'SMART' is a way of reminding you that your objectives should be:

S Specific — by this we mean that you need to set a specific objective for each of your health programmes.

M Measurable — your objective should be measurable.

A Achievable — the objective should be attainable or practicable.

R Realistic — which also means credible.

T Time-bound — and should be accomplished and achieved within a certain amount of time.

An **objective** is the intended impact or effect of the work you are doing, or the specific change that you want to see. The word 'objective' often refers to the desired changes in policy and practice that will be necessary to help you and your community meet that goal. It is the most important part of your strategy, and is the next step after developing the goal itself. It is worth spending time writing clear objectives, because you will find you are able to write the rest of the advocacy strategy much more clearly — and you are likely to be more effective in achieving change.

When you set an advocacy objective, always consider or keep in mind the resources available in your locality. It is important that an advocacy objective identifies the specific policy body in the authority that should be approached to fulfil the objective, as well as detailing the policy decision or action that is desired. For example, if you want to overturn the ban on community-based distribution of contraceptives, then the right target to direct your advocacy towards would be the Ministry of Health.

In contrast to a *goal*, an **advocacy objective** should be achievable by the network on its own. It is a short-term target, which means it should be achievable within the next one or two years. The success of your advocacy objectives should always be measured. For example, if the objective of an advocacy programme is to ask the *woreda* Health Office to fund a specific health programme, then the success of the objective can be measured quite easily by finding out whether or not the *woreda* Health Office has allocated money for that programme.

■ Below is a SMART objective. Read it through carefully and see if you can spot all the SMART elements in it. How is it specific, measurable, achievable, relevant and timely? Don't worry at the moment if you can't find all the features. As you become familiar with SMART objectives, you will find that you can develop and read them very easily.

SMART objective: To increase the number of women taking contraceptives in a specific health post by 20% in two years.

☐ The objective is SMART for the following reasons:

- It is *specific* because the proposed increase is 20%.
- It is *measurable* because the number of women who are taking contraceptives can easily be measured.
- It is *achievable* because a 20% increase means a change from the existing 20 women to about 24 or 25 women. This should be possible.
- It is *relevant* because the current uptake of contraceptive services is low.
- It is *time-bound* because the objective should be accomplished within the next two years.

All your advocacy objectives should be specific, measurable, achievable, realistic and time-bound. The objectives should *always* be linked to the available resources. In a sense, this is part of the feature of achievability. Unless you have available resources, you will not be able to achieve your objectives.

To understand the differences between goals and objectives, remember that an *advocacy issue* is where there is a problem. Perhaps in your community there has been low immunization coverage due to inaccessible services for mothers with young children. This is an issue that advocacy might be able to tackle.

In this example, an *advocacy goal* would be gaining the commitment of *kebele* leaders for better access to immunization for the people in their community. In contrast, an *advocacy objective* would be to identify that you should conduct meetings with *kebele* leaders in order to discuss this problem.

17.3 The advantages of advocacy

The success of advocacy as a method of problem solving or resolution is tied in part to the advocates' philosophy of searching for solutions rather than

problems. As a health worker acting as an advocate, you may be able to find ways to resolve the community's health-related problems. In some situations you may have to act as a health advocate and provide ongoing representational advocacy for your community. Advocates should be particularly good at identifying the strengths of their own community, and should help them find ways of solving health-related problems.

There are several benefits of advocacy:

- Advocacy helps your community's voice to be heard
- It provides you with information, support, and services to help you make choices.

Advocacy also:

- Helps you to get people to understand your point of view
- Makes it easier for you to get information in a way that you can understand
- Helps you to see what other services are available
- Helps you choose what you want to do
- Helps with expressing your views effectively
- Represents your community's views faithfully and effectively
- Helps influential people understand the issues.

■ Look at the list of the benefits and features of advocacy carefully, and read quickly through the session again. Now look at the list below and choose what you think are attractive features of advocacy:

Advocacy:

- Helps workers focus, target and choose what they want to do
- Helps workers represent their community's views truthfully, because the community is involved in the process
- Includes influential people in health education action
- Enables the community to work towards solving problems
- Overall advocacy enables the community's voice to be heard.

□ We cannot know what you currently find attractive about advocacy. It may have a lot to do with the health issues your community faces at the moment. For example, you and others may feel that it is important for the community to feel that its voice is heard more than it is. Or perhaps you think that influential people might be able to make more of a contribution to solving health problems. Whatever your answer, advocacy can act as an important tool for you as a Health Extension Practitioner (Figure 17.3). For example if you need to address specific causes of a health problem in your community, advocacy can help you build support for tackling those issues.

Figure 17.3 Advocacy helps you influence others so that you can gain support for your health measures, or influence or change legislation that affects health issues.
(Photo: Henk van Stokkom)

It is important to remember that advocacy is not about being a friend or counsellor, or about persuading other people to agree with your views. Nor is it about the advocate deciding what is in another person' best interests.

Advocacy is not an alternative complaints procedure, but may involve the advocate in supporting the person in making a complaint effectively. In addition, it is not campaigning, although it may highlight problems and gaps in particular services. Above all, advocacy is not providing social support, for example, managing someone's financial affairs or organising transport for them, nor is it a long-term service.

Summary of Study Session 17

In Study Session 17, you have learned that:

1 Advocacy is speaking up, and drawing policy makers and the community's attention to an important health issue.

2 Advocacy is working with other people and organisations to improve the health of the community.

3 The first two steps in any advocacy campaign are selecting the health issue that needs advocacy work, and then developing the goals and objectives.

4 Without a clear, articulated issue and well-defined goals and objectives, the remaining steps of the advocacy campaign will lose focus.

5 You also need to remember that the goals and objectives of your advocacy work are to facilitate changes and new policy developments, in order to tackle unmet health needs or any emerging health needs of your community.

Self-Assessment Questions (SAQs) for Study Session 17

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering these questions. Write your answers in your Study Diary and discuss them with your Tutor at the next Study Support Meeting. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ 17.1 (tests Learning Outcome 17.1)

If you needed to explain to a colleague who is not a health worker what advocacy means, how would you define it?

SAQ 17.2 (tests Learning Outcome 17.2)

What is the difference between a health goal and a health objective?

SAQ 17.3 (tests Learning Outcome 17.3)

What do you think are some of the advantages of using the advocacy approach while tackling health issues in your community?

SAQ 17.4 (tests Learning Outcome 17.3)

In the list below, only one statement describes part of what advocacy is. Mark that statement and explain why you have chosen it.

1 Advocacy is being a friend or counsellor.
2 Advocacy is persuading other people to agree with your views.
3 Advocacy is deciding what is in another person's best interests.
4 Advocacy is about influencing others to gain support for health measures, or to influence or change legislation that affects those health issues.
5 Advocacy is an alternative complaints procedure.
6 Advocacy is about providing social and financial support.

Study Session 18 Advocacy Tools and the Role of Health Extension Practitioners

Introduction

This study session is based on providing you with the knowledge and skills needed to enable you to identify and describe the main tools of advocacy. You will learn how to describe the support needed, your targets, channels and methods for your advocacy work. You will also be encouraged to think about your local community's cultural, social and economic environment in order to help you identify the main health issues and to identify and collaborate with the different stakeholders found in your locality or *kebele* (Figure 18.1).

Figure 18.1 Health workers working together will be a strong team for advocacy work. (Photo: I-TECH/Julia Sherburne)

Learning Outcomes for Study Session 18

When you have studied this session, you should be able to:

18.1 Define and use correctly all of the key words printed in **bold**. (SAQs 18.1 and 18.2)

18.2 Describe the main tools of advocacy. (SAQ 18.1)

18.3 Identify support, targets, channels and methods for advocacy campaigns. (SAQ 18.2)

18.4 Describe what your advocacy roles are. (SAQ 18.3)

18.5 Explain how to plan, conduct and monitor advocacy activity. (SAQ 18.4)

18.1 Advocacy tools

In this section, you are going to learn about some of the different methods that you will be able to use for your advocacy work. These methods are called advocacy tools (Box 18.1). One of the advocacy tools you will use is **lobbying**, which means influencing the policy process by working closely with key individuals in political and governmental structures, together with

other decision makers. Another tool is the use of *meetings*, usually as part of a lobbying strategy or negotiation, to reach a common position. *Project visits* are another useful tool of advocacy to demonstrate good practice and *information, education* and *communication* as various means of sensitising the decision makers. In addition, *community organising* is another important tactic that can be used.

> ### Box 18.1 Key principles to help you get support for your advocacy activities
>
> Remember to consider the following principles which can help you to get support for your advocacy activities:
>
> - Use several tools for advocacy to reach a wide audience (for example, not only the public, but also officials and decision makers), and be sure to form good relationships with your local media representatives.
> - Have good relations with the private sector and all the NGOs working in the area around you. Collaborate with them and all the people who can help your advocacy work.
> - Have good strategic planning.
> - Use effective monitoring tools.

■ Lete Birhan, who was a student with you on your previous course, is currently working in one of the woredas in Tigray region. She wrote to ask you to explain to her the different tools you would advise her to use for the advocacy activity that she is planning to conduct. What are the tools you are going to suggest that she uses to reach a wide audience?

□ She needs to consider the most effective advocacy tools in her locality and to choose a range so that she reaches a wide audience. For example, she can use the Tigray regional media for reaching the public *as well as* the policy or decision makers, NGOs, etc. She may also be able to use her local traditional media. Her work should include using all local forms of communication, as well as a combination of posters and film shows, or perhaps radio spots to convey messages to the influential people or decision makers.

18.2 The advocacy approach

The advocacy approach uses many different methods of reaching people. Inter-personal meetings or face-to-face approaches with the decision makers are the most effective advocacy approaches for those people. However, with the limited availability of advocates in the field, the potential number of people reached is limited using this form of communication, and further work like that may be expensive. As mentioned in earlier Sessions, you can also use other channels for reaching the public, for example newsletters, flyers, booklets, fact sheets, posters (Figure 18.2), video, dramas and folk media.

Figure 18.2 Posters might be part of an advocacy campaign.
(Photo: Ali Wyllie)

As an advocacy coordinator, you will need support and technical assistance, and possibly extra personnel to carry out your advocacy activities. You may need help in the areas of identifying health issues, planning, and message or material production. Some organisations that can help you carry out an advocacy campaign will have expertise in conducting advocacy campaigns, or be able to help you carry out needs assessment and issue identification. Other organisations may help with advocacy activities such as message development and broadcast work. Some will have expertise in audio-visual and media message production, while others may have expertise in training field workers for developing their advocacy and networking skills.

You may also need help when conducting meetings with higher officials. This experience and capacity may exist in either the governmental or non-governmental agencies found in your locality. *Remember* that the selection of supporting organisations able to assist you when you carry out your advocacy activities will depend on the political commitment that exists for the Health Extension Programme. This level of support is necessary to ensure that other governmental and non-governmental sectors collaborate and assist with the advocacy coordination. This in turn is affected by the particular health issue to be addressed, and the available funds to implement advocacy activities.

■　　Make a list from your initial thinking of organisations that may be able to help you with your advocacy work in the future.

☐　　Of course we do not know your particular circumstances. However, if you had difficulty with this, then we suggest that you arrange to talk to experienced health workers in your area, as they will know who to turn to for help of this sort. Building good working relationships is the most effective way to support your advocacy activities and efforts. You can get support for your advocacy activities by identifying the governmental and non-governmental agencies responsible for your locality, and building a good relationship with their officials. Do not forget to meet with these groups and their representatives regularly.

Some possible advocacy resources for your locality include the *woreda* Health Office, the nearby health centre, local NGOs and other governmental sectors such as the Departments of Agriculture and Education, as well as local women's associations and *kebele* leaders.

You need support to form an advocacy network because of the amount of work and the number of activities that may be involved. You may need help in order to design effective messages, to form a task force, to decide the strategy, and for fundraising, as well as for calculating the cost of the activities.

You also need to identify potential supporters. This can be achieved by attending local events, enlisting the support of the media, holding public meetings, and talking to all the influential people in your community. To do these things effectively, you will also need to do a community diagnosis and get to understand the resources in your community or locality. To get good support for advocacy campaigns (Figure 18.3), you need to form a cooperative team for your advocacy activities, and you need to know the stages to go through in order to achieve the best results.

Figure 18.3 You may be able to get support for your advocacy work from other health workers in teams nearby. (Photo: I-TECH/Julia Sherburne)

18.2.1 Stages of team growth

It is advisable to implement the following stages to support your team building, in order to help you in your advocacy activities. These stages are called the **stages of team growth**.

Stage 1 Team forming

When a team or network is **forming**, you need to explore the boundaries of acceptable group behaviour as the people change from individuals to gain member status. At this stage, the members of the team may feel excitement, anticipation and optimism, as well as possibly suspicion, fear and anxiety about the advocacy activities ahead. Members attempt to define the task at hand and decide how it will be accomplished. They also try to determine acceptable group behaviour and how to deal with group problems. Because so much is going on to distract members' attention, the group may only make a little progress. However, be aware that a slow start is a perfectly normal phenomenon.

Stage 2 Storming

At the **storming** stage, the team members begin to realise that they do not know the task, or may consider it is more difficult than they imagined. They may become irritable or blameful, but are still too inexperienced to know much about decision making. Team members argue about what actions they should take, even when they agree on the issues facing them. Their feelings include sharp fluctuations in attitude about the chance of success. These pressures mean that members have little energy to spend in meeting common goals, but they are beginning to understand each other.

Stage 3 Norming

During the **norming** stage, members *reconcile* competing loyalties and responsibilities. They accept the team ground rules or norms, their roles, and the individuality of each member. Emotional conflict is reduced. There is increased friendliness as members begin to trust one another. As members begin to work out their differences, they have more time and energy to spend on their objectives, and to start making significant progress.

Stage 4 Performing

At the **performing** stage, members begin diagnosing and solving problems, and implementing changes. They have accepted each other's strengths and weaknesses and learnt their roles. They become satisfied with the team's progress and feel a close attachment to one another. The team or network is now an effective support, and ready to help you in your health advocacy work.

- ■ Let us suppose that you form an advocacy group on the issue of banning female genital mutilation (FGM) in your local community. Your group includes influential members of the community. However, though everyone in the group is in principle in agreement, some members think that those who still agree with the practice of FGM should be punished by a 'naming and shaming' policy, where everyone in the community knows who they are and they become excluded. Identify which stage the group is at, and what could help resolve conflict in the group.

- □ This is a group at the storming stage. At this stage, the team members begin to realise that they do not know the full extent of the task, or perhaps they have underestimated how difficult it would be to address. Team members argue about what actions they should take. Their feelings include sharp fluctuations in attitude about the chances of success of their campaigning.

It is important to recognise these stages of team works as they will help you know what needs to be done at each stage and what you can expect to happen.

- ■ Stop for a moment and think about a team with which you have been involved. This does not need to be a health team. Any team will do. Look at the four stages outlined above and think about your involvement in this team. Can you identify some of these stages in the team that you are familiar with?

- □ Most people recognise these stages in teams they are involved in, particularly that stage when people do not think it is going well and they do not seem to be pulling together! However, this is perfectly normal activity in team building, and is usually followed by everyone beginning to have a clearer idea and starting to work much more for the common good of the team.

Good team spirit alone cannot bring success for an advocacy campaign. Identifying and building a constituency to support the network's advocacy campaigns is critical for their success. The better the support base, the greater the chances are of success. Network members must reach out to create alliances with other NGOs, networks, donors, civic groups, professional

associations, women's groups, activists, individuals and model families who support the issue and will work with you to achieve your advocacy goals.

Supporting groups or advocacy groups are often called on to make hard decisions. The groups may find themselves deciding whether to take on a difficult advocacy issue–perhaps one that has little popular support or is controversial–or they may face the need to choose among pressing issues in response to limited resources. How well they work through the decision-making process is important to the overall success of advocacy campaigns (Box 18.2). Therefore, preparation is an important element in decision making.

<div style="background:#c9dbe8; padding:1em;">

Box 18.2 Guidelines for reaching agreement

- Make sure that everyone who wants to speak is heard, and feels that their position has been considered.

- Talk through the issue under discussion until reaching an agreement that everyone can support.

- Understanding that agreement may not mean that all members of the network agree with it 100%. However, everyone should support the decision, at least in principle.

- Ask questions and make sure everyone's opinion is considered before reaching a decision.

</div>

To make informed choices, network members need information. They also need to know how to set limits on–and goals for–their discussion. Good listening and presentation skills contribute to the clarity of the discussion as does the ability to keep an emotional distance from the subject under discussion.

You should be aware that successful **advocates** are skilled negotiators and consensus builders who look for opportunities to win modest but strategic policy gains. Therefore, it is advised that you need to become a skilled and artful advocate by incorporating creativity, style, and even humour in your advocacy events in order to draw the public and media attention to your cause. The art of advocacy cannot be taught through training or workshops alone. Rather, it emerges from your practice and from sharing experiences with the network members.

■ Thinking of events in your life in general, what sort of negotiator do you think you are? Do you make sure everyone is heard? Do you allow time for discussion? Do you ask questions and include people when decisions have to be made?

□ Some people seem to be naturally good at negotiating, but it is a skill that everyone can learn with practice. Take time even when you are with friends and family to ask questions, to listen to make sure, everyone is heard that and you will be getting good practice at negotiating.

18.3 Your roles in advocacy

As a Health Extension Practitioner, your main role in advocacy will be to secure the resources necessary to meet the health needs of your communities. To do this effectively requires you to undertake several key tasks, such as understanding the health needs of your communities and identifying the

government officials and stakeholders with the power to determine health policy (Figure 18.4). You also need to be able to identify fundamental barriers and their solutions as well as identify the main problems or issues to be addressed. You then need to develop effective messages. So find a support group, or form a network and collaborate with them. To do this you need to develop your advocacy leadership skills.

Figure 18.4 Your advocacy work will involve meeting with significant people in your community and wider afield. (Photo: I-TECH/Julia Sherburne)

18.3.1 Advocacy leadership skills

These skills include good listening skills, good written and oral communication skills, and the ability to develop supportive social networks and form strong coalitions and joint ventures. Also make sure that you are able to give attractive public speeches. In addition, you need to have good collaboration skills, good consensus - building skills, the ability to resolve any conflicts, and have good negotiation skills, as well as the ability to conduct meetings. You are expected to know how to write to your respective local organisations and government officials, and to use the local and traditional media effectively.

It is also important that you remain well organised and ensure that you document your advocacy work in detail. The main focus of your advocacy depends on the nature of the health problem you have identified. Its success also depends upon the knowledge and skills you have.

- Imagine that you wish to carry out an advocacy campaign to stop female circumcision in your local community. You are keen to draw people's attention to the fact that the government has introduced a new Act outlawing the practice.

  Identify what tasks you need to undertake, and what groups or community leaders you need to involve when starting an advocacy group on this issue.

- You need to identify if this is a primary health need in your local community and who are the influential members of the community who would support you in this—or the groups that you can call upon to support your advocacy activity. You then need to identify the barriers to progress on this issue—possibly, older people in the village may still be practising older cultural traditions and may not realise the seriousness of breaking this law, or the possible health risks of this practice.

18.4 Planning, implementing, monitoring and evaluating advocacy

You need well-planned activities to achieve your advocacy goals and objectives. You also need to identify and attract resources (money, equipment, volunteers, supplies and space) to implement your advocacy campaigns.

The steps discussed in this section will help you when you are planning and implementing advocacy activities.

18.4.1 Identifying the issue

In this step you must think more specifically about what you aim to do. You need to identify the problem that requires a policy action.

18.4.2 Knowing your audience

This means you should decide which audience to target through advocacy, and you must carefully determine the advocacy goals and objectives. At this stage, you are also identifying the policy makers you are trying to influence to support your issue. Examples include politicians, local officials and ministry officials.

18.4.3 Building support

Build alliances with other groups, organisations and individuals who need to become committed to support you in your advocacy work on health issues. You should remember that the campaign will be most effective when individuals and organisations join together in networks in order to increase the strength of your advocacy efforts (Figure 18.5).

Figure 18.5 In each community you will be able to find model families who are keen to support your advocacy campaigns. (Photo: FMOH/WT)

18.4.4 Developing your message

An *advocacy message* is a statement that may be tailored to different audiences. These messages define the issue, state solutions, and describe the actions that need to be taken.

18.4.5 Identifing the channels of communication

Identify the channels and the messages to be delivered to the various target audiences through radio, television, flyers, press conferences, or during meetings.

18.4.6 Resource mobilisation

This means you need to identify and attract resources such as money, equipment, volunteers, supplies and space in order to carry out your advocacy campaign.

18.4.7 Advocacy activity

Once you have mobilised all necessary resources, you will be in a position to implement a set of planned activities, sometimes called an action plan, to achieve your advocacy objectives.

18.4.8 Monitoring and evaluating the activities

You need to monitor the process of an activity and gather information about how it is going, in order to measure progress towards your advocacy goal. Then evaluate the data gathered about the advocacy activities and analyse them to support each step of your advocacy campaign.

■ In your community or in your work, have you seen an example of someone using advocacy? This may not even be in the area of health. People advocate for education, for children's rights, for farming resources, and so on. If you have seen advocacy in action, think about it, and look again at the above list and see which stages you can identify.

☐ We don't know what your example will be, but we hope that you have noticed how many of the features of advocacy are ones which crop up time and again in health education, such as knowing your audience, being clear about the message, checking and monitoring your results, and so on. Underlying all health education issues are these processes that help to clarify what is going on and keep them on track. In the case of advocacy, these processes are applied to solving a problem using a group as a resource.

Summary of Study Session 18

In Study Session 18, you have learned that:

1 A health advocacy issue is a problem or situation that an advocacy group seeks to tackle in order to improve the health of their community.

2 You need to build support from the policy makers you are trying to influence to support your issue. This will include politicians, local officials and ministry officials. Also make alliances with other groups and organisations that are committed to your issue.

3 Key skills for advocacy include good listening and leadership skills.

4 Your role as an advocate for health improvement in your community includes planning, implementing, monitoring and evaluating activities.

5 You should build support, develop your message, identify channels of communication, and mobilise resources to implement your planned advocacy activities.

Self-Assessment Questions (SAQs) for Study Session 18

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering these questions. Write your answers in your Study Diary and discuss them with your Tutor at the next Study Support Meeting. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ 18.1 (tests Learning Outcomes 18.1 and 18.2)

Can you name at least two advocacy tools that will help you to conduct an effective advocacy campaign?

SAQ 18.2 (tests Learning Outcomes 18.1 and 18.3)

In the development of teams there are a number of stages. Match the stages 1 to 4 below, with examples (a) to (d) of what goes on in them.

1 Forming
2 Storming
3 Norming
4 Performing

(a) The group doesn't really know the task and is working with a lot of uncertainty.
(b) The group is satisfied with progress and able to get on together.
(c) There is initial exploration of the nature of the work and the group.
(d) Reconciliation of competing ideas and accepting ground rules.

SAQ 18.3 (tests Learning Outcome 18.4)

What are the communication skills you think you will need to help you in your advocacy campaign?

SAQ 18.4 (tests Learning Outcome 18.5)

What are the steps you should follow when planning and implementing an advocacy campaign?

Study Session 19 Community Mobilisation

Introduction

This study session will help you understand community mobilisation in relation to the Health Extension Programme. You will be the leader of health activities at a community level, and you should be able to mobilise the community for a particular health action. This session emphasises the skills needed and an understanding of concepts required to enable you to mobilise a community and promote community participation.

Learning Outcomes for Study Session 19

When you have studied this session, you should be able to:

19.1 Define and use correctly all of the key words printed in **bold**. (SAQ 19.1)

19.2 Describe some of the criteria that bind a community together, and describe how to work with the community. (SAQ 19.1)

19.3 Describe the techniques that are required to involve a community in health activities. (SAQs 19.2 and 19.3)

19.1 Community and its advantages

A **community** is a group of people, based on common values and norms, who live within a geographically defined area and who share a common language, culture or values (Figure 19.1). In short, a community refers to an area or a village with families who are dependent on one another in their day-to-day transactions, thereby creating mutual advantages.

Figure 19.1 A community isn't just a collection of houses, although these are important as well. (Photo: I-TECH/Julia Sherburne)

19.1.1 Concepts of community mobilisation

To mobilise is to get something or someone on the move. It follows then that **community mobilisation** is about organising the community and all the resources available in the community to move them towards achieving a certain health programme goal. Having this concept in mind, *community mobilisation* is defined as a capacity building process, through which individuals, groups and families (such as model families), as well as

organisations, plan, carry out and evaluate activities on a participatory and sustained basis to achieve an agreed goal (Figure 19.2). This might be from their own initiative — or a goal stimulated by others.

Figure 19.2 Communities often get together to do communal tasks. (Photo: Henk van Stokkom)

Community-based participatory approaches to community mobilisation will help to achieve reliable and sustainable healthy lifestyles and behavioural changes. Through community involvement, lay and professional people study health problems, pool their knowledge and experience, and develop ways and means of solving their health problems. Your role is to help the community organise itself so that learning will take place and action follows. The health activity cannot achieve the intended goals without involving the community. This can only be achieved by building on the community's knowledge and beliefs through a continuous dialogue, and not by dictating to them what they should do.

A community should be mobilised and technically supported to take action to identify their own health issues or problems if essential health care is to be made available to every household in Ethiopia.

19.2 Mobilising your community

There are important things that you need to bear in mind while mobilising your community. You need to encourage participation by as many community members as possible. This means working actively with the community to solve their own health-related problems. You really need to know your community.

Think about the community that you live or work in. Imagine a co-worker from another area is coming to join you. What do you want to say right at the beginning about your community? If you have not yet started to work as a Health Extension Practitioner think about the community in which you live.

■   Write the following information about your community below:

Name of your village/*kebele*_____

Languages they speak_____

Festivals they celebrate _____

Beliefs and values they have_____

Religion_____

Resources_____

Are there any particular health problems in the community?

□   Your answers will be individual to you and your community. The point of this question is that the more you know about the community (Figure 19.3), the more likely you will be to design health-related projects that fit the individual needs of that community.

Figure 19.3 Each community — and how they react to health and illness — needs to be understood.
(Photo: UNICEF Ethiopia/Indrias Getachew)

However, knowing your community is only the beginning. Community mobilisation is an active process. Community participation is necessary at every step of the process, from identifying problems to solving the problems.

At the stage of identifying problems it is not good to say: 'I know what your problems are.' It is essential to encourage the community to identify their own problems first; then they will be more ready to deal with them. Secondly, get them participating in finding solutions. Communities have different amounts of resources, and they also have different values and beliefs. Things that work best for one person or one community may not work for another. So do not assume you know what the best solution is.

Be clear about what you can and should do, and also about what the community can and can't do. Always allow them to do some things for themselves. Together with the community, you should ask: 'What problems can we identify?', 'What are the best solutions we can select?', or 'What action can we take?' Following any community health activities, you should always get community members to participate in the evaluation. Discuss the results with the community, and in that way you can help them to learn. If they know why progress was achieved, or an action succeeded or failed, they will be able to make better efforts next time.

■ Now look back at the initial information you have set down about your community. You may have identified a health problem or problems. But is the community aware of these? If you asked them, would they also identify the same problem?

☐ As a health worker, you may have noticed problems that are not seen by the community (for example, you may have data about infant mortality that confirm a higher than usual incidence). But is the community aware of this? Remember, as we have said, always begin by *asking* your community about problems — not *telling* them.

19.3 Equipping your community

The greatest improvement in people's health will be as a result of what they do to and for themselves. It is not the result of external interventions. Millions of daily decisions about health and disease are made by individuals and families at their own homes, not by health workers. So in order to make these millions of decisions become healthy decisions, you should equip your community with appropriate skills and knowledge, and empower them through community participation. The greatest resources you have in your community are good relationships with individuals (Figure 19.4) and groups; therefore, you should mobilise them to pool the resources available in the community, including labour power.

Figure 19.4 All community activities are founded on good relationships with individuals. (Photo: FMOH/WT)

Figure 19.5 A community working together will make sure that programme resources will be complemented by community resources. (Photo: UNICEF Ethiopia/ Indrias Getachew)

19.4 The advantages of community mobilisation

There are several advantages of community mobilisation that will help local ownership and the sustainability of the health programmes. Community mobilisation helps to motivate the people in your community and encourages participation and involvement of everyone, as well as building community capacity to identify and address community needs (Figure 19.5). Community mobilisation also promotes sustainability and long-term commitment to a community change movement. In addition, it motivates communities to advocate for policy changes to respond better to their health needs.

■ Look back at the previous paragraph and make a list of what you think are the benefits of community mobilisation.

☐ If the community owns its health activity, then this is more likely to be sustainable. By being involved they will also be empowered, partly by advocating for health policy changes.

Community mobilisation has several key steps (Box 19.1, on the next page) and can come from the community itself, or may be initiated by outsiders. For instance, the community may request the local health workers to provide a health education session on malaria. This is an example that has been initiated by the community members. On the other hand, you may consider that female genital mutilation is a serious local problem and decide to mobilise the community to fight it. This is an example of community mobilisation initiated by others.

> **Box 19.1 Key steps in community mobilisation**
>
> - Create awareness of the health issue
> - Motivate the community through community preparation, organisational development, capacity developments and bringing allies together
> - Share information and communication
> - Support them, provide incentives and generate resources.

There are many tools and techniques for collecting information that will help you to know more about your community. Here are some examples:

- Direct observation
- Group interviews
- Sketching maps
- Role-plays
- Stories
- Proverbs
- Workshops.

For example, to find out about the history of the community, you can create a 'historic profile'. This allows you to become familiar with the history of the village chosen for community mobilisation. A **village history** will include the significance of its name, the people who founded it, and the major events that have marked it through time.

19.5 Techniques to involve a community

For you to work best with the community, you need to identify the right people in the community who can explain to you their habits, customs, values, taboos and the rules of that community. These are sometimes called the **community norms**. You must also identify the people who can introduce you to the most influential members of the community, such as the *kebele* leaders, and ask them to introduce you to other co-workers, and to the community as a whole. It is also good to know and develop relationships with other influential people within your localities, such as the religious leaders, in order to be accepted by the community. These influential people are often called **opinion leaders** and are important people to keep informed about the sorts of health issues you feel should be addressed. Indeed, as you move forward, everyone in the community needs to be informed about these matters.

To be involved in the community, you need to develop the required or acceptable behaviour. So you need to be polite, persuasive and be good at being a role model. This will involve you being patient, a good listener, tolerant and self-restrained, honest, open, non-judgmental and respectful.

■ What three things do you think you need to work on at the beginning of your community mobilisation activities?

☐ You should:

1 Get the support of influential people in the community, including those who are called opinion leaders.
2 Be sure that all the people of the community are informed about the health problems you want to address.
3 Behave in an open and honest way, and try to act as a role model in the community.

19.5.1 Community relations

Community relations are those methods and activities that you undertake to establish and promote a setting that is conducive to good relationships, and which create a strong bond with the community. Your methods of communication with communities typically involve a series of local meetings, but can also include special events and wider community meetings (Figure 19.6). The community members are central to all parts of the Health Extension Programme. If you are not involving the community the Health Extension Programme will fail (Box 19.2).

Figure 19.6 Typically, community mobilisation will involve a series of community meetings. (Photo: Basiro Davey)

Box 19.2 Working with the community

- Go to the community
- Love with them
- Live with them
- Learn from them
- Link your knowledge with them
- Start with what they have
- When you finish your job, the people will say we did it all by ourselves.
  (Adapted from the words of the Ancient Chinese philosopher and teacher, Lao Tsu.)

19.5.2 Effective networking

To work effectively with the community, you need to understand who holds the power in the community and how they influence community decisions. The community has an important role to help identify health problems and use the available resources in the village to plan activities and then act to improve the community's health. For the successful implementation of development activities, you need to involve everyone in a community network, especially those with power (the decision makers in the community), as early and as often as possible.

You can engage the community using one or more of the participatory methods, such as small groups (Figure 19.7), large meetings, community conversation, local celebrations or exhibitions. You should also identify health objectives for your community, and use the right approaches to engage the whole community. Invite the whole community and representatives to meetings, and secure their approval for your advocacy objectives. Then ensure clarification of the roles of all the people involved.

Figure 19.7 Sometimes small groups need help to articulate their health concerns. Here, a group of girls are using a special technique to help them talk about confidential health issues. (Photo: Lindsay Stark)

■   If you had to express one overwhelming message about how to go about community mobilisation, which of the ones below would you choose?

1   Invite only key opinion leaders to ensure that messages do not get confused.
2   Prepare a health objective thoroughly yourself and then present it to community leaders.
3   Invite the whole community to get involved as much as they can.
4   Prepare a health objective which is 'right' for the community, and drive it through regardless of what they say.

□   We think the key message is to involve the community as much as you can (Number 3). If you conceive and carry out a plan only talking to opinion leaders, or only based on your own views, you will not have the community with you.

Community mobilisation at its best does not merely raise community awareness about an issue, or persuade people to participate in activities that have been prioritised and planned by others. Rather, it is a comprehensive strategy that includes exploring the health issues in the community, developing a plan of work, working with the community to establish credibility and trust, working together with the community to implement your plan, and raising community awareness about important health issues. It also involves working with community leaders, model families and others to make sure that those most affected by the health issues are involved in the necessary action.

19.6 The action cycle of community mobilisation

You should start the mobilisation process by organising your plan of work with the community. After that you can explore all the most important health issues in order to understand what is currently happening in the community. In addition, you can identify why any specific problems are occurring. You should look for helpful or harmful health practices, beliefs, attitudes and knowledge within that community that are related to the health problem under consideration. Once the health issues are fully explored, you can set priorities, develop a more detailed plan of work, and carry out the plan. During implementation of the programme, you should monitor and finally evaluate your activities. If the programme seems successful, you should think about how you could scale up that method to a larger number of households. In this

way, the action continues. These activities are known as the **community action cycle** (Figure 19.8). An example of how it works is described below the diagram.

Figure 19.8 The community action cycle.

19.6.1 An example of community mobilisation:

Step 1 Identify a significant health problem, for example female circumcision.

Step 2 Plan and select a strategy to solve the problem (for example, conduct a workshop for influential people in the community for sensitisation on the issue).

Step 3 Identify key actors and stakeholders (village chief, Imam, heads of families, etc.)

Step 4 Mobilise these key actors and stakeholders for action (discussions and agreement on what to do).

Step 5 Implement activities to work towards a solution (capitalise on the sensitisation of the people created by the workshop and intensify this through various follow-up activities).

Step 6 Assess the results of the activities carried out to solve the problem.

Step 7 Improve activities, based on the findings of the assessment.

■   The Health Extension Practitioner, Halima Gebre works in Gorbessa *kebele*. The village is located in a very remote area where there is no access to any kind of transportation. Most pregnant women from the village have no access to transport even if difficult situations arise during their delivery. There is no track or road for cars to travel between the village and the nearby district where the hospital is situated. This year four pregnant women with obstructed labour have died. Most of the community members would not be able to carry a stretcher as far as the hospital.

If you were a Level IV Health Extension Practitioner in this community, what action would you take to help these kinds of mothers? How would you mobilise the community to solve these problems? Obviously this is a big problem and would take a lot of detailed working out. However look again at the steps in the cycle (Figure 19.8), to see if you can begin to map out some of the principles you might use.

☐ Halima has already identified a significant health problem (Step 1). Remember that to mobilise the community for a health action, such as getting better transport facilities in case of medical emergencies, Halima will have to do other things as well:

- She needs to work out a solution and get the support of influential people in the community (opinion leaders) (Steps 2 and 3).
- After these initial stages, she needs to use these key people. Perhaps the *kebele* administrator could be asked to talk to local government officials.

Of course we don't know the later stages of Halima's work, but you can see the way the initial stages are performed.

Halima will also need to be sure that all the people of the community are informed about the problem, and then get the maximum number of people involved. This will not only mean that people 'own' this problem, but hopefully the community will also strengthen its capacity to do things for any health issues that arise in the future. Box 19.3 summarises the key messages about community participation.

Box 19.3 Active community participation

1 Know your community well, and understand their problems and their needs.

2 Be aware of existing health beliefs and practices that exist in the community.

3 Always listen to community members carefully.

4 Do not rapidly introduce new interventions that are different from existing practices and beliefs. Take gradual steps to introduce such practices.

5 Try to analyse community dynamics and adjust to each situation.

6 Involve the entire community in the programme right from the beginning.

7 Give respect and importance to negative experiences of the community, if any, and try to minimise the negative feelings verbally and in your actions.

19.7 The advantages of community participation

Local people have a great amount of experience and insight into what works for them, what does not work for them, and why. So they contribute to the success of any health intervention. Involving local people in planning can increase their commitment to the programme and it can help them to develop appropriate skills and knowledge to identify and solve their problems on their own. Involving local people helps to increase the resources available for the programme, promotes self-help and self-reliance, and improves trust and partnership between the community and health workers. It is also a way to bring about 'social learning' for both health workers and local people. Therefore, if you involve the local community in a programme which is developed for them, you will find they will gain from these benefits.

19.7.1 Levels of community participation

All participation is not equal. The extent of participation in programmes can vary from minimal to complete ownership. Figure 19.9 shows increasing degrees of participation from the low end of co-option to the upper end of collective action. This shows that as community participation increases, community ownership and capacity increases. Box 19.4 defines different degrees of community participation.
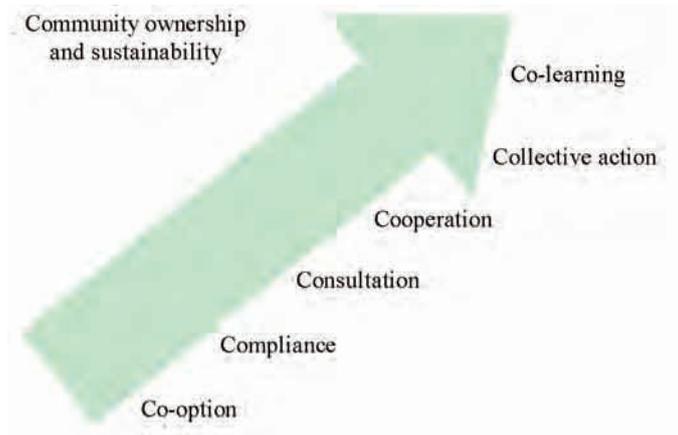

Figure 19.9 Community ownership and sustainability.

Figure 19.10 The resources of the whole community will be used if community mobilisation is successful. (Photo: Last Ten Kilometres Project)

Box 19.4 Degrees of community participation

1 *Co-option:* Local representatives are chosen, but have no real input or power.
2 *Compliance:* Tasks are assigned with incentives, but outsiders decide the agenda and direct the process.
3 *Consultation:* Local opinions are asked for, and outsiders analyse and decide on a course of action.
4 *Cooperation*: Local people work together with outsiders to determine realities; responsibility remains with outsiders for directing the process.
5 *Collective action:* Local people set their own agenda and mobilise to carry it out, in the absence of outside initiators and facilitators (Figure 19.10).
6 *Co-learning:* Local people and outsiders share their knowledge to create a new understanding, and work together to form action plans, with outsiders facilitating.

There are different tools to help the community to participate effectively. Two of the commonly used participatory tools are community mapping and community conversation.

19.7.2 Community mapping

During **community mapping** a map is drawn of selected physical features on a flat surface (Figure 19.11). The selected features for a village could be:

- The natural resources.
- The poverty pattern(s).
- The territory of the village.
- The housing pattern(s).
- The cropping pattern(s).
- The space and the area the village occupies.

Figure 19.11 Community mapping is an assessment tool that can help communities and Health Extension Practitioners identify and understand the real situations in local communities that positively or negatively impact their health. (Photo: Last Ten Kilometres Project)

Community maps can help you to identify households, community water points, health services, etc. The mapping exercise is done with the participation of the community members, and helps the community to explore and visualise the community and their local environment.

Prior to the mapping, do the following:

- Choose a place where most of the community members can participate.
- Involve the community to collect materials like ash or sand to sketch the map.
- Go round the localities on foot, or do a walk to see the key areas like the site of the health centre, the *kebele* office, the church, the main road, the river, etc. Ask the community members to sketch the map, and put signs for those key areas using ash or sand.

Clearly, community mapping is a collective exercise. But if you have not done it before, begin by just trying out a map for yourself on a piece of paper. Do a walkabout and draw in a rough plan of the village — where the crops are, where the various public places are (Figure 19.12). After you have done this, you may want to try thinking about where there are particular pockets of

poverty in the village, or locations where you know there are more health problems than others.
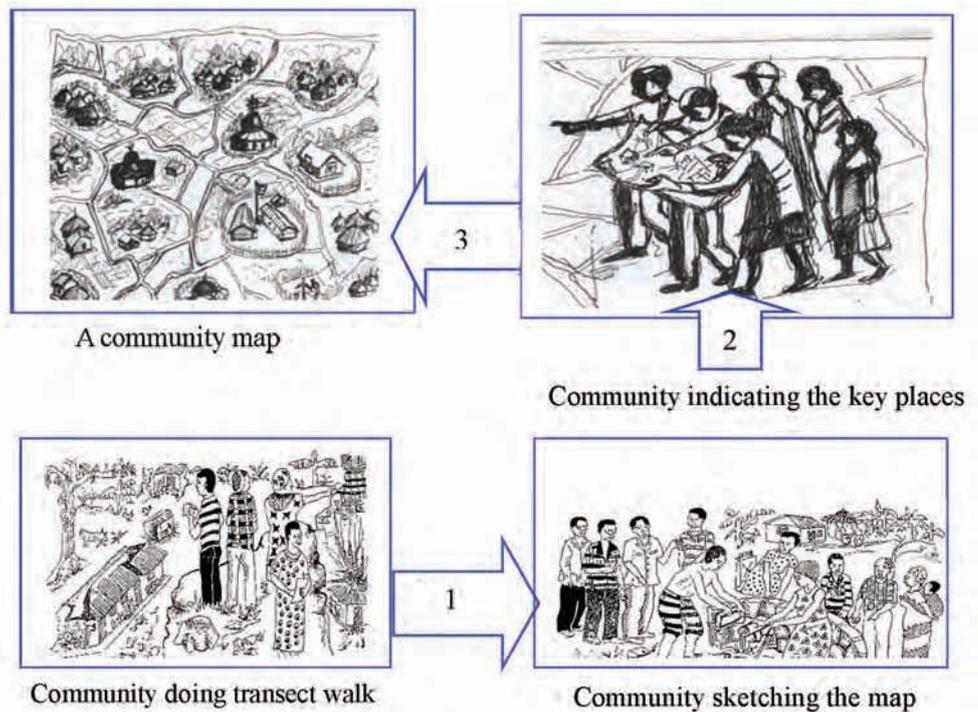

Figure 19.12 The *process* of doing a community map is really important and can help people understand health problems in their community.

Doing an exercise like this does not compromise you doing it with members of the community. If you aren't used to mapping then a rehearsal is probably a good idea. When you do it for real a number of you will go on a walkabout, and in these circumstances you will find that many eyes find different things from one pair of eyes. You will get a genuinely communal map. You will also have a much richer map (Figure 19.13).

Figure 19.13 Even a very simple map might help you and the community to understand some health issues.

Summary of Study Session 19

In Study Session 19, you have learned that:

1 Community mobilisation is a capacity building process through which you will be able to work with the community to identify and plan health activities.

2 Always think of undertaking community mobilisation when the problem affects the whole community and when local resources, as well as larger-scale changes, are required to address the problem.

3 The greatest benefits of community mobilisation are to build community capacity and to help the community identify and address its own needs.

4 In community mobilisation, the first step is to investigate the health problems, then develop an action plan.

5 Community participation as part of community mobilisation is critical for success.

6 Participation enables local people to develop commitment, skills and knowledge, and it enhances the partnership with health workers.

7 You will need to identify the right people in the community who can explain to you the norms, taboos and rules of the community before you start work in the community.

8 Community mapping is a good community participatory tool.

Self-Assessment Questions (SAQs) for Study Session 19

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering theses questions. Write your answers in your Study Diary and discuss them with your Tutor at the next Study Support Meeting. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ 19.1 (tests Learning Outcomes 19.1 and 19.2)

What do you understand by the word community? Describe some of the features that bind your community together.

SAQ 19.2 (tests Learning Outcome 19.3)

Why is *community* mobilisation important when tackling health issues?

SAQ 19.3 (tests Learning Outcome 19.3)

List the steps in the community mobilisation action cycle.

Study Session 20
Community Conversation

Introduction

Community dialogue, or community conversation, will help you to achieve reliable and sustainable community cooperation and action.

In this study session, you will learn about what community conversation is and you will also learn some of the methods of conducting community conversation (Figure 20.1).

Your roles in this type of work will also be explored.

Figure 20.1 In every community there are health issues that could be helped by community conversation techniques. (Photo: Henk van Stokkom)

Learning Outcomes for Study Session 20

When you have studied this session, you should be able to:

20.1 Define and use correctly all of the key words printed in **bold**. (SAQ 20.1)

20.2 Describe how to organise a community conversation. (SAQs 20.1 and 20.2)

20.3 Describe what the different roles of the facilitator are. (SAQ 20.3)

20.1 Community conversation

Community conversation (CC) is an interactive process which brings together members of the community, village or *kebele* and encourages them to think, discuss and explore the main causes and underlying issues behind their health problems. Community conversation is based on the recognition that people have the knowledge, capability and resources that can bring about positive health outcomes individually and collectively, once the community perceives ownership of a health problem. A community conversation is generally a good starting point for your work in the community if you want to bring about a sense of cohesion and togetherness.

One of the main tools of community mobilisation is community conversation. It gives a chance for community members to listen to each other attentively, and speak out with regard to what they think is best. It also helps all the people taking part to feel included in the process of decision making about health issues. The community members taking part in the group discussion process feel empowered, and they should become able to revise their values and consider their cultural and traditional practices.

The process of community conversation gives community members ownership of their problems, which in turn makes them able to think and find solutions for the significant health issues in their community (Figure 20.2). The general objective of community conversation is to make the community take the initiative to identify, discuss and solve the major health problems using local resources.

Figure 20.2 A community conversation might motivate the community to become active in health issues. (Photo: Basiro Davey)

Community conversation helps to create an environment which is conducive for governmental and non-governmental organisations to work in an integrated way. It also helps to minimise discrepancies between community members, and to confront any negative attitudes among community members.

Box 20.1 summarises the key principles.

Box 20.1 Key principles of community conversations

- Respecting the values, beliefs, culture and traditions of the community.
- Giving particular attention to gender issues, in order to increase women's participation and empower women.
- Create smooth relations.
- Respecting differences, building trust and solving conflicts, as well as clarifying misconceptions.
- Helping the community to accept that it has a potency to identify issues which need to be resolved, and the capacity to find solutions.
- Enabling members to take ownership of their own health.

■ Your friend Abeba, who is working in the nearby town of Debre Zeit, wrote to you asking what community conversation (CC) was, and what its advantages are. How would you reply to her?

☐ You would explain to her that CC means community conversation. It is an interactive process which brings members of the community together, and engages them to discuss and explore the causes of their health problems. You might also mention that CCs are intended to be respectful of differences, and that they pay particular attention to enabling women to be heard.

20.2 Organising community conversations

In this section, we are going to look at the steps which you should follow when organising a community conversation.

Step 1

Good relationships with senior members of your community will help you to conduct effective community conversations. This will also help the facilitator and the community members to get to know each other and strengthen their relationship. This leads them to feel at ease and able to set out their views and opinions, and will help them to trust and understand each other.

Step 2

Identify the main health problems in the community. At this stage the role of the health worker is to ask strategic questions to help community members identify the main health problems or issues. Remember that as a facilitator of the conversation you should not impose your views or tell them that, 'your problem is ……', as this will prevent the community being able to identify their health issues for themselves.

Step 3

During this step, the community will assess and discuss the root causes of the identified health issues (Figure 20.3).

Figure 20.3 With help from the community, you should be able to correctly identify significant health problems in the community, and start to develop possible solutions. (Photo: Ali Wyllie)

Step 4

Identify and collect together any available resources. This step helps the community to identify resources which will be necessary to help solve the identified health problems.

Step 5

This is decision making. During this step the community prioritises the identified issues and health problems, and starts to plan activities that should be carried out.

Step 6

This is the implementation stage. During this step the community implements what has been planned. Remember that you should include as many members of the community as possible in your health activities, even those who did not attend the community conversation. Doing this will help the community take ownership of the implementation process.

Step 7

This is the stage where you monitor the implementation of any chosen health activities, and make an effort to understand the changes that have taken place in the community. This step helps the community to monitor and evaluate the behavioural changes and the challenges faced at each step.

■ Now read again the steps outlined above. Clearly, there is a lot to think about. Consider a situation in your community (for example, about the high incidence of malaria) and try finding a way of asking some questions of the community that might raise the issue of malaria.

□ Of course there are all sorts of ways of developing this. You could begin with a very open-ended question: 'What do people think are the big health problems in the community?' or 'What sorts of illnesses do people notice time and again in their community?' There may already be a recognition and understanding of the health problem, in which case you could ask how they think the problem might be resolved.

20.2.1 Recruiting participants for community conversations

The discussions that are part of community conversations should include participants who are able to represent the entire community.

■ Think about a community you have some involvement with. Spend a few moments writing down the sorts of people you could invite who would represent between them the whole community.

□ You need to strive for a diversity of opinion, ethnicity, race and gender, and all the other features that reflect the make-up of the community.

Avoid inviting only the obvious people to the community conversation, for example, opinion leaders or health experts (Figure 20.4). Keep these people involved, but encourage all the participants to reach out and attract a larger, more representative group of the community. Try to involve community members who have more experience in life, because these people will know about the effects of community change and therefore will have a vested

interest in the issues affecting the community (Box 20.2). In addition, this will bring consistency and continuity to the community conversation meetings.

Figure 20.4 Make personal contact to invite people, and ensure that the whole community realises that their voice is essential.
(Photo: UNICEF Ethiopia/Indrias Getchew)

Box 20.2 Diversity for the community conversation

Remember that by actively recruiting members who reflect the community's diversity in ethnicity, culture, perspectives, gender and age, you will achieve a richer dialogue from a more representative sample.

20.2.2 Organising a community conversation

As the facilitator of the conversation meetings, you are responsible for creating a safe environment, keeping conversation on track, and managing the time that the meeting takes. You should also set group guidelines and ground rules, and state these at the start of the meeting.

Ground rules include asking participants to avoid personal attacks, and requesting that they should respect the diversity of opinions. Ask them to choose a recorder. The recorder should work closely with you to record key issues, areas of agreement and disagreement, and suggest any further questions. This way you will have a foundation for future meetings, as well as documented feedback for your community leaders or your *woreda* Health Office, or other organisations that need the information.

During the community conversation meetings, the main role of the facilitator is to understand differences between community members and make the discussions free flowing. As a facilitator, you should attempt to accomplish the two major tasks described next:

Task 1: Pre-conversation stage

1 Introduce the general objectives of the community conversation to the influential local opinion leaders, and ask for their ideas and support.
2 Collaborate with other community health workers and concerned people, and together with them identify and prepare the meeting room or conversation place.
3 Select participants and collect all the materials needed for the community conversation.

Task 2: During the community conversation

1 Facilitate the process of the conversation.

2 Make sure that the conversation runs smoothly, and ensure the clarity of the views for each of the participants by checking out their level of understanding.

3 Motivate all the participants to abide by the ground rules of the meeting that they have agreed to.

4 Help them to stick to the main issues and the agenda and make sure that everybody listens to each other. Compromise may be necessary in order to resolve conflict by helping the participants arrive at a consensus through clarifying their ideas.

■ At many stages in the CC process your skills as a facilitator will be vital, in particular during the conversation itself, when you will be acting as a facilitator. Think for a moment about the skills that you believe are necessary for a good facilitator, and make a list. Then mark that list with the particular skills you feel you already have, and skills that you would like to practise.

□ Now read Box 20.3 below and compare your list with the items in the box. Also write down any ways in which you think you can improve your own skills.

Box 20.3 sums up the sorts of skills a facilitator would be expected to have. If you have identified skills that you would like to develop, you could do this by perhaps practising with other health workers, or asking a friend to observe you in a meeting and then to provide feedback to you about how you could improve. Some of these skills you can practise in everyday life too. Try being a good listener, ask for feedback from family and friends and so on.

Box 20.3 Effective facilitation

Guidelines for an effective facilitator:

• Be polite

• Share problems

• Be respectful

• Appreciate skills and knowledge

• Be a good listener

• Don't be impatient or hot tempered

• Refrain from mentioning religious or political differences or other sensitive issues, such as race

• Do not take sides on an issue.

After the community conversation

Share your results and feedback with local decision makers, such as the *woreda* health manager, administrator, or with the *kebele* health committee. Your ideas will help create a better experience for all participants. Also try to be inclusive when recruiting participants, and aim to be in tune with the various groups to ensure diversity.

Summary of Study Session 20

In Study Session 20, you have learned that:

1 Community conversation helps to make the community take initiatives to identify, discuss and work towards solving the major health problems using local resources.

2 Community conversation is based on the recognition that people have knowledge, expertise, capabilities and resources to transform both individually and collectively their environment, once the community takes ownership of a health problem.

3 Some of the key principles of community conversations include respecting the values, beliefs, culture and traditions of the community. Also, it is important to remain gender sensitive and give particular attention to women's participation and empowerment.

4 Community conversations can also help by creating smooth relations, respecting differences, building trustworthiness and conflict resolution, as well as clarifying health issues in your community.

Self-Assessment Questions (SAQs) for Study Session 20

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering these questions. Write your answers in your Study Diary and discuss them with your Tutor at the next Study Support Meeting. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ20.1 (tests Learning Outcomes 20.1 and 20.2)

Choose from the following list those features that you think describe a community conversation, and say why:

1 CC focuses only on a very specific part of the community.
2 CC works because it ignores diversity and focuses on a pre-determined problem.
3 CC recognises the voices of women.
4 CC takes place recognising diversity as a useful feature of its participants.
5 CC does not recognise difference, as it is thought this gets in the way of proper discussion.
6 A CC recognises the potency of a community talking about its problems

SAQs 20.2 and 20.3 are on the next page.

SAQ 20.2 (tests Learning Outcome 20.2)

In the following list of items, mark those which are pre-conversation work (PC), and those which are work that takes place during the community conversation (CC).

1 Motivate the participants to abide by the ground rules of the meeting that they have agreed on.
2 Collaborate with other community health workers and concerned people, and together with them identify and prepare the meeting or conversation place.
3 Make sure that the conversation runs smoothly, and ensure the clarity of the views for each of the participants by checking out their level of understanding.
4 Select participants and collect all the materials needed for the community conversation.
5 Help participants stick to the main issues and the agenda, and make sure that everybody listens to each other. Compromise may be necessary in order to resolve conflict by helping the participants arrive at a consensus through clarifying their ideas.
6 Facilitate the process of the community conversation.
7 Introduce the general objectives of the community conversation to the influential local opinion leaders,and ask for their ideas and support.

SAQ 20.3 (tests Learning Outcome 20.3)

What are the features of a good facilitator for a community conversation?

Notes on the Self-Assessment Questions (SAQs) for *Health Education, Advocacy and Community Mobilisation*, Part 2

Study Session 12

SAQ 12.1

(a) Planning involves creative thinking. It is the process of making decisions about what needs to be done, when it will be done, where it will be done, who will do it, and with what resources. Planning is central to health education and health promotion activities.

(b) Needs assessment is the process of identifying and understanding the health problems in your community, and their possible causes. This is used to analyse problems and set priorities for intervention.

SAQ 12.2

A is *false* because planning is not rigid. You can adjust or modify your plan at any time.

B is *false,* planning helps you avoid duplication of activities.

C is *true* because the local situation is the foundation for all planning. A plan which is not based on local facts cannot be a good plan.

D is *false* because engagement with the local community in health education activity is one of the core principles of planning. The interest and the needs of the community should be kept at the centre of planning.

E is *false* because a plan cannot be executed without sufficient resources. Resources are one of the important things that you should consider while planning health education activities.

SAQ 12.3

The correct order of steps in Box 12.7 is as follows:

1 Needs assessment
2 Problem identification and prioritisation
3 Setting goals and objectives
4 Develop your strategy
5 Implementation
6 Monitoring and evaluation.

SAQ 12.4

Categories of needs assessment include health needs assessment, educational needs assessment, and resource needs assessment. In addition, information related to community resources and demographic characteristics should be collected during needs assessment.

Techniques of needs assessment include observation, in-depth interviews, key informant interviews and focus group discussions.

(a) Educational
(b) Educational
(c) Educational
(d) Resources
(e) Educational.

Read Case Study 12.1 about Ms Tigist again, to see how her needs assessment covered a range of issues.

SAQ 12.6

The rearranged table looks like this:

A Techniques	B Uses
Observation	Uses a checklist
In-depth interview	Used to explore individual beliefs
Focus group discussion	Used when the subject is not sensitive
Key informant	Interviews with religious and other community leaders

Study Session 13

SAQ 13.1

(a) Prioritisation is the process of placing problems in the order of urgency: highly urgent and important problems are put at the top, and less important and less urgent problems are put at the bottom.

(b) There are five criteria to prioritise health problems for health education interventions. They are magnitude of the problem, severity of the problem, feasibility to solve the problem, community concern and government concern.

SAQ 13.2

These are the five elements of an objective:

1 What to achieve
2 When to achieve
3 Where to achieve
4 Extent of achievement
5 Who is the target group?

SAQ 13.3

(a) is a health objective.
(b) is a behavioural objective.
(c) is a behavioural objective.
(d) is a learning objective.
(e) is a resource objective.

SAQ 13.4

A is incorrect because it does not show all the elements of the objective. For example, there is no extent of achievement. The word 'understand' is not used to write objectives, as it is difficult to pin down.
B is incorrect because it lacks the extent of achievement.
C is incorrect because the number of prevention methods the participants are supposed to identify is not specified.
D is correct because it includes all the elements of an objective.

SAQ 13.5

You can write a lot of behavioural objectives related to health education on HIV/AIDS. For example, 'to increase the number of people who use condoms from 20% to 40%', 'to increase the number of people tested for HIV/AIDS by 70 within six months', and so on.

For a learning objective, you may write that: '70% of the people who received health education will be able to identify three means of HIV/AIDS transmission' or '90% of those who received health education should develop the belief that condom use can prevent HIV transmission', and so on.

SAQ 13.6

These are the elements you should include in your work plan:

1 Objectives
2 Strategies
3 Activities
4 Responsible people
5 Resources
6 Time frame
7 Indicators.

Study Session 14

SAQ 14.1

(a) Community organising is the process of sensitising and empowering the community in such a way that they can identify and prioritise their needs and objectives, and develop the confidence and the will to achieve them by finding resources through cooperative and collaborative attitudes, practices and community participation. Organising means bringing the community together, and establishing a network of relationships among them so that they work together to achieve common goals.

(b) Implementation is the act of converting planning, goals, objectives and strategies into action, according to your plan of work. For instance, delivering health education for households, counselling mothers, educating youths on sexually transmitted infections, etc. are all part of implementation.

SAQ 14.2

Finding community leaders is often a good start. Community leaders are usually good organisers and people tend to follow their example. To facilitate the organising process and make it easier, you may be able to identify community leaders and work with them. If possible, the leader should be someone with good leadership skills, and knowledge of the health problem and the community. In order to identify these community leaders, first approach *kebele* leaders and ask the name of community leaders. Then, approach those leaders and request their cooperation to work with you.

SAQ 14.3

First, you should approach the leaders of each group and understand the aims, interests and the needs of each group. Identify the main areas of their activities, and whether they are interested to work on health-related issues. Then request that the leaders of these groups mobilise their members to participate in health education activities. Plan with them, and involve them in the implementation. These groups are a source of manpower, materials, and space for health education activities.

SAQ 14.4

A is *false* because it is not only newly organised groups that need training. Depending on the need for training, training should also be given to existing groups.
B is *false* because newly organised groups also need training
C is true because, based on the existing training gaps, both groups are eligible to receive training to improve their skills and knowledge.
D, E and F are true. The aim of training is to improve the community's skills, knowledge and capacity. In doing so, the community will be empowered to solve their own health issues, using their own resources.

SAQ 14.5

(a) These are the types of resources required for health education implementation:

- Labour power or personnel to implement health education activities
- Material resources, including educational materials
- Financial resources
- Space.

(b) During needs assessment, all relevant resources for health education activities, including manpower, materials, financial resources, space, and others should be identified. Then approach community leaders, religious leaders, formal leaders like *kebele* leaders, and other influential people in the community, and discuss with them how to use these resources. To identify manpower, ask them to tell you about individuals who can play a role in health. Then request the cooperation of those people, and involve them in health education activities. Plan with these influential people when, where and how to use the material and other resources, like space, for health.

Study Session 15

SAQ 15.1

(a) She should prepare her message about malaria prevention prior to her health education session. A message prepared during the learning session itself may not be in line with the learning objectives, and has little impact on behaviour change.

(b) She should determine what topic and content needs to be taught, as well as the arrangement of the message, questions to be incorporated, and activities to be accomplished, message forms, and so on.

(c) When preparing her message, she should take into account the learning objectives, methods, resources, audience, culture and comprehension level of the audience.

(d) She should record health education activities like the number of people who received health education, the topic, the place where health education was delivered, the method and materials being used, the number of households reached, the number of health education sessions, and any problems encountered.

(e) Recording all of her health education activities is very important to monitor the progress of her sessions, and to evaluate her performance and achievements, as well as to tell others what she has done, and to prepare reports for concerned bodies, and so on. You should note that others may consider an unrecorded activity not to have been done.

SAQ 15.2

(a) Bed net, sticks, tacks, rope, two helpers, and Chaltu herself.

(b) The number of people who received health education (20 people).

(c) She conducted input monitoring. She checked whether the resources required to carry out the demonstration were in place.

(d) To monitor the process of the health education session, she could check the process of the demonstration, e.g. whether the bed net was properly demonstrated, whether steps were clearly explained for the participants, whether the message was correctly delivered, and so on.

(e) After the health education session, she should record and prepare a report. In her report, she should include the number of people who received health education, the message, the method, the materials, the problems encountered, and so on.

(f) Monitoring is the ongoing routine collection and analysis of information as activities are progressing. In monitoring, she checks whether activities are being carried out as planned.

(g) Monitoring helps her in several ways. It helps to keep the work on track, it can let you know when things are going wrong, it enables her to determine whether the resources she has are sufficient and are being well used, and to know whether she is doing what she planned to do.

The indicators in column B have been rearranged to match the correct type of monitoring in column A.

A	B
Input monitoring	Checking whether the resources needed to carry out health education are in place
Process monitoring	Checking whether health education methods are used properly
Output monitoring	The number of households reached during the health education sessions

Study Session 16

SAQ 16.1

Evaluating your own health education activities helps you in various ways. For instance, it helps you to determine the effectiveness and efficiency of your activities. In addition, evaluation helps you to improve your health education practice by learning from your successes and your mistakes.

SAQ 16.2

There are various methods you can use to evaluate your own activities — observation, interviews and focus group discussion. Based on your own requirements, each of these methods could be used in all types of evaluations (process, impact and outcome).

SAQ 16.3

(a) **Process evaluation** means assessing the process of health education implementation and how the implementation takes place. It can occur throughout your activities and can guide you to make changes to maximise your effectiveness and efficiency. **Effectiveness** refers to the extent to which the stated objectives are achieved. **Efficiency** means the extent to which the objectives are achieved with minimum resources. In other words, it refers to proper utilisation of the resources in achieving health education objectives. **Impact evaluation** refers to assessing the immediate effects of the health education activity on the people who have received health education. It is carried out at the end of health education activities. In impact evaluation you look at changes in health awareness, knowledge, beliefs and attitudes, skills or behaviours.

(b) Yes, they will help her in her future activities. For instance, she can learn from the successes and from the mistakes.

(c) She has undertaken process evaluation and impact evaluation.

(d) She has used the interview method.

(e) There are six steps in Nigist's evaluation. She has involved local people, described the activities to be evaluated, selected appropriate evaluation methods, collected data, analysed the data, and finally learnt from the evaluation findings. Nigist followed all these steps in order to evaluate her health education activities.

SAQ 16.4

The rearranged table looks like this:

A	B
Impact evaluation	Changes in attitude
Outcome evaluation	Reduced mortality
Process evaluation	How health education activities have been carried out

Study Session 17

SAQ 17.1

Advocacy is speaking up, drawing policy makers' and the community's attention to an important health issue, and if possible directing decision makers towards a solution to the health problem.

SAQ 17.2

A goal is an overall ambition, often set in the context of at least five years, and is usually likely to involve a broad spectrum of people. For example, a goal might be to reduce the incidence of malaria in your community.

An objective in health work terms needs to be SMART — specific, measurable, achievable, relevant and time-bound. In other words, it turns an overall ambition into a shopping list of just what is going to be done by when.

SAQ 17.3

The advantages of advocacy include:

- Helping your community's voice to be heard.
- Giving you information, support and services to help you make choices.

SAQ 17.4

Only statement 4 is part of what advocacy is. Although the rest may be relevant to the work of a Health Extension Practitioner, they are *not* advocacy. It is worth taking time to look at this list and be really sure that you know the difference between advocacy and other elements of health extension work.

Study Session 18

SAQ 18.1

Two of the advocacy tools you will use are as follows:

- Lobbying to influence the policy process, by working closely with key individuals in political and governmental structures, or decision makers.
- Negotiation, to reach a common position.

The stages in the development of teams, and examples of what goes on in them are matched as follows:

1(c), 2(a), 3(d), 4(b)

SAQ 18.3

The communication skills are:

- good collaboration skills
- good negotiation skills
- good consensus-building skills
- the ability to resolve conflicts.

SAQ 18.4

Steps in the advocacy process are:

1 *Identify the issue* — identify the problem that requires a policy action.
2 *Know your audience* — he people and policy makers that you are trying to influence to support your issue, e.g. parliamentarians, local officials, ministry officials.
3 *Produce a message* and identify the means for that message to be delivered.
4 *Resource mobilisation* — identify and attract resources (money, equipment, volunteers, supplies, space) to implement your advocacy campaign.
5 *Implement* your advocacy activity.
6 *Monitor and evaluate* the advocacy activities.

Study Session 19

SAQ 19.1

A *community* is a group of people who share some common interests and live within a geographically defined area; community members tend to have a common language, culture, or values and norms.

SAQ 19.2

Community mobilisation is important when tackling health issues because it has advantages such as:

- local ownership and the sustainability of the programmes
- motivating the people and encouraging participation
- building community capacity to identify and address community needs, and empowering the community
- helping to mobilise local resources.

SAQ 19.3

Here are the steps of the community mobilisation action cycle:

Step 1 Identify a significant health problem.
Step 2 Plan and select a strategy to solve the problem (conduct influential people's workshop for sensitisation on the issue).
Step 3 Identify key actors and stakeholders (village chief, Imam, heads of families, etc.)
Step 4 Mobilise these key actors and stakeholders for action (discussions and agreement on what to do and how).
Step 5 Implement activities to work towards a solution (capitalise on the sensitisation of the people in the workshop, and intensify this through various follow-up activities).
Step 6 Assess the results of the activities carried out to solve the problem.
Step 7 Improve activities, based on the findings of the assessment.

Study Session 20

SAQ 20.1

Items 3, 4 and 6 are components of effective community conversations. Diversity, and hearing many voices, as well as recognising the potency of a well-represented community all talking about and owning their health issues, are all a part of community conversations.

SAQ 20.2

Items 2, 4 and 7 involve pre-conversation (PC) work. Items 1, 3, 5 and 6 involve work that takes place during the community conversation (CC).

SAQ 20.3

The main role of the facilitator is to understand any differences in the ideas between community members, and make their discussions quick and easy. A good facilitator has a number of personal qualities. They are polite and respectful, not impatient or hot tempered, and definitely a good listener. They also have a strong sense of the rights of the group of people they work with. They share their problems, appreciate their skills and knowledge, and refrain from mentioning sensitive issues, which may offend people in the group. They do not take sides on an issue.