THE KUMASI HEALTH EDUCATION PROJECT.

HEALTH EDUCATION EXPERIENCES IN THE KUMASI DISTRICT 1991 - 1994.

ACKNOWLEDGEMENTS

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CONTENTS

AKWAABA

YOU ARE WELCOME. This manual is intended to provide ideas for approaches to health education at the district level in Ghana based on the experiences of the Kumasi Health Education Project between 1991-1994. It is not intended that this Project should be replicated but that some of the ideas and experiences may be used by DHMTs, District Assemblies, non government organisations or individuals to improve the level of health education being carried out in their districts. The manual will also be useful to health education personnel willing to try new participatory ways of working at the community level. We hope that this manual will be useful to you when planning and implementing health education programmes in your district.

READ THIS FIRST TO FIND OUT WHAT IS IN THIS MANUAL :

SECTION I provides an introduction to the Project and an overview of its methodology. Suggestions are provided about how to develop and use a district profile.

SECTION II provides details about materials development workshops I and II and the pre-testing procedure developed by the Project.

SECTION III provides details on how to set up and run a Resource centre.

SECTION IV provides an overview of the in-service training activities of the Project and the field experiences gained during these programmes.

SECTION V provides an overview of the operations research and can be used as a quick reference to the research carried out by the Project.

SECTION VI provides guidelines on the use of participatory health education

materials for health workers and teachers.

SECTION VII provides details of the in-service training workshops for public health workers, Junior Secondary School and primary school teachers.

Sections VI and VII have been presented in the format of handbooks to allow for easy reproduction and distribution to agents who wish to utilise the materials and carry out in-service training workshops.

Further details of the research listed in Section V are provided in a separate manual entitled "THE OPERATIONS RESEARCH FINDINGS CARRIED OUT BY THE KUMASI HEALTH EDUCATION PROJECT: 1991-1994."

FIELD EXPERIENCES.

Some of the experiences and lessons learnt during the Project are given as examples or small case studies under the heading "field experiences". These have been interwoven throughout the text to provide a deeper insight into the work of the Project.
For more information about the field experiences consult the specific research findings of the Project.

Copies of all materials and studies mentioned in this manual can be obtained from the Kumasi Health Education Unit.
You can contact the Unit by writing to;
The Head of the Unit
Kumasi Health Education Unit
Po Box 1916
Kumasi
Ashanti.

ABBREVIATIONS:

AHMT	*AREA HEALTH MANAGEMENT TEAM*
ARI	*ACUTE RESPIRATORY INFECTION*
AV	*AUDIO-VISUAL*
CDR	*COMMTTIEE FOR THE DEFENCE OF THE REVOLUTION*
CWC	*CHILD WELFARE CLINIC*
DHMT	*DISTRICT HEALTH MANAGEMENT TEAM*
DMOH	*DISTRICT MEDICAL OFFICER OF HEALTH*
EHO	*ENVIRONMENTAL HEALTH OFFICER*
J.S.S.	*JUNIOR SECONDARY SCHOOL*
KATH	*KOMFO-ANOKYE TEACHING HOSPITAL*
K.M.A.	*KUMASI METROPOLITAN ASSEMBLY*
MOH	*MINISTRY OF HEALTH*
NFE	*NON FORMAL EDUCATION*
ODA	*OVERSEAS DEVELOPMENT ADMINISTRATION*
OPD	*OUT PATIENTS DEPT.*
OHP	*OVERHEAD PROJECTOR*
PA	*PUBLIC ADDRESS SYSTEM*
TCO	*TECHNICAL COOPERATION OFFICER*
URTI	*UPPER RESPIRATORY TRACT INFECT*
UST	*UNIVERSITY OF SCIENCE AND TECHNOLOGY*
VHC	*VILLAGE HEALTH COMMITTEE*

SECTION I.

THE KUMASI HEALTH EDUCATION PROJECT

This Section provides as overview of the aims, philosophy and approach taken by the Kumasi Health Education Project.

A summary of environmental health conditions and epidemological data is provided for the Kumasi district to demonstrate the development of a district profile.

Based on the district profile, priorities are set where health education would be most useful.

THE KUMASI HEALTH EDUCATION PROJECT.

The importance of health education in support of water, sanitation and refuse disposal projects was recognised by the K.M.A. in their "environmental sanitation health education" proposal which recommended the establishment of a Health Education Division. An Officer of the ODA spent five months working with the KMA and the MOH to develop a health education Project. It was agreed that the Project should have the following aims;

AIMS OF THE KUMASI HEALTH EDUCATION PROJECT

A. To establish a Health Education Division staffed by trained personnel within the K.M.A..

B. To develop in-service training programmes for potential district health education personnel.

C. To design, pre-test and produce a range of participatory health education materials.

D. To carry out an operations research programme to identify appropriate health education agents and methodologies.

E. To evaluate the effectiveness of the health education materials, methods and training activities carried out by the Division.

F. To establish a Health Education Certificate Course at the Department of Community Health, School of Medical Sciences, University of Science and Technology.

Research, evaluation and documentation of the Project findings were important elements which would assist the MOH to develop strategies to strengthen health education services in Ghana. The Certificate Course was a broader aim of the Project and was intended to establish the first health education training facility in-country.

The Project was supported by the British Overseas Development Administration for a duration of three years from January 1991 to March 1994. A Health Education Adviser assisted the Project during this period. The Project had a total complement of 12 core staff members. Senior staff were the Head of the Unit, Ms Jemima Dennis, a degree nurse who completed the MSc in Health Education at the University of Edinburgh.

The Health Education Officer, Ms Beatrice Sakyi, an Environmental Health Technologist who completed the Diploma in Health Education at Manchester University.

Two Resource Officers, Mr Vincent Tay and Mr Solomon Panford who both completed the MEd in Education and the mass media at Manchester University.

The Research Assistant, Mr Peter Eduful, an Environmental Health Technologist who holds the Diploma in Primary Health Care Education from the University of London.

The Division was established as a district component of the Health

Education Division in Accra (see job descriptions).

THE HEALTH EDUCATION APPROACH

The relatively small size of the Division means that it does not have the infrastructure of field workers to work closely with community groups. The Division can work most effectively through the training and support of health workers who are already working in the community. These health education agents have a close understanding of the community in which they work and access to groups such as women and children.

The Health Education Division supports the activities of agents in the district in three ways;

RESPONSIVE- The response to a demand from the M.O.H., K.M.A., the community or other organisations. For example, the involvement of the Division in a national campaign initiated by the MOH such as HIV/AIDS.

JOB DESCRIPTION

TITLE: HEAD OF THE UNIT

EMPLOYER: MINISTRY OF HEALTH

The Head of the Unit will work with the Technical Cooperation Officer to establish the Kumasi Health Education Project and to design/implement future health education programmes. He/she will report to the District Medical Officer of Health. He/she must complete the MSc in Health Education which will require a one year period of study in the U.K.. The Head of the Unit will work closely with other members of the Division but will assume overall responsibility for their management and for planning health education activities. He/she may be required to assist with the Certificate in Health Education at the Department of Community Health, UST.

In particular his/her duties will include;

- Preparation and periodic updating of the short-term and long-term profiles for the Kumasi Health Education Project.

- Design and implementation of health education and training programmes.

- Management of the Division personnel.

- Financial and administrative control of the Division within the K.M.A..

- The coordination and submission of progress and financial reports.

QUALIFICATIONS

The Head of the Unit should hold a 1st Degree in Social Sciences or a health discipline.
Experience in the design and implementation of health education programmes is preferred.
He/she should be fluent in both written and spoken English and in Twi an advantage.
He/she should have at least two years experience in their own field of work and preferably some experience in health education.

JOB DESCRIPTION

TITLE : HEALTH EDUCATION OFFICER

EMPLOYER: MINISTRY OF HEALTH

The Health Education Officer will be responsible for the implementation of health education and training programmes conducted by the Division. He/she will be responsible to the Head of the Unit and must report on a regular basis to this person. He/she will work closely with the Health Education Assistants and must coordinate their activities whilst in the field. The Health Education Officer must complete a Diploma in Health Education, which will require him/her to spend a 12 month period in the U.K.. He/she will acquire the necessary practical experience by working closely with the Head of the Unit and the Technical Cooperation Officer, enabling him/her to assume increasing responsibility for his/her duties.

In particular his/her duties will include;

- Assistance with the development of the research element of the Division.

- The planning and implementation of health education and training programmes.

- Coordination of the health education activities of the HEAs.

- Collaboration with other departments and organisation such as Health Services Research Unit.

- The monitoring and reporting on health education activities.

- The coordination of data for progress report purposes.

QUALIFICATIONS

The Health Education Officer should hold a Diploma in Public Health or other health discipline.
He/she should have experience in the implementation and planning of health education programmes and practical experience in their own field of work.
He/she should be fluent in both written and spoken English and in Twi.

JOB DESCRIPTION

TITLE: RESOURCE OFFICER

EMPLOYER: MINISTRY OF HEALTH

The Resource Officer will be responsible for the coordination and organisation of health education materials and equipment situated in the Resource Centre. He/she will complete MSc in Communication and Mass Education which will require a one year period of study in the U.K. and will attend workshops and courses in-country. He/she will work closely with the Health Education Officer and Health Education Assistants in the design and production of materials and will correctly maintain the Resource Centre library. He/she will be responsible to the Head of the Unit and will assist in the development and implementation of health education programmes.

In particular his/her duties will include;

- Assist in the Planning, design and production of health education materials.
- The management of the Resource Centre.
- The periodic updating of materials and resources in the Resource Centre.
- The demonstration of the use of audio-visual equipment.
- The development of health education materials for use in the research element of the Division.

QUALIFICATIONS

The Resource Officer should have a 1st Degree in graphic design or have considerable artistic ability.
He/she should have knowledge of audio visual equipment.
He/she should have an understanding of the design and production of health education materials.

JOB DESCRIPTION

TITLE: HEALTH EDUCATION ASSISTANT

EMPLOYER: MINISTRY OF HEALTH

The Health Education Assistant will be responsible for the implementation of health education and training programmes conducted by the Division. He/she will establish and maintain a good working relationship with the target populations in the community for the purpose of carrying out health education. He/she will be expected to utilise the materials and resources made avaliable to him/her for health education. He/she will collaborate with the Health Education Officer and Resource Officer for the implementation of programmes.
He/she will be responsible to the Health Education Officer and will receive in-service training requiring him/her to attend workshops in health education.

In particular his/her duties will include;

-The implementation of health education and training programmes.

-The preparation and testing of health education and training materials.

-Monitoring and reporting on aspects of health education programmes.

-The utilisation of health education materials and the training of others to use these facilities.

QUALIFICATIONS

The Health Education Assistant should have experience in health education and training programmes. He/she should have a health or sociology related qualification. He/she should be fluent in English and Twi and in Hausa is an advantage. He/she should have experience of working with other health professionals and members of the community.

JOB DESCRIPTION

TITLE: RESOURCE OFFICER

EMPLOYER: MINISTRY OF HEALTH

The Resource Officer will be responsible for the coordination and organisation of health education materials and equipment situated in the Resource Centre. He/she will complete MSc in Communication and Mass Education which will require a one year period of study in the U.K. and will attend workshops and courses in-country. He/she will work closely with the Health Education Officer and Health Education Assistants in the design and production of materials and will correctly maintain the Resource Centre library. He/she will be responsible to the Head of the Unit and will assist in the development and implementation of health education programmes.

In particular his/her duties will include;

- Assist in the Planning, design and production of health education materials.
- The management of the Resource Centre.
- The periodic updating of materials and resources in the Resource Centre.
- The demonstration of the use of audio-visual equipment.
- The development of health education materials for use in the research element of the Division.

QUALIFICATIONS

The Resource Officer should have a 1st Degree in graphic design or have considerable artistic ability.
He/she should have knowledge of audio visual equipment.
He/she should have an understanding of the design and production of health education materials.

JOB DESCRIPTION

TITLE : RESEARCH ASSISTANT

EMPLOYER : MINISTRY OF HEALTH

The Research Assistant will be responsible for the implementation of the research element of the Unit. He/She will work closely with the Health Education Officer and the Technical Cooperation Officer to design and carry out research proposals.

He/she will be responsible to the Head of the Unit to implement the research element. He/She will receive in-service training requiring him/her to attend workshops, seminars and conferences in Ghana.

In particular his/her duties will include;

1. To design and prepare research proposals

2. To implement the research through the collection and analysis of data.

3. To document the findings of the research.

4. To liaise with the Health Services Research Unit and other organisations on the findings of the research.

5. To participate in workshops and seminars and if necessary to present papers on the findings of the research.

QUALIFICATIONS

The Research Assistant should hold a 1st degree or post graduate Diploma in Social Sciences or a health discipline.
Experience in the design and implementation of research proposals would be an advantage.

PROACTIVE- Activities initiated by the Division based on district needs following the collection and analysis of information included in the District Profile.

REACTIVE- Reacting to an unexpected demand or emergency. For example, a communicable disease outbreak in the K.M.A. such as cholera.

FIELD EXPERIENCE

The findings of a summary document called "A guide to beliefs and practices concerning health in the Kumasi metropolis" showed that people were aware of many health issues and received their information through mass media sources such as radio, T.V. and newspapers. The study group were found to have a poor understanding about the causal links and routes of transmission which can lead to ill health. The lack of clear information had also resulted in the formation of many misconceptions and negative attitudes amongst the community and the health workers.

JOB DESCRIPTION

TITLE: HEALTH EDUCATION ASSISTANT

EMPLOYER: MINISTRY OF HEALTH

The Health Education Assistant will be responsible for the implementation of health education and training programmes conducted by the Division. He/she will establish and maintain a good working relationship with the target populations in the community for the purpose of carrying out health education. He/she will be expected to utilise the materials and resources made avaliable to him/her for health education. He/she will collaborate with the Health Education Officer and Resource Officer for the implementation of programmes.
He/she will be responsible to the Health Education Officer and will receive in-service training requiring him/her to attend workshops in health education.

In particular his/her duties will include;

-The implementation of health education and training programmes.

-The preparation and testing of health education and training materials.

-Monitoring and reporting on aspects of health education programmes.

-The utilisation of health education materials and the training of others to use these facilities.

QUALIFICATIONS

The Health Education Assistant should have experience in health education and training programmes. He/she should have a health or sociology related qualification. He/she should be fluent in English and Twi and in Hausa is an advantage. He/she should have experience of working with other health professionals and members of the community.

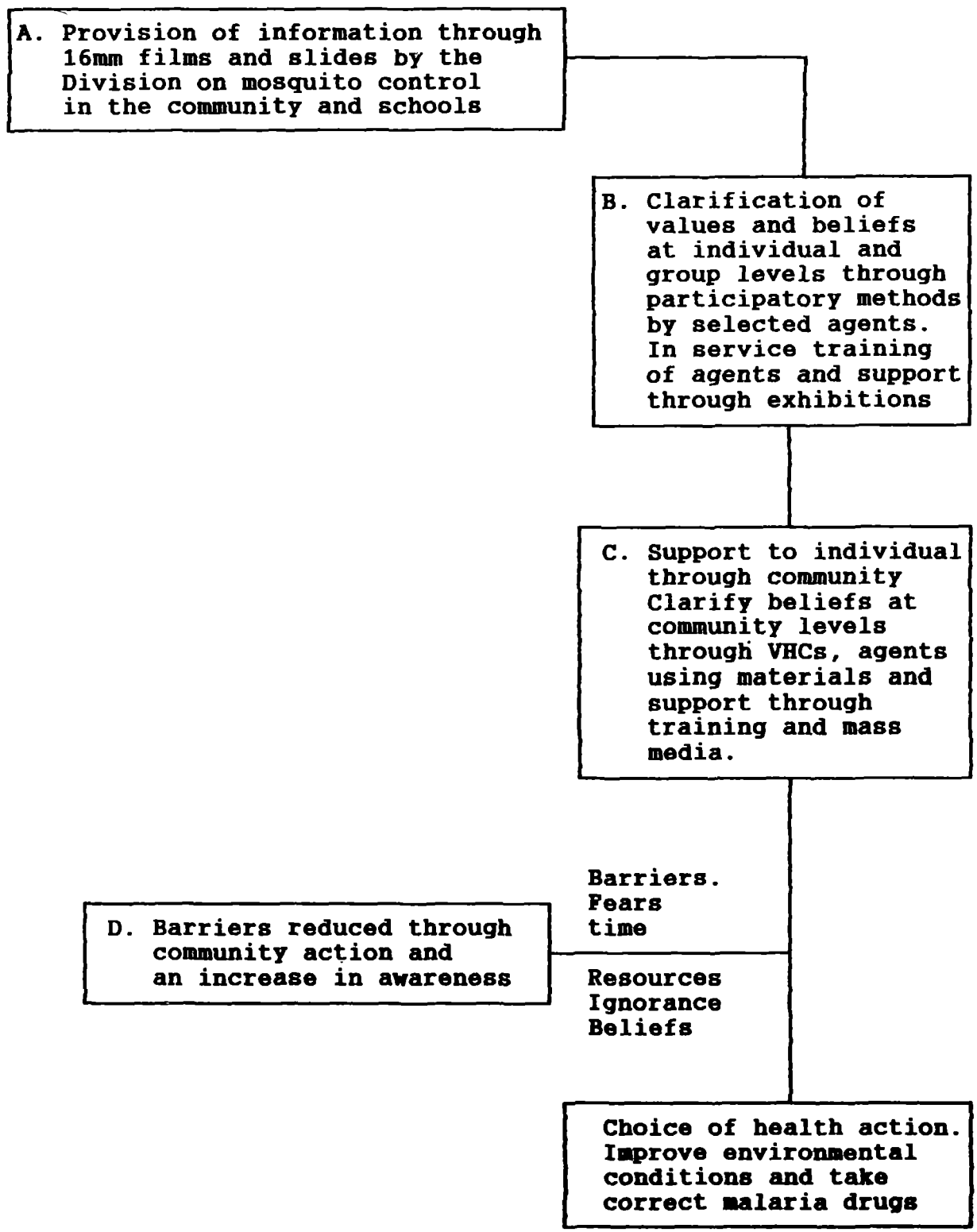
The health education methods and materials developed by the Division were concerned with both the learner-centred participatory approach and a didactic style of education. The didactic style of education is a content focused approach in which information is passed directly to the learner sometimes assisted by visual aids on specific subject areas. The participatory approach engages learners in problem solving and is focused on developing their abilities and skills to diagnose and solve their problems. The health education agent merely facilitates a process of competency building for learners, whose needs, experiences and goals are the focus of the education. The two strategies are complementary where the learner centred approach forms the foundation onto which messages and information are disseminated effectively through a didactic approach. Both strategies lead to the self-empowerment of the learner. Participatory techniques build on the problem solving ability and

self confidence whilst the didactic style is necessary to assist the learner to make informed decisions.

A SELF EMPOWERMENT APPROACH

The self empowerment approach used by the Division aims to empower individuals and groups to modify their environment to allow a choice of health actions. The self-empowerment approach was supported by the Division through developing a range of materials which focus on the strengthening of abilities to analyze and solve problems and to increase awareness levels about specific subject areas. In-service training for those personnel who use these materials in the community and schools was provided by the Division and their activities were supported by the Resource Centre. Empowerment also requires a choice of actions on the part of an individual and groups. Collaboration with the CDRs, Assemblymen, chiefs and other groups in the community was an important element to foster support. To illustrate the self-empowerment approach an example is

THE SELF EMPOWERMENT APPROACH TO HEALTH EDUCATION
DIAGRAM 1. INTERVENTION: MOSQUITO CONTROL.



provided of a health education intervention on mosquito control (diagram 1).

A. Information was directed at school children and the community on mosquito control through teachers and Environmental Health Officers.These agents were supported through the use of mass media techniques such as 16mm films and slide shows on malaria control by the Division. The organisation of activities in the community was carried out in collaboration with the Village Health Committees.

education and exhibition boards were provided at the clinics serving the community. Workshops were carried out for the VHC members to encourage their activities in the community. The performance of the VHCs was determined before, during and after the intervention by the number of meetings held, attendance, level of decision making, level of decision implementation and a self-assessment of their performance.

The VHCs revealed that they encountered the following problems during the intervention;

1. Insults and assaults from community members.
2. Lack of incentives for VHC members.
3. Lack of I.D. card hinders their work.
4. Community do not obey local bylaws.

The VHC members made the following suggestions to improve this situation;

1. More cooperation from the CDRs and village elders.
2. Court action against offenders.
3. Provide I.D. cards.

4. Continued education programmes in the community.

The findings of the pilot study concluded that VHCs can provide a useful channel to disseminate information and to mobilise the community particulary on matters of sanitation. However, VHC members often imitate the role of EHOs and fine community members for sanitary offences even though this can result in insults and assaults. This behaviour is necessary to provide funds for the VHC but does not rest favourably with the community. Therefore, VHCs require more incentives than they are presently receiving to enable them to perform their functions such as I.D. cards, free medical care and support through training and educational programmes.
VHCs are sensitive to political factors such as land disputes. They can become demoralised if support is not provided from the CDRs and local elders. VHCs were found to receive little support from the Area Health Management Teams

and this should be inproved through the District Health Management Teams.

B. The clarification of values and beliefs at the individual and group level was carried out through the use of participatory methodologies developed by the Project on mosquito control. Information was provided on the environmental control and correct treatment for malaria through these materials. The Division provided in-service training to health workers and teachers on the use of these materials and follow-up health education activities in the community and schools such as exhibitions to display information on mosquito control and talks to pupils and community members by the Division staff.

C. The clarification of values and beliefs through participatory methods will increase the self esteem and confidence of individuals and groups. However, the influence of the family,

peer groups and society must support the informed decisions of individuals before health actions can take place. Community support was encouraged through mass education techniques. The cooperation of the VHCs was encouraged through training workshops held by the Division.

D. Mobilisation of the community will be one way to help reduce certain barriers. Barriers such as fear or ignorance will be reduced through the increase in knowledge and self-confidence promoted by the participatory techniques and the didactic educational styles.

It was noted that during the intervention the community members and pupils began environmental control measures to destroy the breeding places of mosquitoes such as cleaning storm drains, weeding, covering water barrels and arranging for the spraying of their community with insecticides.

The effective training of selected health education agents, their correct utilisation of the participatory materials and the support of community groups are essential elements of the self-empowerment approach. Operations research has been carried out to evaluate the self empowerment approach and is presented in a separate manual entitled " The operations research findings carried out by the Kumasi Health Education Project: 1991-1994".

THE DEVELOPMENT OF A DISTRICT PROFILE

Every year the DMOH and the Head of the Health Education Unit develop a District Profile which identifies the main causes of morbidity and mortality of the previous year. The profile contains other general information about the district and its health status, for example the available health facilities, a summary of public health conditions or data on specific outbreaks such as cholera. Information regarding morbidity

and mortality in the district is based on data presented at Out Patients Departments. Under reporting or misdiagnosis of illnesses and the widespread use of private health facilities and traditional forms of treatment, mean that such data can only give a partial picture of health trends in the district. The DMOH relies on the availability of health data when structuring the document. Record keeping and accurate data collection are important for future profile development and need to be fostered by the DMOH through the DHMT. The profile is a very useful document and is specific to the needs of the district. The profile will allow planners and educators to develop programmes specific to the local health requirements of the population. However, health conditions in the Kumasi district are common to other urban/peri-urban populations living in a tropical developing country. The following example of the headings which were used to develop the Kumasi District Profile

for 1992 may therefore be used as a guide to other districts.

PROFILE FOR THE KUMASI DISTRICT: 1992

INTRODUCTION

The Kumasi district has a diverse population of rural and Urban communities compiled of immigrants from every region in Ghana and the indigenous Ashanti population. 22% of the population are Moslem and 70% are of Christian affiliation. Kumasi is the second largest city in Ghana and is the regional capital of the Ashanti Region. Kumasi has an estimated resident population of 600,000 with an annual growth rate of 2.5%. There is also an estimated daily influx of 200,000 traders into the 8000 stall market which is one of the largest in Africa. Kumasi is also an industrial centre in timber processing, brewing, soap manufacturing and light engineering. The K.M.A. covers an area of 150sq km and is made up of 4 sub districts, Bantama, Subin, Asokwa

and Manhyia. The climate is typically wet equatorial with two wet seasons and two dry seasons.

A SUMMARY OF ENVIRONMENTAL HEALTH CONDITIONS

HOUSING CONDITIONS

Living conditions in Kumasi are extremely crowded. 59% of all households live in an apartment building with other households and 90% of all households live in a single room. Average household size is 4.5 persons. Over 55% of households live in buildings with more than 10 households. There is no room for people to cook, wash or bathe in their single rooms so most activities take place in the courtyard.

WATER SUPPLY

82% of households have access to pipe borne water supply but the vast majority share the connection with other households living in the same compound. On average one connection is shared by 10 households or 46 persons. The quality and supply of water is good— however water has to be transported, stored and

used away from the source of supply and this can lead to contamination.

SANITATION

40% of households use public latrines because they have no private facilities in their compound. Public latrines are the second most commonly used form of sanitation but these are very old, in poor condition and only 13% in a neighbourhood area have a tap for hand washing. Only 10% of waste is annually removed from the metropolis. Refuse remains uncovered and uncollected for long periods and there is much indiscriminate tipping. This leads to nuisances from odours and pests.

MORBIDITY AND MORTALITY

The most common causes of morbidity presented at OPD for 1992 were malaria, Upper Respiratory Tract Infections, diarrhoeal diseases, accidents and hypertension. Infections of the ear, nose and throat were also prevalent (see table 1).

TABLE 1 THE TEN COMMONEST CAUSES OF MORBIDITY PRESENTED AT OPD INCLUDING KATH AND UST - 1992

	DISEASE	CASES	% OF TOTAL
1	MALARIA	126,962	56.36
2	U R T I	27,943	12.4
3	DIARRHOEA	18,445	8.18
4	ACCIDENTS	11,100	4.9
5	HYPERTENSION	9,114	4.0
6	DISEASES OF ORAL CAVITY	8,211	3.64
7	MEASLES	6,606	2.93
8	EAR INFECTIONS	6,177	2.74
9	SKIN CONDITIONS	5,497	2.44
10	PREGNANCY	5,177	2.29

The most common causes of admission into hospital for 1992 other than maternity cases were anaemia, malaria and pneumonia. The main hospitals take outpatients from outside the district, however, this information provides an indication of the general trends of morbidity (see table 2). The most common causes of mortality in the district for 1992 were pneumonia, meningitis, cerebro-vascular disease, anaemia and nutritional deficiencies (see table 3).

2. IMMUNISATION PROGRAMMES

Immunisation returns for the Kumasi district from 1989 to 1992 for BCG, OPV3, DPT3 and TT2 do not show an overall trend (see table 4). The uptake rate varies, sometimes quite dramatically, from year to year.

The main reasons for coverage rates being below the anticipated target were;

1. The wastage of vaccines due to breakage and improper cold storage.
2. Low awareness of mothers regarding the benefits of immunisation.

TABLE 2 - THE TEN COMMONEST CAUSES OF ADMISSIONS IN 1992 IN THE KUMASI DISTRICT

Apart from maternity cases taking 57% of all admissions for the year, the other top cases were as follows.

	DISEASE	NO. OF CASES	% OF TOTAL
1	ANAEMIA	5827	21.5
2	PNEUMONIA	1922	7.1
3	MALARIA	1457	5.4
4	GYNAECOLOGICAL DISORDERS	671	2.5
5	MEASLES	422	1.6
6	DIARROHEAL DISEASES	372	1.4
7	ABDOMINAL HERNIA	333	1.2
8	CEREBROVASCULAR DISEASES	324	1.2
9	MALNUTRITION	307	1.1

TABLE 3 - THE TEN COMMONEST CAUSES OF DEATH REPORTED AT KATH, UST AND CWC IN 1992

	DISEASE	NO. OF DEATHS	% OF TOTAL
1	PNEUMONIA	194	18.5
2	MENINGITIS	178	17.0
3	CEREBROVASCULAR DISEASE	161	15.3
4	ANAEMIA	140	13.3
5	MALNUTRITION	81	7.7
6	LIVER CONDITIONS	62	6.0
7	HEART DISEASE	61	5.8
8	MALARIA	60	5.7
9	KIDNEY DISEASE	58	5.5
10	LIVER CANCER	55	5.2
TOTAL		1050	100

TABLE 4 - IMMUNISATION COVERAGE FOR KUMASI 1989 - 1992

VACCINE	% COVERAGE OF TARGET POPN. 1989	% COVER OF TGT POPN. 1990	% COVER OF TGT POPN. 1991	% COVER OF TGT POPN. 1992
BCG	70	103	104	95
MEASLES	52	74	62	63
DPT3	56	84	73	61
OPV3	57	75	72	63
TT2	27	15	5	6.9

3. Fear of immunisation by mothers and time restrictions when children needed to be taken for vaccination.
4. Poor relationship between health workers and mothers.

FIELD EXPERIENCE

The Kumasi Health Education Project has carried out an "Investigation of the acceptability of measles immunisation in selected communities in the Kumasi district". The study found that the major influences on immunisation uptake were;

* Misconceptions about immunisation.
* Fear
*Poor relationship with health personnel.
*Beliefs about the nature of the disease.
*Side effects of the immunisation.
*Experience of children contracting measles after immunisation.
*Lack of money and time.
*The distance to immunisation site.

Recommendations based on the findings were;

** The fact that measles immunisation is given at 9 months must be incorporated into health education messages.*

** The benefits of immunisation must be promoted in accordance with the mothers' own perceptions, ie, it allows the mother time to do other things as well as making the child strong.*

** Mothers must be made aware of the short-term and benign effect of immunisation in order that they are not put off as a consequence.*

** Communication skills should be directed at nurses who should be allowed to discuss the problems facing them at work, ie, large numbers of attending mothers.*

3. NUTRITIONAL PROBLEMS

Figures for 1992 show that a total of 4599 attendants were identified at the malnutrition and outreach clinics as having a poor nutritional status (see table 5).

4. HIV AND AIDS

The spread of HIV is a growing problem in the district and in particular people amongst the age group 20 to 39 years (see table 6). The number of cases has moved from predominantly female to male. It was felt that prostitutes initally introduced HIV into Ghana and from this resevoir has spread rapidly into the male population.

FIELD EXPERIENCE

A "Summary of AIDS Knowledge Attitude and Practice studies in Ghana 1988-1991" was carried out by the Project and showed a high degree of awareness about the HIV problem in Ghana but also the existence of many misconceptions. The most important sources of information were the mass media which did not allow many of the sensitive issues associated with AIDS to be clarified. Misconceptions were found to exist in both the general public and health workers. Health workers did not have a clear understanding of the HIV virus and most beliefs were based upon the

TABLE 5 - ATTENDANCE AT MALNUTRITION CLINICS - 1992

NUTRITIONAL STATUS	TOTAL CASES	% OF TOTAL CASES
KWASHIORKOR	1772	38.5
MARASMUS	1145	24.9
MARASMIC - KWASHIORKOR	897	19.5
OTHERS	785	17.1
TOTAL	4599	100

TABLE 6 - THE NUMBER OF REPORTED CASES OF AIDS IN KUMASI BY AGE/SEX 1992

AGE GROUP	MALE	FEMALE	TOTAL
<1	-	1	1
1 - 4	3	3	6
5 - 14	1	-	1
15 - 19	0	6	6
20 - 29	34	82	116
30 - 39	53	81	134
40 - 49	23	39	62
50 - 59	10	16	26
60+	2	4	6
TOTAL KNOWN CASES	233	125	358

knowledge of the way in which other viruses are transmitted. The studies showed that people believed the disease was curable and did not understand the way HIV was transmitted. This resulted in negative attitudes towards people with the disease. There was a tendancy to identify AIDS with high risk groups such as prostitutes and promiscuous people.

The study group did not relate promiscuity with a high number of partners and young people did not feel they have to wait until adulthood before starting sexual relationships.

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5. SCHOOL HEALTH

In 1989 a survey of school health found that the five most common causes of poor health in children were;

1. Dental caries 2. URTI
3. Ringworm 4. Intestinal worms
5. Headlice

In 1991 4,682 school children were examined for infectious yaws and 9 cases were diagnosed. However, at the Yaws

Treatment Centre a total of 589 cases were diagnosed and treated in 1991.

6. SPECIFIC HEALTH PROBLEMS: GUINEA WORM

It may be useful to include brief information about specific health problems in your district for future reference. Guinea worm is a peripheral problem in the Kumasi district. In 1992 21 new cases were reported. All cases were traders or drivers conducting business in the Northern Regions where guinea worm is endemic.

7. CHOLERA

The almost annual outbreak of cholera provided a total of 969 cases and 21 reported deaths in 1991 (see table 7).

HEALTH FACILITIES

The utilisation of health facilities in Kumasi is the same as in most developing countries, one of medical pluralism, ie. both modern and traditional health resources are used either alternatively or in combination. Modern medical facilities and drugs are avaliable from the hospitals, clinics and pharmacies. Traditional healers and herbalists are

TABLE 7 - DISTRIBUTION OF REPORTED CHOLERA CASES
NO. OF CASES REPORTED 1991

MONTH	MALE ADULTS	FEMALE ADULTS	CHILDREN	TOTAL	DEATHS
JULY	215	224	199	638	15
AUGUST	43	73	25	141	3
SEPTEM-BER	50	49	24	123	2
OCTOBER	15	23	8	46	-
NOVEMBER	8	8	1	17	1
DECEMBER	2	1	1	4	-

estimated to be far more accessible in terms of number and cost to the population than modern practitioners. There are 5 polyclinics, 1 large hospital, private hospitals and numerous unregistered maternity homes in the district.

AREAS WHERE HEALTH EDUCATION WOULD BE MOST EFFECTIVE

From the information presented in the District Profile those areas which may be addressed through health education programmes can be identified, for example;

* Environmental influences such as poor public health conditions, ie. inadequate water supply and sanitation.
* Lifestyle or behavioural influences mainly related to a low level of awareness about the causes of ill-health and the steps which can be taken to prevent certain diseases such as diarrhoea and malaria.
* The lack of appropriate health care facilities such as improper cold storage for vaccines.

The poor socio-economic communities who live in the worst environmental conditions and who have the lowest levels of awareness would benefit most from a health education programme.

The epidemiological data can be used to justify a set of priorities for health education programmes. This can be based on the main causes of morbidity and mortality and on those areas were health education can be most effective. For example, the following health education programmes were developed based on the 1992 Kumasi district profile;

1. The causes and prevention of malaria.
2. The prevention and management of diarrhoeal diseases.
3. The prevention of round worm infection in primary school children.
4. The prevention of HIV infection including the control of transmission in clinical workplaces.
5. The identification of early signs and symptoms of ARI, measles and dehydration.

6. *The prevention of childhood accidents.*
7. *The prevention and management of hypertension.*

Specific target groups were selected for these programmes such as women and school children who are often responsible for domestic hygiene and the care of younger children and the sick.

SECTION II.

THE MATERIALS DEVELOPMENT WORKSHOPS

Section II provides details about the development of participatory health education materials and the field experiences gained by the Project.

THE MATERIALS DEVELOPMENT WORKSHOPS

A range of health education methodologies and materials can be designed and prototypes produced through a series of workshops before being pre-tested. The materials developed are introduced to selected agents as part of the in-service training programmes detailed in section VII of this manual. Materials development is carried out in four stages;

1. The preparatory stage to identify methodologies and to provide ideas for the content of materials.
2. A period of material design and prototype production.
3. A follow-up workshop to review the materials designed and a period of modification.
4. The pre-testing procedure.

THE PREPARATORY PHASE

FOCUS GROUP DISCUSSIONS

Representatives of the selected health education agents, resource personnel and

facilitators are brought together in a focus group discussion to identify the most appropriate methodologies for the health education materials. The Project has identified public health workers, teachers, church groups, Non Formal Education facilitators and Village Health Committee members as suitable health education agents.

The resource personnel and facilitators will observe the working conditions of the agents prior to the focus group discussions. The focus group will discuss the requirements of the agents under the following headings;

1. LOGISTICS: The logistical problems of organising a health education activity, such as size of target audience, facilities (tables, chairs), time, environment, work load, opportunity to carry out activity, transient nature of the target audience.

2. MATERIAL REQUIREMENTS: The requirements of the agents for the materials, such as size, colour, durability, preferred methodology

(didactic, participatory, one to one). and the objectives of the materials (increase in awareness, participatory, skills development).

3. THE TARGET AUDIENCE: The identification of the target audiences with whom the agents are working, for example, market women, mothers, community members, school children.

4. IN SERVICE TRAINING: The purpose of in-service training and the logistics involved such as duration, venue, transport, refreshment, equipment, dates etc.

The information received from the focus group discussions allows the facilitators to pre-select methodologies which would be appropriate for the agents. Guidelines for the use of methodologies are provided in Section VI and will assist readers with the selection for materials development workshops. The development of two materials selected for health workers, 3 pile sorting cards and flash cards, are

used as an example of the materials development procedure.

3 pile sorting cards can be used to increase awareness about specific subject areas and to assess the existing knowledge of a group. Flash cards can be used to provide specific information to a variety of target groups in a pictorial format (see section VI for details).

MATERIALS DEVELOPMENT WORKSHOP I

OBJECTIVES OF THE WORKSHOP

*To provide information and ideas for the content of flash cards for community health workers.

*To provide information and ideas for the content of 3 pile sorting cards for community health workers.

The materials development workshop is one day in duration and the participants are from selected health education agents (8), resource personnel (2) and facilitators (2).

EXERCISES 1 and 2: THREE PILE SORTING CARDS

For exercise 1 the workshop participants will be asked to divide themselves into two equal sized groups with mixed professional background. One facilitator and resource person will attend each group. Each group will be asked to identify appropriate messages and pictorial content of 25 cards, for a specific subject area, which may be sorted into three categories of good, bad and in-between. There are to be no right or wrong answers but the pictures should require thoughtful analysis of the situation before determining into which pile the card is placed. A procedure to assist the participants to develop the 3 pile sorting cards will be given to each group as guidelines.

GUIDANCE TO WORKSHOP PARTICIPANTS FOR EXERCISE 1 AND 2

Workshop participants may wish to use the following guidelines for the development of 3 pile sorting cards in exercise 1 and 2. Alternatively, participants may decide to use their own

approach in the development of these materials.

1. Firstly choose one of the headings under which the cards are to be placed, for example, good, bad or in-between.
2. Brain storm amongst the group to produce as many ideas as possible for this heading according to the subject area.
3. Select those ideas which you feel could be most appropriately developed into the picture cards (you will need 25 in total).
4. For each of the cards provide a brief description and/or a sketch of the picture. Use the artists to assist in providing sketches.
5. Repeat this procedure for the other two headings.

Exercise 2 will be a repeat of the above procedure using different subject areas for each group. Each group will be asked to present their ideas at the end of each exercise. 3 pile sorting cards for the subject areas of family planning,

water supply, diarrhoeal diseases, malaria control and food hygiene have been developed using this methodology by the Kumasi Health Education Project.

EXERCISE 3: FLASH CARDS

For exercise 3 the participants will be asked to divide themselves into two groups according to preference. One facilitator and resource person will be assigned to each group. Each group will be asked to develop ideas for a set of ten or fifteen flash cards for a specific subject. The groups will present their ideas at the end of each exercise and discuss which pictures would be most appropriate. More than one set of pictures may be developed. Ideas may be presented as either brief descriptions of each picture or as a sketch diagram. The artists will be available to assist and advise the participants. The message for each card and any relevant information that can be printed on the rear of the material as a reference for the agents should also be determined by the group.

2. PERIOD OF MATERIAL DESIGN AND PRODUCTION

The actual pictorial design and prototype production of the 3 pile sorting cards and flash cards will take place over a period of ten days by the workshop artists. It may be necessary to employ other artists for this period to complete the prototype materials.This period of design and production will include collaboration between the artists and facilitators to refine the methodology and materials.

MATERIALS DEVELOPMENT WORKSHOP II

The second one day workshop will be carried out to examine the materials developed from workshop I, using the same participants. This will allow the prototype materials and messages to be further developed before pre-testing in the community.

OBJECTIVES OF THE WORKSHOP

*To further develop the prototype materials used for three pile sorting cards and flash cards.

EXERCISE 1 — THREE PILE SORTING CARDS

The participants will work in the same groups as for workshop I. For exercise 1 the workshop participants will be instructed to firstly examine the 3 pile sorting cards which were produced from the information they gave in workshop I and should alter, remove or add to the cards as they feel is necessary.

Each group will work with one of the workshop artists who will make the necessary alterations. The groups will then exchange cards and be instructed to carry out the 3 pile sorting card exercise to examine the other group's ideas. A presentation by each group about the suitability of their cards will be given after exercise 1.

EXERCISE 2. THREE PILE SORTING CARDS

For exercise 2 each group will be given a different set of cards for one of the subject areas and asked to carry out the 3 pile sorting cards exercise as described in exercise 1.

Two volunteers in each group will study and sort their cards into three piles:

Good, Bad and In-between, according to the subject area. Participants will be encouraged to consult with the other members of the group and may if necessary change the classification of the card concerned. Each group will give a presentation of the suitability of the cards according to the subject area.

EXERCISE 3. FLASH CARDS

For exercise 3 the participants will be instructed to divide themselves into the same two groups as for workshop I. Each group will examine and change where necessary the set of pictures produced by the artists from the information provided in workshop I. The flash cards will be exchanged between the two groups and examined to determine if the pictorial content and messages are appropriate to the intended target group. The groups will be invited to present their conclusions during a presentation session using the pictures to illustrate the main points.

There is a final period of material modification and finishing of pictorial content following the second workshop by the artists prior to pre-testing.

THE PRE TESTING PROCEDURE

Materials are pre-tested to ascertain pictorial accuracy, personal relevance, comprehension of messages, the appropriateness and understanding of methodologies. For established methodologies the field-test is mainly concerned with the visual accuracy and message content. Prototype materials enter a phase of field-testing and further modification before production. A focus group of artists and health workers are employed to review the materials after each pre-test. The quality of information obtained during the pre-testing of materials will depend largely on the facilitator who should try to be perceptive, patient and encourage participation.

STEP 1

The first pre-test uses pencil sketch prototypes. Personnel carrying out the

field-testing are recommended to follow the procedure given below;

Select the target group.

Two/four facilitators should be used in pre-testing. One/two to facilitate the group the other(s) to observe and take notes.

Divide the population into small groups of no more than 12 persons and give a brief explanation of the exercise or material.

Whilst the facilitator conducts the exercise the observer should make a note of the level of interest, participation, enjoyment and understanding.

At the end of the exercise feedback should be sought from the group in a plenary session about pictorial content, personal relevance, visual accuracy, size and the good and bad points of the materials.

The facilitators should make an appraisal of the pre-testing and present a short report.

The observations should be discussed with the artist and focus group as soon

as possible whilst the actual events are still in the minds of the facilitators.

STEP 2

Meeting held with the focus group to discuss the reaction of the target group observed by the facilitators. The facilitators are to provide a short report to record the pre-test and this information is used to produce prototype 2 materials.

Reporting is intended to provide a record of the pre-testing procedure, an accurate description of the responses of the community and useful comments and recommendations from the facilitators. The following guidelines are recommended for the format of pre-test reports;

*The report should be short (approximately one A4 sheet) and include the following headings;

1. Title
2. Material pre-tested
3. Number of participants, sex, age(range)
4. Date
5. Name of village/community
6. Facilitator

DESCRIPTION OF EXERCISE

A brief description for each picture of the material being pre-tested and the account given by the participants. Use a simple method of identification so that the focus group can relate the report to the material being tested. i.e. picture 1, 2, 3, etc.

GENERAL OBSERVATION

General observations should be noted and must include the level of interest, participation, enjoyment, problems of organisation, venue, suitability, time delays etc.

SPECIAL COMMENTS

Any special comments by the facilitators or participants about the exercise such as venue, time, date.

RECOMMENDATIONS

Recommendations by the facilitators regarding appropriate or further actions such as changes to design/pictorial content or written content of material, rescheduled pre-testing dates or target group.

STEP 3

The prototype 2 materials are produced in ink which allows the artist to include more detail and clarity. The material is pre-tested using the same procedure.

STEP 4

The focus group meets to discuss the pre-test report presented by the facilitator(s) after pre-testing prototype 2. The pre-testing procedure is repeated at the prototype 2 stage until the group is satisfied that content and messages are being accurately transferred by the material.

STEP 5

The material is pre-tested as the final product by adding colour with the intended target population under exactly the same conditions as will be carried out by the health education agents.

STEP 6

The focus group meets to discuss the pre-test report and if necessary to make final modifications. Production of the material can then be carried out.

FIELD EXPERIENCES

THE ARRANGEMENTS OF VENUES FOR PRE-TESTING

*Organisation of the community was the most time-consuming part of the pre-testing exercise. This was made more difficult because of the necessity to select a different community for each pre-test to prevent participants from becoming familiar with the materials during the pre-testing period.

GROUP PARTICIPATION

*Participatory methodologies are designed for a maximum group size of 12 persons. The large numbers of people who congregate during the pre-testing exercises have to therefore be carefully supervised. For each pre-test two or three groups of 8-12 persons were selected and given an explanation about the exercise. The remaining community members were supervised so that they could not interfere with the participants.

*It was observed that occasionally one articulate or dominant member of the group would prevent others from participating. The facilitator should ensure that group members are encouraged to participate.

*Facilitators preferred to carry out the pre-testing of methodologies in a team of four people. This allowed better supervision of the community and the group exercises.

REPORTING

Reports should include enough details to allow a focus group to evaluate the effectiveness of the material for a given target population. The facilitators should be present when the report is discussed to provide additional details and explanation about their observations. A copy of the pre-tested material and a simple method of identification in the report will allow the group to relate the two together.

MATERIALS PRODUCTION

Final production can be carried out when the focus group is satisfied that the

content and messages are being accurately transferred by the material. A time period of up to 3 months should be allowed for field-testing, colour separation, production of plates/screens and printing. Consultation may be necessary at the separation and printing stages and it is advisable to have ready access to the printers to avoid delays. The following experiences were found to reduce costs and improve durability of graphic materials;

*Using colour tones at the colour separation stage can reduce costs without reducing quality.

*Using metal or plastic spines to bind materials ie. flash cards.

*Providing a gloss finish to the front cover of materials.

*The provision of a folder to carry the materials.

*The use of colour permanent and washable cloth for colour posters.

*Numbering loose cards/posters on the back to keep collected, eg, the AIDS card game is numbered 1 to 15 on the

rear of each card so that a full set can be retained by the agent.

**Using the rear of the material as an information source.*

** Collect printing plates and store correctly for future production.*

In order to avoid delays during production a contract should be prepared between the client and printer (see copy of contract).

CONTRACT AGREEMENT FOR THE PRODUCTION OF HEALTH EDUCATION MATERIALS.

ARTICLES OF AGREEMENT MADE THE (date).....BETWEEN THE.....(THE EMPLOYER) AND THE .....(THE CONTRACTOR). WHEREAS THE EMPLOYER DESIRES TO PRODUCE A SERIES OF HEALTH EDUCATION MATERIALS AND HAS INSTRUCTED THE CONTRACTOR TO DO LIKEWISE.

NOW IT IS HEREBY AGREED AS FOLLOWS;

1. THE CONTRACTOR WILL PRODUCE.....COPIES OF THE .....AS INSTRUCTED BY THE EMPLOYER.
2. THE CHARGE FOR PRODUCTION OF *NEGATIVES, *PLATES, *PRINTING, *SCREENS .....(*DELETE AS NECESSARY) WILL BE $..... (CONTRACT SUM).

THE EMPLOYER WILL MAKE A $.....DEPOSIT.

3. *COLOUR SEPARATION, *BINDING, *SORTING (*DELETE AS NECESSARY) WILL BE CARRIED OUT BY THE EMPLOYER.
4. THE CONTRACTOR SHALL COMPLETE THE WORK ON OR BEFORE.....(COMPLETION DATE).
5. ANY DELAY AFTER THE AGREED COMPLETION DATE WILL BE SUBJECT TO A PENALTY OF $..... PER WEEK/DAY DEDUCTED FROM THE CONTRACT SUM.

THE EMPLOYER MAY GRANT AN EXTENSION TO THE COMPLETION DATE IF REQUESTED BY THE CONTRACTOR.

....

SIGNED. CONTRACTOR SIGNED. EMPLOYER

WITNESSED BY:

PARTICIPATORY HEALTH EDUCATION MATERIALS DEVELOPED BY THE KUMASI HEALTH EDUCATION PROJECT.

FLASH CARDS.

Mosquito control, AIDS, Prevention of Diarrhoea, Prevention of Roundworms, Waste Management, Food Hygiene, Personal Hygiene, Dental Hygiene.

FLIP CHARTS.

The Prevention of Childhood Accidents, The Prevention of Diarrhoea, Prevention of Hypertension, The Worm Calender.

THE AIDS CARD GAME.

DISCUSSION POSTERS

Family planning, personal hygiene, ORS, breastfeeding.

THE BABY CLOTH POSTERS

acute repiratory infections, diarrhoea and measles.

3 PILE SORTING CARDS.

family Planning, Water Supply, Diarrhoea, Malaria.

SNAKES AND LADDERS GAME.

STORY WITH A GAP

UN-SERIALISED POSTERS

SECTION III.

SETTING UP A RESOURCE CENTRE

This Section deals with how to set up and run a resource centre.

It provides ideas on how to run a library, how to organise the resource centre, which equipment and accessories to purchase and how to store and manage the resources.

Field experiences from the Kumasi Health Education Project are provided to illustrate the practicalities of running a resource centre.

SETTING UP A RESOURCE CENTRE.

There are a number of factors which will influence how successful a Resource Centre will be and how it will develop. The Resource Officer should consider the following questions;

WHY IS THE RESOURCE CENTRE BEING SET UP AND WHAT IS ITS RELATIONSHIP TO THE ORGANISATION AS A WHOLE?

The Resource Centre provides a support service to health education agents through access to a range of audio-visual equipment, materials and resources and builds up a local body of knowledge about health education materials and methodologies. The Resource Centre is an integral part of the Health Education Division of the KMA under the DMOH.

The main objectives of the Resource Centre are;

1. To provide access to resources, materials and equipment to support and stimulate health education activities.

2. To provide an interface with the international field of health education through books and magazines.

3. To provide a local body of knowledge and experience on health education.

4. To provide workshop and teaching facilities for health education agents.

5. To provide technical advice and training to health education agents in the use and maintenance of audio-visual equipment.

6. To provide technical support to health education agents about the implementation of health education programmes.

WHO WILL BE RESPONSIBLE FOR THE CENTRE AND WHO IS EXPECTED TO USE IT?

A Resource Officer with a defined job description is responsible for the Centre and for the production of health education materials. The Resource Officer does not have direct budget control but will advise the Head of the Unit about what materials to buy and how money should be spent for the Centre. The Resource Centre library and the use

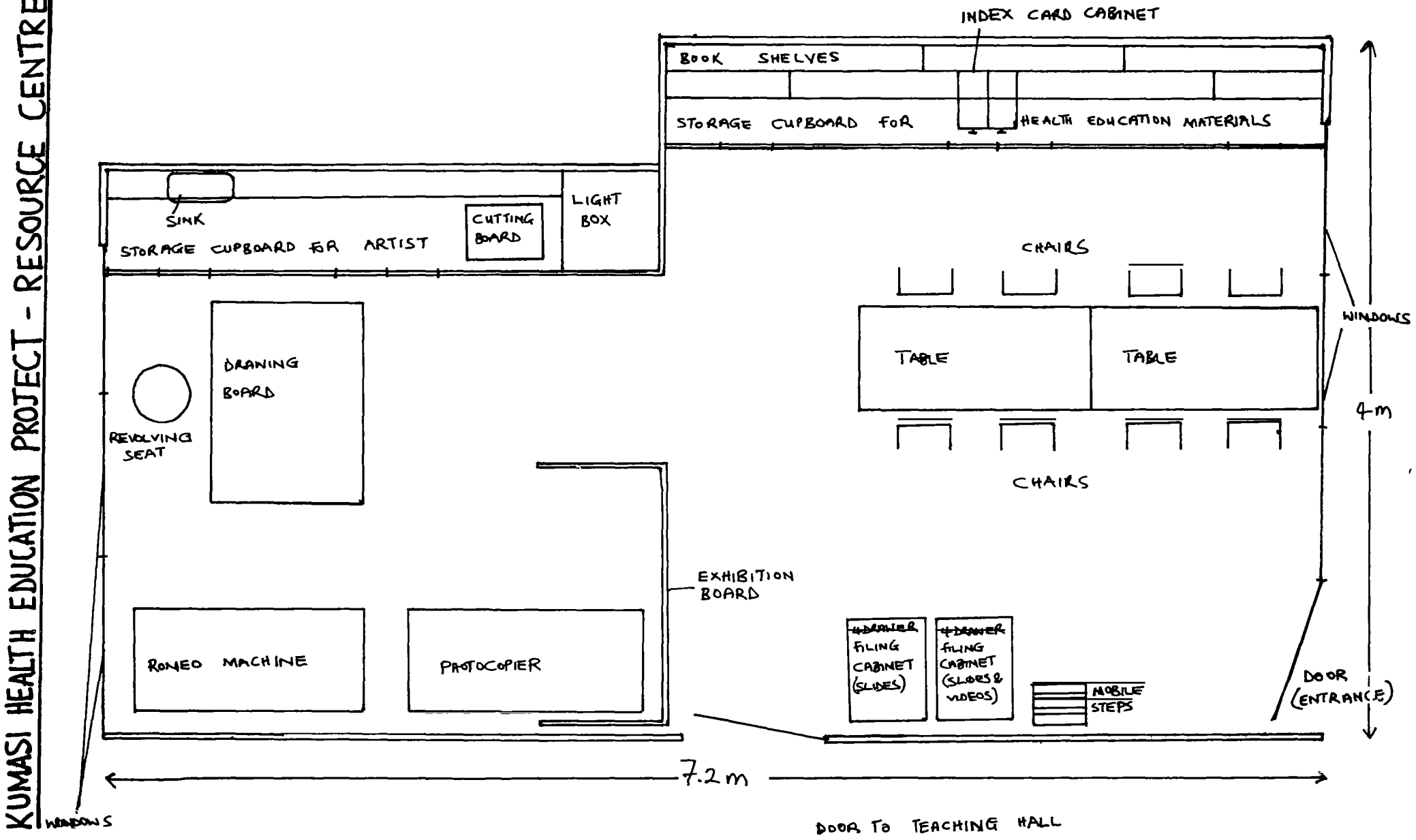
of equipment and materials is open to all health education agents in the district. These include school teachers, public health workers, church groups and NGOs. The Resource Centre operates for the convenience of these people and is open five days a week 8am to 5pm. The Centre provides supporting services such as photocopying, stencil duplicating and document binding for the users.

WHAT DO YOU WANT THE RESOURCE CENTRE TO BE?

The Resource Centre is not just a collection of books and materials. It should be active in disseminating information through exhibitions, workshops and materials production.

The design and layout of the Centre is very important to utilise all available space. A drawing board, light box and sink are useful facilities for the Resource Officer to prepare materials. The wall space can be used for the library storage and a display area should be provided to exhibit materials (see plan of Resource Centre).

KUMASI HEALTH EDUCATION PROJECT - RESOURCE CENTRE



RUNNING THE RESOURCE CENTRE

THE LIBRARY

The library provides access to books, magazines, fact files and resource lists for both purposes of lending and reference. A basic principle for arranging material in the library is to keep it simple. Take into account the users, their needs and the time available to the Resource Officer for running the library. The books and materials in the library were divided into twelve main headings and these were updated when necessary with sub-headings;

Clinical health (Paediatrics, Tropical medicine, Nursing/midwifery, surgery, ear, nose and throat and parasitology).
Economic and social development.
Research methodology. Epidemiology.
Nutrition. Primary Health care (family planning, dental health, malaria, eye care, disability, community health).
Maternal and Child Health (diarrhoea, breast feeding, immunisation).

Environmental Health (water and sanitation, food hygiene).

Health education (School health, training, sex education).

General health care. AIDS and STDs.

Audio- visuals.

A colour code was used for each of the main headings. Materials and resources (slides, videos, posters) were cross-coded using the same colour for easy reference by users. A card index system was also used for the books under the main headings and a list of all materials and resources was provided in a file kept on display in the library. All books intended for reference only were clearly marked with a red code. Library membership was free. Each member had to complete a form declaring that they would obey the library rules (see form 002);

**Membership is renewed annually.*

**Books are returned after 3 weeks.*

**Two books can be borrowed at a time.*

**It is the borrower's responsibility to look after the books.*

LIBRARY MEMBERSHIP FORM 002

NO.....

NAME:

.....
.....

OFFICE ADDRESS

.....
.....
.....

HOME ADDRESS

.....
.....
.....

PROFESSION

.....
.....
.....

I DECLARE THAT I WILL ADHERE TO ALL LIBRARY RULES.

.....
APPLICANTS SIGNATURE

.....
REFEREE'S SIGNATURE

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND WILL ENSURE THAT THE APPLICANT WILL ADHERE TO THE CONDITIONS OF THE LIBRARY USE.

STAMP.....

*Notify library about change of address. The date/book title/index reference/ name of borrower and date of return were recorded when a book was borrowed. The Resource Officer would periodically check the record to ensure books are returned.

Books can be expensive and it is worth contacting TALC (Box 49, St Albans, Herts, UK) and AHRTAG (1 London Bridge St, London SE1 9SG, UK) for lists of low cost books and materials and a list of other international organisations which supply free magazines and newsletters.

FIELD EXPERIENCE: THE LIBRARY

*library membership was distributed across four groups of borrowers; Clinical health workers, others such as church groups, teachers and community health workers.

*There was an increase in membership especially amongst clinicals and other groups between October 1992 and June 1993. The average number of books borrowed per month fell from 20% to 10%,

although membership increased by 67% to 205 members.

Community Health Workers and teachers were found to under-utilise the library. The borrowers were mainly clinicians.

**The books borrowed came under three main headings; clinical health, primary health care and health education.*

**The Centre experienced few difficulties with the loss or the damage of books and a penalty fine for non-return was unnecessary.*

PROJECT EQUIPMENT AND ACCESSORIES

**There was a consistent demand for audio-visual equipment from the Resource Centre mainly by clinicians and other groups. The most popular items of equipment were the 16mm projectors, the portable public address system, the carosuel slide projectors and Overhead Projectors.*

**The Purchase of a portable petrol generator allowed the use of the A.V. equipment in communities without electricity.*

*Whenever possible equipment should be fully manual and simple to use as automatic equipment is sensitive to misuse, dust and heat.

*It was found to be useful to run in-service training courses on equipment use and maintenance for borrowers and staff. Unless carefully maintained and correctly used the equipment soon fell into disrepair.

*The photocopier facility is in constant demand and a charge was levied to cover maintenance costs. Spares and a good supply of toner are essential for the machine.

*Access to a teaching hall was found to be very useful for agents who wished to carry out health education activities but did not have a venue. The teaching hall was booked for an average of 11 days per month.

The running costs of the Resource Centre are relatively low and can be covered by charging for hire of equipment and the photocopier. The main expenditure is with the initial purchase of equipment

and a sufficient quantity of spares (see list of equipment and costs).

Borrowers of equipment were requested to complete a form agreeing to;
**Only use the equipment in Kumasi.*
**Not to use with a paying audience.*
**Pay for any damage to the equipment.*
(see borrowers form). The item of equipment was also entered into a book recording date of return, borrower, purpose and comments.

HEALTH EDUCATION MATERIALS

The Resource Centre has a stock of participatory materials developed by the Project. All materials are freely available upon request for use by health education agents.

STOCK KEEPING

A large quantity of spares and accessories necessitates the need for careful stock keeping and storage.
To keep the stock correct you need to know how much you use in a certain time, when to reorder and how much to reorder. When the amount of remaining stock

KUMASI HEALTH EDUCATION DIVISION

MATERIALS/EQUIPMENT BORROWER'S FORM

Name: ....

Organisation: ....

Type of Organisation (School, Company, Club, etc.): .....

Address: .... Tel. No.: ..... .

Today's Date: .... Return Date: ....

ITEM	QUANTITY

*All items are subject to loan conditions.

....

(BORROWER'S SIGN) *(OFFICER'S SIGN)*

reaches the reorder level it is time to order that item.

What are the items for which we need to keep stock records?

Items such as;

**Replacement lamps for projectors*

**Spare parts for photocopier*

**Printer ribbons*

**Printer paper*

**Graphics materials*

**Fuses*

It is important to order a sufficient quantity for your estimated demand. This may be difficult to plan and the following questions should be considered; How essential is the item? How long will it take to order and arrive? Is the item affordable on reorder? What quantity do you need each month/year? Don't order too often as this creates bureaucratic difficulties, consider storage space and transportation. Have a secure store room, store the same stock together for easy access, plan your reorder level,

label shelves and regularly check stock levels.

FIELD EXPERIENCES

**The Project entered each spare and accessory onto a stock card which recorded the number of stock, number used, balance, reorder level and comments (see stock card).*

**The stock was stored in a secure room with wall shelving which was clearly labelled.*

**The stock list is checked every 6 months and every time an item reaches the reorder number the neccessary paper work is completed.*

**It is useful to have repair/maintenance contracts for all equipment. Warm humid conditions are unsuitable for electronic equipment which needs careful maintenance and constant repair.*

STOCK CARD

STOCK NUMBER 62

RESOURCE/MATERIAL ~~HANIMEX~~ PROJECTOR LAMPS (Halogen)

STOCK ORDERED 10 24V 250W A1/259 ELC

Reorder No 5

DATE	BALANCE	USED	NOTES	NAME
4/9/92	5	5	—	VINCENT
23/1/93	14		9 Added	GRL

THE KUMASI HEALTH EDUCATION PROJECT
EQUIPMENT AND SUPPORTING ACCESSORIES
$1=cedis 685

VIDEO EQUIPMENT	COST ($)
PANASONIC VHS NVFS 100B/EDIT CONTROLLER	2100
VHS VP2 PLAYER	345
COLOUR MONITOR 24"	750
CAMCORDER AND ACCESSORIES	
BATTERY CHARGER APDAPTER	
VIDEO CABLE	
SYNCRO CORD	
PAUSE REMOTE CONTROL WIRE	
BOUNDARY MICROPHONE	
RECHARGABLE BATTERIES	
WOTAN 300S VIDEO LIGHT BULBS	
TRIPOD	2100
GESTETNER STENCIL DUPLICATOR	
MODEL 4130	1240
RED CORRECTING FLUID	
DUPLICATOR INKS	
SPRING (GESTETNER)	
PRESSURE ROLLER (GESTETNER)	
BLADE (GESTETNER)	
FIXING BAR (GESTETNER)	
ROLLER (GESTETNER)	
PUMP ASSY (GESTTNER)	
INK SCREEN (GESTETNER)	
HANDLE ASSEMBLY (GESTETNER)	
TYPING STENCILS	375
PHOTOCOPIER	
MODEL XEROX 1025 ZOOM COPIER/ ACCESSORIES	
BLACK TONER (RANK XEROX)	
OZONE FILTER (RANK XEROX)	
RANK XEROX DRUM	
BLACK DEVELOPER (RANK XEROX)	
TONER SUMP (RANK XEROX)	
CASET M.FED FIX (RANK XEROX)	
BLADE ASSY (RANK XEROX)	
COROTHON WIRE (RANK XEROX)	
RETARD PAD (RANK XEROX)	
GEAR (RANK XEROX)	
IDLER GEAR (RANK XEROX)	
FSR IDLER GEAR (RANK XEROX)	
FINGER P/ROLL (RANK XEROX)	

STRIPPER FINGER (RANK XEROX)	
PHOTOCOPIER CONTINUED.....	($)
FEED ROLLER (RANK XEROX)	
DRUM FINGER ASSY (RANK XEROX)	
HEAT ROLLER (RANK XEROX)	6000
16MM PROJECTOR	
MODEL ELMO 16 ALMO/ACCESSORIES	2400
MODEL ELF EIKI SSL/1/ACCESSORIES	1700
EXCITER LAMPS	
HANIMEX PROJECTOR LAMPS	
A1/259	
ARM BELT	
MOTOR BELT	
3 SLIDE PROJECTORS	
MODEL kodak S-AV2000	2135
KODAK S-AV 2000 LENSES	
KODAK PROJECTOR LAMPS	
CAROUSEL REMOTE CONTROL	
KODAK CAROUSEL SLIDE TRAY	975
3 OVERHEAD PROJECTORS	
PROJECTORS	1000
SCROLL ACCESSORIES	
A4 ACETATE ROLLS	
LENSES	
PHOTOCOPIER FILM TRANSPARENCIES	
A4 CARD FRAMES	
A4 ACETATE STEETS	
BROAD TIPPED PENS (PERMANENT)	
MEDIUM TIPPED PENS (NON PERMANENT)	
FINE TIPPED PENS (PERMANENT)	
MEDIUM TIPPED PENS (NON PERMANENT)	
FINE TIPPED PENS (NON PERMANENT)	
BROAD TIPPED PENS (NON PERMANENT)	
STAEDTLER CORRECTION PEN AV	375
CAMERA	
PENTAX ZOOM 105	375
REMOTE CABLE	
TRIPOD	60
PORTABLE EXHIBITION UNIT	
ONE UNIT (8 BOARDS)	900

PROJECTOR SCREENS	($)
SIZE 6X6	225
SIZE 5X5	195
PORTABLE PUBLIC ADDRESS SYSTEMS	
MODEL COOMBER 2020	250
RECHARGABLE BATTERY	33
MICROPHONE	45
PETROL GENERATOR	
ROBIN EY08 220v. 600w	525
IBICO RING BINDERS	
PLASTIC AND METAL SPINE	232

NB: LAMPS A1/259 ARE UNIVERSAL WITH AV EQUIPMENT.

LIBRARY ACCESSORIES		COST ($)
BOX FILE		
VISTAFOIL		
STANDARD BOOK SUPPORT		
BAHLE SHARPENER		
3M MAGIC TAPE		
SUSPENSION FILES		
FOIL BACKED LIBRARY LABELS		
TRIMMER		
DATE STAMP		
STAMP RACK		
PLAIN GUIDE CARDS		
STANDARD CABINET		
KEY CABINET		
STEP MOBILE		
A4 PAMPHLET BOX		
SELF STACKING TRAYS		
INK (DATE STAMP)		
BLUE TACK		
LONG FELLOW STAPLER		
STAPLE REMOVER		
INK FOR DATERS		
HEAVY DUTY PUNCH		
BOOK CLEANER		
SPARE INK PAD		
LIBRARY STAPLER		
MOBILE STEPS		
4 DRAWER FILING CABINET	TOTAL	$975

GRAPHICS MATERIALS	($)
DRAUGHTSMAN DRAWING BOARD	355
LECRACOLE GLOSS	
LAYOUT PAD A4	
LAYOUT PAD A2	
STORYBOARD PAD A3	
DRAWING INK (YELLOW)	
DRAWING INK (RED)	
DRAWING INK (BLACK)	
DRAWING INK (BLUE)	
STAEDTLER POLYMER WALLETS	
STAEDTLER TOPSTAR WALLETS	
HELIX NOTICE WRITING SET (2")	
HELIX SIGN WRITING SET	
HELIX STENCIL PACKS	
HELIX STENCILS	
HALF TONE SCREENS (20,40,60,80%)	
DRY TRANSFER (HELVETICA MEDIUM 42 PT)	
DRY TRANSFER (HELVETICA NORMAL 18PT)	
DRY TRANSFER (HELVETICA MEDIUM 84PT)	
DRY TRANSFER (CLARENDON MEDIUM 84PT)	
DRY TRANSFER (CLARENDON MEDIUM 42 PT)	
DRY TRANSFER (TIFFANNY) 48PT)	
DRY TRANSFER (BRONX 42 PT)	
DRY TRANSFER (BRONX 60PT)	
DRY TRANSFER (UNIVERSITY ROMAN 24 PT)	
DRY TRANSFER (UNIVERSITY ROAMN 60 PT)	
DRY TRANSFER (MINISTRAL 30 PT)	
DRY TRANSFER (MINISTRAL60 PT)	
STAEDTLER COLOURD PENCIL	
CUTTING BLADES 24-E	
ROTRING RAPIDOGRAPH (SET OF 8)	
ROTRING RAPIDOGRAPH (SET OF 4)	
COW GUM	
SPRAY MOUNT	
WINDSOR & NEWTON GOUACHE SET	
PAINT (MIXING WHITE)	
PAINT (SUPRA DECKWEISS)	
CARAN D'ACHE WATER COLOUR SET	
GRAPHINE ERASER REFILL	
ERASER (MARS PLASTIC)	
FLEXIBLE CURUE	
ADJUSTABLE SET SQUARE	
1 METRE ACRYLIC RULE	
12" ACRYLIC RULE	
1 METRE ALUMINIUM RULE	
ARTMAT (CUTTING BOARD)	
BURNISHER SET	
DE-LUXE KNIFE SET	
REPRODUCTION CALCULATOR	
FRENCH CURVES	
DRAWING BOARD CLIPS	

TIKKU MECHANICAL PENCIL 0.5MM
TIKKU MECHANICAL PENCIL 0.7MM
REPLACEMENT LEAD 0.5MM
REPLACEMENT LEAD 0.7MM
ART PEN SET
SABLE BRUSHES (00, 1, 4, 6, 12)
PAINT (FLUORESCENT YELLOW)
PAINT (FLUORESCENT BLUE)
PAINT (FLUORESCENT RED)
GRAPHITE ERASER HOLDER
DRAWING INSTRUMENTS SET
RULING PEN
CUTTER REPLACEMENT FOR ROLOCUT SAFETY TRIMER A2
PARALLEL MOTION WIRE
MARS FIBRASOR HOLDER
ERASERS
ERASER REFILLS
TELESCOPE POINTERS
EDDING PLASTIC ERASERS
EDDING PUTTY ERASERS
EDDING 750 PENS
EDDING 751 PENS
EDDING 725 PENS
NIB UNITS FOR ART PEN 001
NIB UNITS FOR ART PEN 000
NIB UNITS FOR ART PEN 205
ART PEN INK 598 217
ART PEN INK 598 210
ART PEN INK 598 211
CLEAR FILM 50 MICRON
LETRATONE (LT 347,234, 206, 296, 454, 357)
CALLIGRAPHY ART PEN
LETRACOPY
DRY TRANSFER LETTERING (HELVETTA 48 PT)
DRY TRANSFER LETTERING (TIMES 48 PT)
MARKER PENS (SETS OF 12)

TOTAL FOR ACCESSORIES $2250

SECTION IV.

THE IN-SERVICE TRAINING PROGRAMME.

This Section provides an insight into the field experiences gained by the Project in developing in-service training programmes for public health workers and teachers.

The methodologies used for the process and outcome evaluations are also explained.

THE IN SERVICE TRAINING PROGRAMME

One function of the Kumasi Health Education Project was to develop and evaluate a series of in-service training workshops for selected health education agents on the use of participatory health education materials. The Project identified public health workers, junior secondary school and primary school teachers as suitable agents to carry out health education activities in the community. The format and content (process) and the effectiveness of the workshops (outcome) were evaluated for each group of agents. The details of the content of these workshops are provided in Section VII of this manual.

THE OVERALL AIM OF THE WORKSHOPS

To enhance the ability of district health education agents to better enable them to carry out participatory health education activities.

OBJECTIVES OF THE WORKSHOPS

*To provide participants with a range of participatory health education methods and materials which are specific to their work.

*To encourage health workers to carry out health education activities using the knowledge and skills gained from the workshop.

THE TRAINING OF PUBLIC HEALTH WORKERS, JUNIOR SECONDARY AND PRIMARY SCHOOL TEACHERS.

The Kumasi Health Education Project trained 157 public health workers, 160 Primary school and 230 Junior Secondary school teachers over a period of six months. The original training format for the workshops was modified following the process and outcome evaluations to one day workshops for public health workers and Primary school teachers and a two day workshop for Junior Secondary school tecahers. Participatory health education materials were specifically designed for these agents and introduced in the workshops.

WORKSHOP METHODOLOGY

The workshops consist of short participatory exercises which divide participants into small groups of 8 to 12 persons. There is an introductory session when the aims of the workshop are explained. This is mainly an information giving session but participants will be encouraged to contribute through discussion and an "ice breaking" exercise. The exercises employ participatory methodologies and require at least one facilitator per group. The exercises are summarised by the facilitator at the end of each activity. Frequent breaks are provided and the morning session is designed to be the longest. See workshop programmes.

EVALUATION OF THE IN-SERVICE TRAINING WORKSHOPS.

The in-service training workshops were evaluated using the following methods;

PROCESS EVALUATION

It is important to evaluate the effectiveness of the workshop programme to determine whether the format and

DISTRICT HEALTH WORKERS IN SERVICE TRAINING PROGRAMME
WORKSHOP PROGRAMME: PUBLIC HEALTH STAFF

8.30 - 9.15	Introduction and ice breaking exercise
9.15 - 10.15	Photo parade and brain storming on advantages of participatory methods
10.15 - 10.30	Tea break
10.30 - 11.30	Introduction to participatory health education materials and flash cards
11.30 - 12.30	Story with a gap
1.30 - 2.30	3 pile sorting cards
2.30 - 4.00	Group task
4.00	Evaluation and Close.

WORKSHOP PROGRAMME: COMMUNITY HEALTH STAFF

8.30 - 9.15	Introduction and ice breaking exercise
9.15 - 10.15	Photo parade and brain storming on advantages participatory methods
10.15 - 10.30	Tea break
10.30 - 11.30	Introduction to participatory health education materials and flash cards
11.30 - 12.30	Discussion posters
12.30 - 1.30	Lunch
1.30 - 4.00	Baby cloth posters
2.30 - 4.00	Group task
4.00	Evaluation and Close

WORKSHOP PROGRAMME FOR J.S.S. TEACHERS.

8.30 - 9.30	Introduction and "ice breaking exercise.
9.30 - 11.15	The School Health Programme and map building exercise.
10.30 - 10.45	Tea will be served
11.15 - 12.00	Photo parade
12.00 - 12.30	Introduction to participatory materials
12.30 - 1.30	Lunch
1.30 - 2.30	The un-serialised posters
2.30	Close and evaluation

DAY 2.

8.30 - 9.30	Introductions and flash cards
9.30 - 10.30	Story with a gap
10.30 - 10.45	Tea break
10.45 - 11.30	3 pile sorting cards
12.30 - 1.30	Lunch
1.30 - 3.00	Group task
3.00	Close and evaluation

content are suitable for the personnel. Workshop content and format were assessed by;

1. PARTICIPATORY TECHNIQUES

A. THE OVERALL DESIGN CHART

A large chart was displayed during the workshop duration and after each activity, normally during breaks, the participants were asked to give their responses about the content and format using the chart. The chart has two columns. The left hand side column lists the workshop activities in order of occurrence. The right hand column is headed with four positive responses (interesting, participatory, informative and practical) and four negative responses (un-interesting, non-participatory, un-informative and un-practical). Opposite each activity is a row of pockets below each response. Each participant was given four voting cards for each activity and chose which four responses they wished to make.

WORKSHOP QUESTIONNAIRE

Please tick the answer that is most right for you (only one tick per line).

1. Did you find the exercises enjoyable ?

Very	Quite	Slightly

2. How much did the exercise involve the sharing of experiences ?

A Lot	A Little	Slightly

3. How much did the exercise involve decision making ?

A Lot	A Little	Slightly

4. Was the time allowed for the exercise presentation

Too Long	Just Right	Too Short

5. Was the time allowed for the exercise discussion

Too Long	Just Right	Too Short

6. Were the number of exercise in the workshop

Too Many	Just Right	Too Few

7. Did you find the group task helpful to your work

Very	Quite	Slightly

OUTCOME EVALUATION

Follow-up workshops were held for participants 3 months after the completion of the in-service training programme. The workshops were used to obtain feedback from health workers about the use of the participatory materials and about their own health education activities as a direct result of the training programme. The follow-up workshops also encouraged the health workers to continue or commence with health education activities.

A sample of the workshop participants were randomly selected for the follow-up evaluation workshops.

It is necessary to allow a reasonable time to elapse between the intervention and the post evaluation test. Testing immediately after the intervention will normally produce marked changes, either positive or negative. However, it is felt that after a minimum of three months any changes likely to be permanent or at least long lasting can be measured. The sample population were

asked to complete a questionnaire and to take part in a focus group discussion to evaluate the outcome of the workshops.

FIELD EXPERIENCES:

THE WORKSHOP DESIGN

*The workshop evaluation found that training should concentrate on familiarising agents with the use of specific health education materials. An explanation of the participatory approach cannot be easily assimilated as part of a one day workshop.

*The participatory methodologies used in the workshop including the evaluation were found to be easily understood by the agents.

*It was found to be useful to include a brief exercise to develop a workplan for each agent. This provided ideas about how to use the materials as a part of their work.

THE HEALTH EDUCATION AGENTS

*The Health Overseers were found to be un-interested in health education.

Public health workers above this rank should only be used as agents.

*It was found to be essential to include middle and senior management in the in-service training programme (Headmasters, supervisors). The cooperation of these personnel was necessary to ensure that the agents used the materials as a part of their work.

THE HEALTH EDUCATION MATERIALS.

*Public health workers demanded a high standard of durability, colour(s), pictorial accuracy and subject specificity. The materials needed to be portable and usable with individuals, small or large groups. The flash cards and story with a gap were most popular with environmental health staff. Community health staff prefered discussion posters and flipcharts which could be used with large groups in clinics.

*The teachers requested materials which were subject specific for lifeskills and science subjects. Materials and

methodologies should be suitable for large groups and very durable.

UTILISATION OF THE MATERIALS

*There is a need to carry out regular follow-up activities to ensure the materials are being utilised correctly.

*One study "An investigation into the utilisation of participatory materials by selected health education agents in the Kumasi district" found that 50% of JSS teachers, 60% of Primary School teachers, 60% of clinics and many EHOs were not using the materials.

* Environmental Health Officers prefered to prosecute offenders rather than educate so that they could receive "dash" from the community.

*The clinic nurses were busy and under pressure from the attenders to complete the clinic without "wasting time" on education.

*Some school teachers were not interested in using new participatory materials as a part of their lessons.

The Project was able to improve the level of utilisation through;

**selecting a group of EHOs solely responsible for health education. These personnel were to be rotated every 6 months with new EHOs who had expressed an interest in health education.*

**Discussing the problems encountered by the nurses with the Medical Officers in charge at each clinic so that an appropriate time could be allocated specifically for health education.*

**Including the headmasters in discussions to determine how the materials could be utilised by the teachers in the schools.*

SECTION V.

THE OPERATIONS RESEARCH.

The organisational structure of the research component, its objectives and the equipment and the resources employed are discussed in Section V.

A list of research projects carried out by the Kumasi Health Education Project from August 1991 to August 1993 are provided for reference.

Further details of the research findings are provided in a separate manual entitled " THE OPERATIONS RESEARCH FINDINGS CARRIED OUT BY THE KUMASI HEALTH EDUCATION PROJECT 1991-1994".

THE OPERATIONS RESEARCH

The operations research element was concerned with building up a local body of knowledge regarding health issues. The development of procedures for pre-testing and materials development. The design and evaluation of in-service training workshops. The utilisation of resources and equipment and the identification of health education agents. The qualitative and quantitative findings of the research have formed the basis of the Project activities. The Project has explored and developed suitable approaches to health education in Ghana through in-service training and the development of participatory materials.

The overall aim of the research is to assist the MOH to strengthen health education services and to provide guidelines for future health education programmes in Ghana.

THE ORGANISATIONAL STRUCTURE OF THE RESEARCH COMPONENT.

The research team shared the premises and facilities occupied by the Kumasi Health Education Division. The research component was coordinated by the Technical Cooperation Officer and was staffed by a Research Assistant, a Resource Officer and help from Health Education Assistants. The design of the research proposals and allocation of the necessary budget and resources was coordinated by the TCO through the Kumasi Health Education Project.

The Research Assistant is an Environmental Health Technologist, who holds a Diploma in Primary Health Care Education and has experience in operations research.

The Resource Officer is a graduate of the School of Art at UST and holds a Degree in Graphic Design. The Resource Officer was concerned with the design and production of health education materials in support of the research component.

The Health Education Assistants of the Division were employed to assist the researchers to implement the proposals- for example, to distribute and collect questionnaires, to facilitate focus group discussions and to distribute information.

THE OBJECTIVES OF THE RESEARCH ELEMENT.

1. To identify appropriate health education agents to coordinate and implement health education activities.
2. To provide recommendations for material and methodology requirements to support health education agents.
3. To develop in-service training modules for selected health education agents.
4. To disseminate the research findings to health education personnel.

EQUIPMENT AND RESOURCES

The research component of the Project will be supported by the following equipment for data storage, analysis and documentation;

Personal computer: IBM 55SX-61 (5.25" and 3 1/2" drives), IBM 425 SX, 2 x 8513

monitors, 2 keyboards, 1 Epson LQ 1170 dot matrix printer, 1 Amstrad 9512 word processor, P.C. software: Wordperfect 5.1, Locoscript/spell, Lotus 3.3, Epiinfo, Lotus freelance graphics, D-base IV, Harvard Graphics, Windows 3.0. Voltage regulation: 4 UPS Accupower model 30 and 4 Sollatek auto voltage switches (see list for costs).

The research team will have access to a vehicle, budget, stationery, photocopier, stencil machine, secretary and other office facilities.

DISSEMINATION OF THE RESEARCH FINDINGS

The research findings will be fed back into the M.O.H. at the district, regional and national levels. Workshops and research reports will be used to disseminate the information. The research findings will also be useful to health educators in other countries and the international publication of the information will be carried out by the Project.

FIELD EXPERIENCES

When planning a research element the following points should be considered;

**Running costs are high. eg. replacement of printer ribbons, paper, floppy discs, voltage protectors and initial outlay for computers, software and Air Conditioners.*

**Correct training in the use of the computers must be provided for all staff and this can be expensive, approximately cedis 75000 per person.*

**Maintenance costs/repairs are very expensive and difficult to obtain in-country. Try to obtain a service contract with the suppliers.*

**Correct environment for the discs and computers in separate AC room.*

**Research staff will require daily allowances for field work which should be included in the budgeting.*

LIST OF OPERATIONS RESEARCH CARRIED OUT BY THE KUMASI HEALTH EDUCATION PROJECT.

1. Knowledge Attitude and Practice STUDY REGARDING WATER AND SANITATION AND AN ASSESSMENT OF AWARENESS LEVELS USING A PARTICIPATORY TECHNIQUE. AUG 91

2. THE PRE TESTING AND MATERIALS DEVELOPMENT PROCEDURE FOR PARTICIPATORY HEALTH EDUCATION MATERIALS. SEPT 91

3. A PROCESS EVALUATION OF THE K.M.A. AND DISTRICT M.O.H. HEALTH WORKERS IN SERVICE TRAINING WORKSHOPS. SEPT 91

4. A PROCESS EVALUATION OF THE J.S.S. TEACHERS IN SERVICE TRAINING WORKSHOPS. JAN 92

5. A GUIDE TO THE BELIEFS AND PRACTICES CONCERNING HEALTH IN THE KUMASI METROPOLIS. FEB 92

6. A STUDY ON FOOD HYGIENE PRACTICES IN CHOP BARS IN THE KUMASI METROPOLIS. FEB 92.

7. AN OUTCOME EVALUATION OF K.M.A. AND DISTRICT M.O.H. HEALTH WORKERS IN SERVICE TRAINING WORKSHOPS.
MARCH 92

8. AN OUTCOME EVALUATION OF THE J.S.S. IN SERVICE TRAINING WORKSHOPS.
JUNE 92

9. A PROCESS EVALUATION OF THE PRIMARY SCHOOL TEACHERS IN-SERVICE TRAINING WORKSHOPS. JUNE 92

10. A SUMMARY OF RESEARCH FINDINGS ON HIV/AIDS STUDIES IN GHANA 1988-1991.
JULY 92

11. AN ANALYSIS OF THE UTILISATION OF THE PROJECT RESOURCE CENTRE AND LIBRARY FOR PERIOD JAN-SEPT 1992.
OCT 92

12. AN INVESTIGATION OF THE PERCEPTIONS HELD BY KEY DECISION MAKERS IN THE K.M.A. AND THE M.O.H. OF THE ROLE AND

FUNCTION OF THE KUMASI HEALTH EDUCATION DIVISION. OCT 92

13. A WORKSHOP MANUAL FOR THE TRAINING OF SELECTED DISTRICT HEALTH WORKERS IN THE USE OF PARTICIPATORY HEALTH EDUCATION MATERIALS. OCT 92

14. A WORKSHOP MANUAL FOR THE TRAINING OF J.S.S. TEACHERS IN THE USE OF PARTICIPATORY HEALTH EDUCATION TECHNIQUES. OCT 92

15. AN INVESTIGATION OF THE ACCEPTABILITY OF MEASLES IMMUNISATION IN SELECTED COMMUNITIES IN THE KUMASI DISTRICT. NOV 92

16. AN EVALUATION OF THE DISTRICT CAMPAIGN PROGRAMME IN SUPPORT OF SELECTED VILLAGE HEALTH COMMITTEES. FEB 93

17. AN INVESTIGATION INTO THE UTILISATION OF CHRISTIAN CHURCH GROUPS AS HEALTH EDUCATION AGENTS. FEB 93.

18. AN OUTCOME EVALUATION OF THE PRIMARY SCHOOL TEACHERS IN SERVICE TRAINING WORKSHOPS. FEB 93

19. A WORKSHOP MANUAL FOR THE TRAINING OF PRIMARY SCHOOL TEACHERS IN THE USE OF PARTICIPATORY HEALTH EDUCATION TECHNIQUES. MARCH 93

20. A SURVEY TO IDENTIFY EXISTING PRACTICES BY HEALTH WORKERS IN THE OBSTETRICAL UNITS OF THE THE DISTRICT HEALTH FACILITIES IN RELATION TO BREAST FEEDING. MARCH 93

21. AN INVESTIGATION INTO THE UTILISATION OF NON FORMAL EDUCATION FACILITATORS AS HEALTH EDUCATION AGENTS. APRIL 93

22. AN INVESTIGATION INTO THE UTILISATION OF PARTICIPATORY HEALTH EDUCATION MATERIALS BY SELECTED AGENTS.

COMPUTER EQUIPMENT $1=CEDIS 685	COST ($)
AMSTRAD 9512 WP/ACCESSORIES Printer tapes/paper/floppy discs	1125
UPS	600
Voltage Switches	38
IBM MODEL 55SX-61/8513 COLOUR MONITOR/EPSONLQ1170 PRINTER/ ENHANCED KEYBOARD	3537
IBM 425SX/MONITOR/KEYBOARD/SPARES/ EXTERNAL DISC DRIVE. 5.25" FLOPPY DISCS PRINTER RIBBONS CONTINUOUS FEED PAPER CLEANING KIT/COVERS SOFTWARE	5700

REPRODUCTION OF SECTIONS VI AND VII.

Sections VI and VII are intended for reproduction and distribution to agents who wish to use the participatory materials or who wish to carry out the in-service training programmes.

SECTION VI.

THE UTILISATION OF PARTICIPATORY HEALTH EDUCATION MATERIALS.

Section VI provides guidelines to demonstrate the use of participatory materials for selected health education agents.

The methodologies can be adapted and modified using the materials development and pre-testing procedures explained in Section II to suit individual projects.

THE UTILISATION OF PARTICIPATORY HEALTH EDUCATION MATERIALS.

These guidelines demonstrate the use of participatory health education materials which were designed for selected health education agents such as Environmental Health Officers and Primary School Teachers. The guidelines are presented in a handbook format to allow for ease of reproduction and distribution. The materials illustrated in the handbooks are as follows;

GUIDELINES FOR PUBLIC HEALTH WORKERS AND JUNIOR SECONDARY SECHOOL TEACHERS.

1. THREE PILE SORTING CARDS: A material intended for use in the community to increase awareness about specific subject areas. The material can also be used to assess awareness levels prior to embarking upon an educational programme.

2. THE STORY WITH A GAP: A method to be used in the community or schools to encourage participants to identify and analyse solutions to health problems.

3. FLASH CARDS: A material which can be used with almost any target group to present information and generate discussion about specific subject areas in a participatory manner.

GUIDELINES FOR THE USE OF MATERIALS ON THE PREVENTION OF HIV TRANSMISSION

4. THE AIDS CARD GAME: A material designed to clarify many of the misconceptions regarding the transmission of HIV. A flash card set is also explained to increase awareness about HIV transmission.

GUIDELINES FOR COMMUNITY HEALTH NURSES

5. DISCUSSION POSTERS: A material designed for large groups to increase knowledge through discussion on specific subjects.

6. THE BABY CLOTH POSTERS: A material also designed for large groups to increase knowledge about the early signs and symptoms of dehydration, ARI and measles.

GUIDELINES FOR PRIMARY SCHOOL TEACHERS

Materials designed for Primary School Teachers include dental hygiene flash

cards, flip charts on the prevention of diarrhoea, childhood accidents and worms, a snakes and ladders game on sanitation.

The methodologies explained in this section have been evaluated and were found to be appropriate for and useful to selected health education agents. However, the content of the materials may be changed and methodologies may be modified to suit specific health education programmes.

Readers are encouraged to experiment with the materials and to develop new participatory methodologies using the procedures explained in this manual.

GUIDELINES FOR THE USE OF PARTICIPATORY HEALTH EDUCATION MATERIALS BY PUBLIC HEALTH WORKERS

INTRODUCTION

This is an illustrative guide to demonstrate the use of participatory health education materials which were designed for public health workers such as Environmental Health Officers and Community Health Nurses.

The materials have been developed and evaluated by the Kumasi Health Education Project.

The materials illustrated in this handbook are;

1. THREE PILE SORTING CARDS: A material intended for use in the community to increase awareness about specific subject areas. The material can also be used to assess awareness levels prior to embarking upon an educational programme.

2. THE STORY WITH A GAP: A method to be used in the community or schools to encourage participants to identify and analyse solutions to health problems.

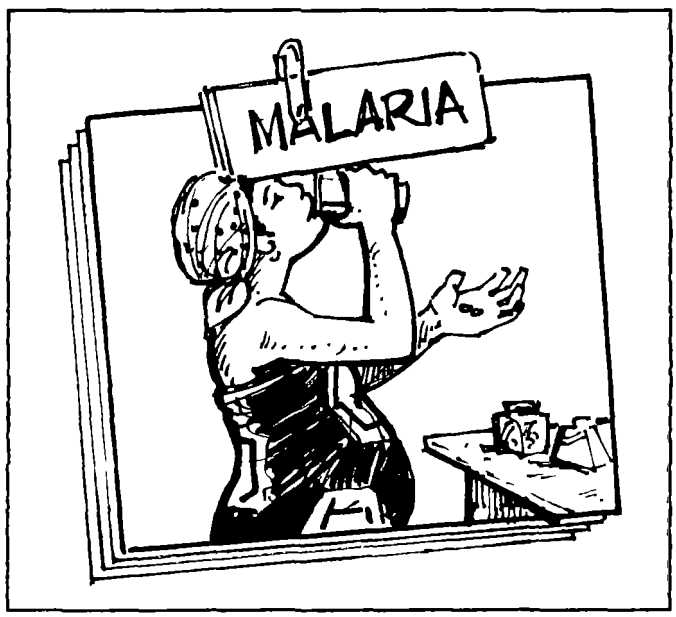
3. FLASH CARDS: A material which can be used with almost any target group to present information and generate discussion about specific subject areas in a participatory manner.

The above participatory materials can be used with mixed groups of up to 15 persons. The flash cards may be used with individuals or larger groups. The materials may be used in combination to reinforce messages about a subject area. For example, flash cards, three pile sorting cards and the ORS game can all be used to increase knowledge about the prevention of diarrohea.

THREE PILE SORTING CARDS

This method can be used to assess the existing awareness levels of the participants and to increase knowledge about specific subjects. The Kumasi Health Education Project has developed 3 pile sorting cards for malaria control, water supply, diarrhoeal diseases and family planning.

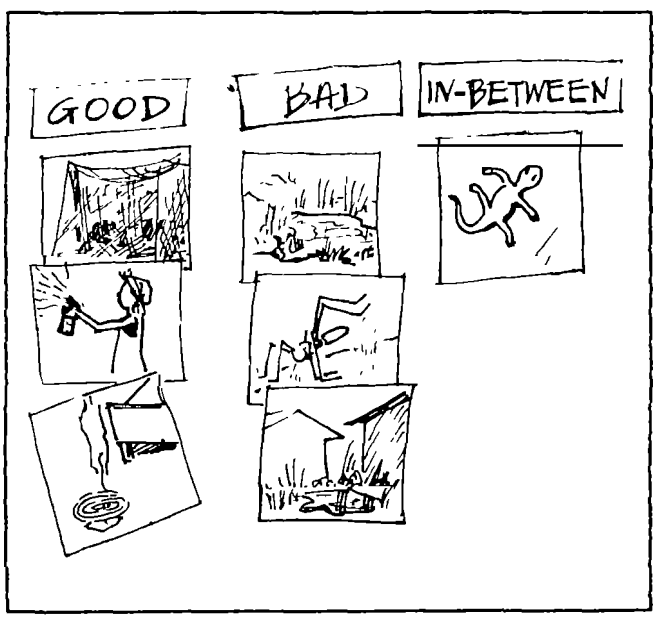
Each group is given a set of the 3 pile sorting cards for one of the subject areas.



The group is asked to examine the cards and to sort them into 3 categories: GOOD, BAD or INBETWEEN.

There are no right or wrong answers and the pictures are intended to generate discussion amongst the group about the subject area.

Each group is asked to present their conclusions to the other groups. The selection of the cards into the 3 categories are discussed and may be changed.

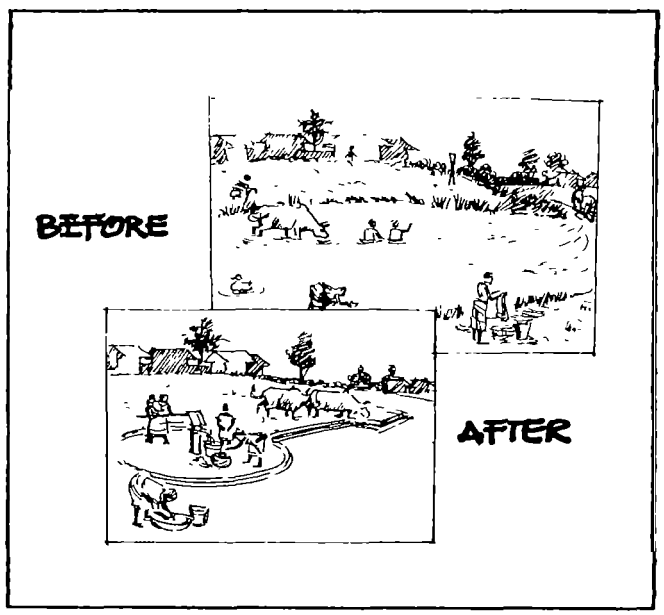


This exercise can generate a lot of discussion and can be supplemented by other materials if the knowledge level of the group is found to be low.

THE STORY WITH A GAP

This method is used to stimulate discussion about the causes and the solutions regarding health issues associated with poor water supply and can be adapted for other situations.

Each group is given two large posters. One shows a before situation were people are taking water from a river which is polluted. The group is asked to develop a story about the villagers who use the stream and the problems they may have because of the poor water supply.



The second poster shows an after situation. The village is now using a hand-pump. The water supply has been improved. The group are asked to develop a story which explains how this improvement occured.

The story will fill the gap between the two posters.

The group members are asked to recount their story to the other groups and the content is discussed.

THE FLASH CARDS

This method can be used to present information in a participatory manner on a range of subjects areas and can also be used to supplement the content of other exercises included in this handbook. The Kumasi Health Education Project has developed flash cards regarding; Mosquito control, AIDS, diarrhoea, roundworms, waste management, food hygiene, personal hygiene and dental hygiene.

Flash cards may be used with individuals or in groups. The cards are shown one at a time to the audience. On the back of each card is a message and further information which should be used by the facilitator to encourage discussion.

In large groups the facilitator may have to move around so that all members can view the pictures.

The audience should be asked questions to encourage their participation. eg. What can you see in the picture?, what is happening in the picture?.

GUIDELINES FOR THE USE OF PARTICIPATORY HEALTH EDUCATION MATERIALS ON THE PREVENTION OF HIV TRANSMISSION.

UTILISATION OF THE PARTICIPATORY MATERIALS ON THE PREVENTION OF HIV TRANSMISSION

INTRODUCTION

The participatory materials explained in this handbook are designed to increase knowledge and clarify the misconceptions about the transmission of HIV. The messages and pictorial content of these materials are based on information collected from KAP studies in Ghana and extensive field-testing by the Kumasi Health Education Project. The materials are an AIDS card game which has been designed to clarify those misconceptions regarding HIV transmission which were identified in the Ghana KAP studies. A flash card set has also been developed to provide information about the causes and prevention of HIV transmission. The materials complement one another and are intended for use in schools, with street children and with community members.

THE AIDS CARD GAME

The AIDS card game is a participatory material intended to clarify many of the misconceptions regarding the transmission of HIV. The methodology can be used with JSS children, street children and community members in groups of 10 to 12 persons.

METHODOLOGY FOR SMALL GROUPS

The participants are shown a set of picture cards and asked to examine and discuss each separately but to spend no longer than 15 minutes for the whole set. The group is asked to divide the cards into two piles, one showing those pictures when HIV can be transmitted and those showing pictures when HIV cannot be transmitted. This is a group exercise and all participants must agree on the selection of the cards. The facilitator (health worker or teacher) will discuss the selection of the cards with the group and help to clarify any misconceptions or misunderstandings which may have arisen. The cards are not numbered and show the following pictures;

CANNOT BE TRANSMITTED

1. A mosquito
2. A person coughing
3. A man and a woman hugging
4. Two people bathing together
5. A person drinking from a glass
6. A latrine
7. Two people eating from the same bowl
8. A person donating blood
10. A naked man and women in bed. The man is holding a used condom
11. A man and a woman kissing

CAN BE TRANSMITTED

1. A man and a woman having sexual intercourse
2. A razor blade and razor, a needle, scissors
3. A person receiving an injection from an unqualified health worker.

The small number of ways in which HIV can be transmitted helps to illustrate the specific manner in which the virus is passed on from one person to another.

The group members are asked to name any other means of transmission which they feel have not been shown in the picture cards and these are listed and discussed by the facilitator.

The facilitator can invite the group to ask any general questions about HIV/AIDS. Any person with a personal question can be invited to speak with the facilitator after the exercise.

METHODOLOGY FOR LARGE GROUPS

Following difficulties experienced by health education agents whilst using this material in large groups the methodology has been adapted by either;

METHODOLOGY I

1. The cards are distributed to the group and shared amongst the participants.
2. The facilitator asks the participants to return those cards which show a way in which HIV can be transmitted.
3. The facilitator holds each returned card up to the group and discusses if it is a means of HIV transmission. The group is encouraged to comment.
4. The facilitator asks the remaining participants to return their cards which show how HIV cannot be transmitted.
5. Each card is held up to the group and discussed.

METHODOLOGY II

1. The facilitator holds one card at a time to show the members of the group.
2. The facilitator asks the group to comment on what they see in the picture.
3. The facilitator asks the group if the picture shows a way in which HIV can be transmitted.
4. The facilitator summarises the session by displaying the three cards which show how HIV can be transmitted.

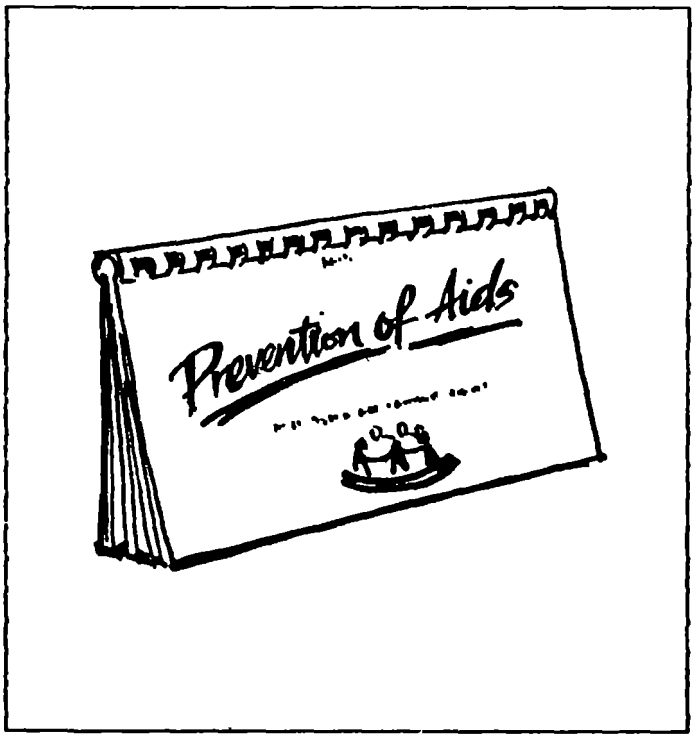
Each card is numbered on the back to ensure that the facilitator can distribute and collect a full set to large groups.

THE AIDS FLASH CARDS

The purpose of the flash card set is to present information and generate discussion about HIV and AIDS in a participatory manner. The flash cards can help health education agents to explain difficult ideas and to give clear instructions.

The flash card pictures are displayed one at a time to a group or individual by the facilitator. On the back of each card is a message in bold letters which corresponds to the picture. The facilitator should use his/her knowledge about HIV/AIDS to develop discussion. Smaller text at the back of each card provides information which the facilitator can use to upgrade their own knowledge about this subject. The facilitator should try to encourage participants to volunteer suggestions about what they can observe in the pictures. For example; What can you see?, What does this tell you? What is happening in this picture?.

The facilitator should look at the group whilst holding up the flash cards and move around the group if it is large to ensure everyone views the pictures.



The messages provided on the back of each card are as follows;

CARD 1. AIDS IS A SERIOUS AND INCURABLE DISEASE.

CARD 2. AIDS CAN INFECT ANYBODY WHATEVER THEIR AGE, SEX, RELIGION, PROFESSION, WHETHER THEY ARE RICH OR POOR.

CARD 3. A PERSON CAN BECOME INFECTED WITH THE AIDS VIRUS THROUGH SEXUAL INTERCOURSE.

CARD 4. A CONDOM CAN BE USED TO PREVENT THE TRANSMISSION OF AIDS DURING SEXUAL INTERCOURSE.

CARD 5. A GUIDE TO CORRECTLY USING A CONDOM.

CARD 6. A PERSON CAN BECOME INFECTED THROUGH AN INJECTION. THIS PICTURE SHOWS AN UNQUALIFIED PERSON GIVING AN INJECTION.

CARD 7. TO PREVENT THE TRANSMISSION OF AIDS ALWAYS USE A NEW NEEDLE AND SYRINGE. MAKE SURE THE PERSON GIVING THE INJECTION IS QUALIFIED.

CARD 8. PICTURES SHOW HOW AIDS IS NOT SPREAD; THROUGH SHARING CUTLERY, INSECT BITES, KISSING OR USING THE LATRINE.

CARD 9. IT IS IMPORTANT TO LEARN AS MUCH AS POSSIBLE ABOUT AIDS TO PROTECT YOURSELF. TELL YOUR FRIENDS ABOUT HOW TO PREVENT THE TRANSMISSION OF HIV.

CARD 10. INSTRUCTIONS ABOUT HOW TO USE THE FLASH CARD.

GUIDELINES FOR THE USE OF THE DISCUSSION POSTERS ON MOTHER AND CHILD HEALTH

THE DISCUSSION POSTERS ON MOTHER AND CHILD HEALTH CARE

INTRODUCTION

Discussion posters are designed to increase knowledge through open discussion about a range of topics relevant to the audience. The pictures on mother and child health care are large in size (approx 70 x 115cm,, printed on cloth to increase durability and joined together along the top. The material is used as a flip chart and following the discussion of one picture it can be `flipped over' to reveal another picture on a subject that is relevant and leads on from the previous poster. The posters are intended for use in outreach clinics, urban health centres or the community by community health and public health nurses.

METHODOLOGY

The posters should be displayed in a position where they can be easily seen by the members of large groups, for example high on a door or wall. The pictures have no wording and it is the health worker who must encourage the group to discuss what they see in the picture and to provide advice about the subject whenever necessary.

These notes provide guidelines to health workers for the use of each discussion poster. The health worker may wish to supplement this information with the local knowledge and experience that they have about the target audience.

The pictures in this set cover pregnancy, child spacing, contraception, breast feeding, personal hygiene with young children, signs and symptoms of common childhood illnesses and oral rehydration therapy.

POSTER 1. PICTURE OF PREGNANT MOTHER CARRYING A BABY ON HER BACK.

This poster is intended to raise points for discussion regarding;

1. CHILD SPACING- This means having a few years between children in each family.

2. ADVANTAGES OF CHILD SPACING.

-Children have time with mothers.

-Children can be breast fed for at least 2 years.

-Children have more food to eat.

-Parents are better able to feed, clothe and educate their children.

-Well spaced children are healthier and do better at school.

3. CONTRACEPTION.
The methods of contraception available to help mothers space their children.
IUD, PILL, CAP, CONDOM, FOAMING TABLETS, INJECTIONS.

Q.WHAT TYPES OF FOOD ARE IMPORTANT FOR PREGNANT WOMEN?
All good food is safe for pregnant women to eat. Pregnant women should eat lots of iron rich food such as dark green vegetables and beans to prevent anaemia. Women should eat more when they are pregnant so their babies will be strong and healthy.

POSTER 2. PICTURE OF A MOTHER BREAST FEEDING HER CHILD.

This poster is intended to raise points for discussion regarding;

1. THE BENEFITS OF BREAST FEEDING BABIES;

-Breast milk is perfect food for babies who need no other food or water until they are four months old.

-Breast milk makes a baby grow strong

-It is free from germs and cannot make the baby ill.

-It stops the baby from getting diarrhoea and other infections.

-Breast milk is cheap and the mother does not have to buy powder milks

-Breast milk is the safest way to feed your baby.

IMPORTANT POINTS:
Babies should be breastfed immediately after birth. The first milk (colostrum) is like the first vaccination for the baby. It is full of goodness to protect the baby from disease. Babies should breastfeed whenever they are hungry or thirsty.

Breast milk is all the food babies need for the first 4-6 months. A mother may use breast feeding and another form of family planning to space her children.

POSTER 3. PICTURE OF A MOTHER WASHING A SMALL CHILD'S HANDS.

This poster is intended to raise points for discussion regarding:

THE IMPORTANCE OF PERSONAL HYGIENE.

-Teach children the importance of personal hygiene.

- Show them how to wash their hands using soap and water.

-Tell them when it is important to wash their hands.

-After playing or working

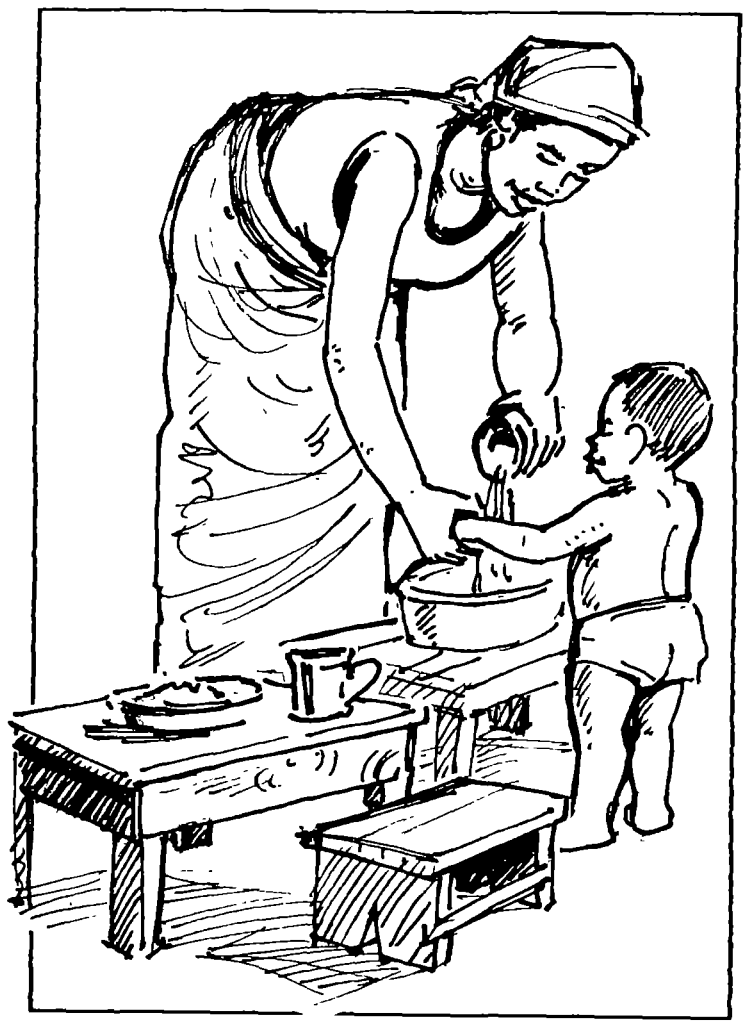
-Before eating

-After going to the toilet.

- Before helping to prepare food.

-Encourage older children to show younger children how to wash their hands.

-Hand washing will prevent diarrhoea and other infections.



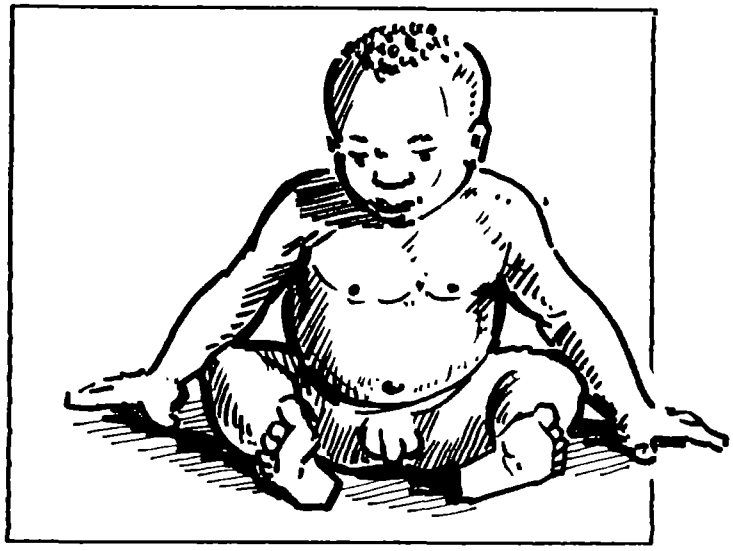
POSTER 4. PICTURE SHOWING A 6 MONTH OLD BABY

This picture is intended to raise points for discussion regarding:

THE SIGNS AND SYMPTOMS OF DEHYDRATION AND COMMON CHILDHOOD ILLNESSES.

ADVICE REGARDING THE TREATMENT OF THESE ILLNESSES.

This poster can be used in a more participatory manner by inviting group members to the front and ask them to mark on the poster using red cloth and pins etc, the signs and symptoms of an illness.



SIGNS AND SYMPTOMS OF DEHYDRATION

1. Thirst and dry mouth (first sign)
2. Small amount of urine/dark colour
3. Sunken eyes
4. Sunken Fontanelle (first year only)
5. Fast weak pulse
6. Regular diarrhoea
7. Loss of weight
8. Loss of skin elascity

ADVICE REGARDING THE TREATMENT OF DEHYDRATION SYMPTOMS

1. Give ORS to the child as soon as possible or breast milk or rice water or green coconut milk. Give the child as much as he/she can drink.
2. Keep feeding the child
3. Do not give the child any medicines.
4. If the symptoms persist for longer than two days or get worse take the child to the clinic.

This exercise can be similarly used for signs and symptoms of acute respiratory infections and measles.

POSTER 5. PICTURE OF TWO COCA COLA BOTTLES AND A SACHET OF ORAL REHYDRATION SOLUTION

This poster is intended to raise points for discussion regarding:

THE PREPARATION OF ORS

-Using one beer bottle or two mineral bottles of clean water to one sachet of ORS.

-Place the measured water into a bowl

-Add the sachet of ORS

-Mix well

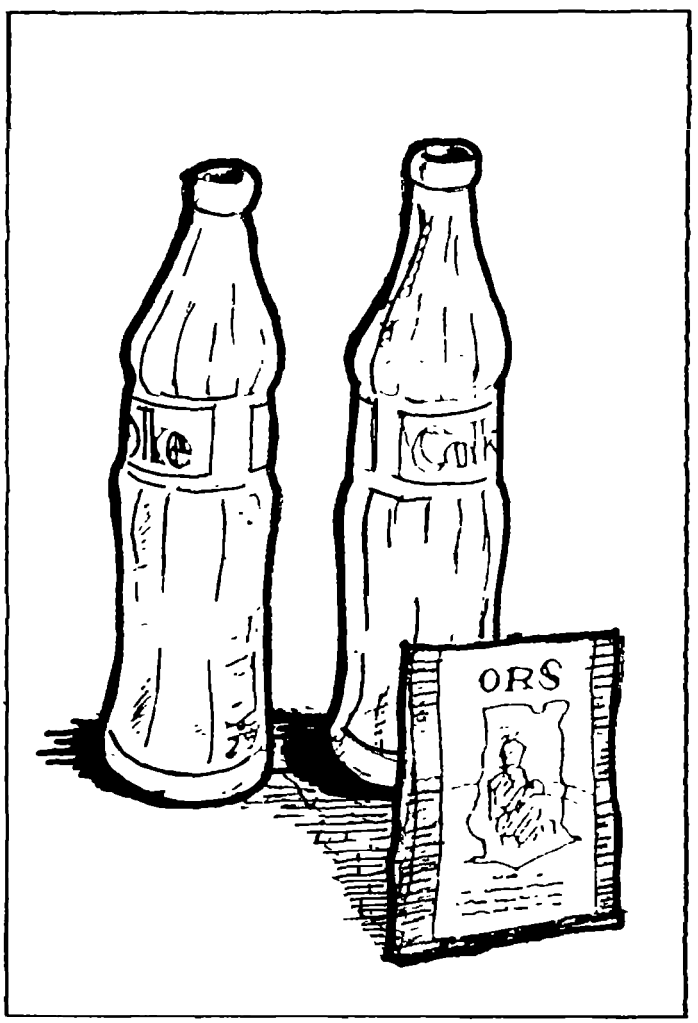
-Give as much as the child will drink using a spoon or cup.

-If the child vomits continue giving the ORS

-Do not give any other medicines

-If the symptoms persist take the child to a clinic

-If ORS is not available, give rice water or green coconut milk or breast milk.



GUIDELINES FOR THE USE OF THE BABY CLOTH POSTERS BY COMMUNITY HEALTH NURSES

THE BABY CLOTH POSTERS

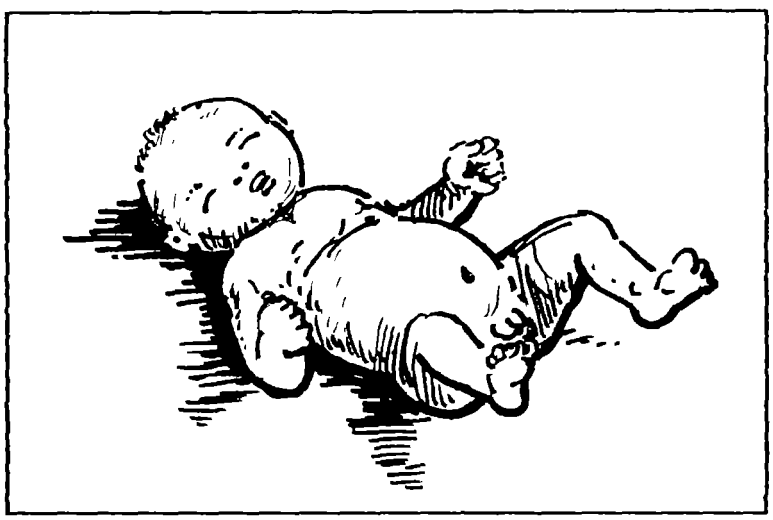
INTRODUCTION

The baby cloth posters are designed to be used with large groups such as the attenders of well baby clinics. The purpose of this health education material is to increase the knowledge of mothers about the early signs, symptoms and treatment of dehydration, acute respiratory infections and measles.

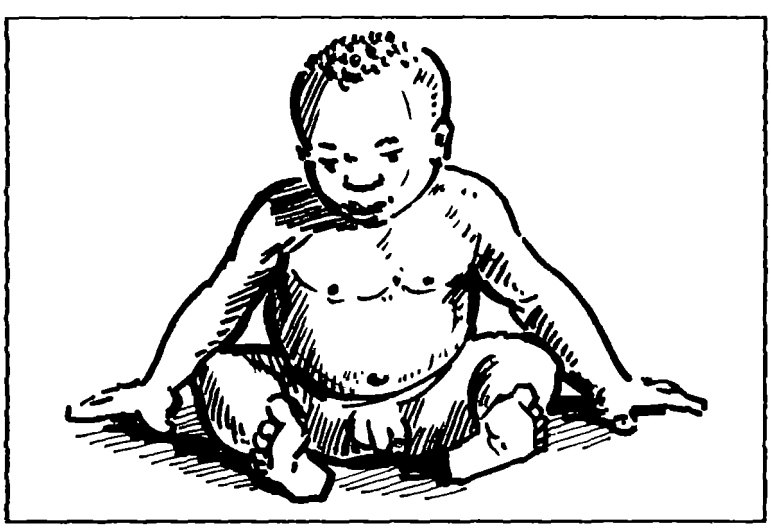
METHODOLOGY

There are three cloth posters, each 90 cm X 90 cm in size and each showing the picture of a child at a different age.

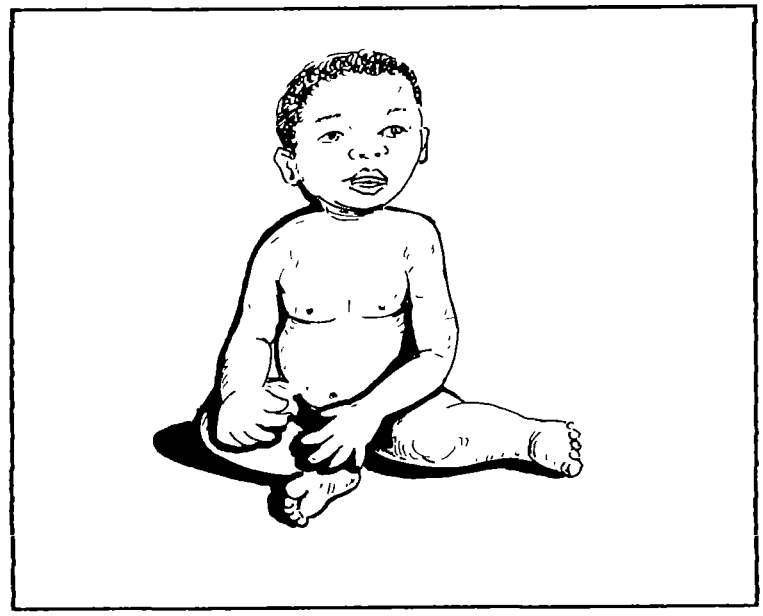
The first picture shows a child who is 6 weeks old.



The second picture shows a child who is 6 months old.



The third picture shows a child who is one year old.



The health workers should select the picture which best suits the target audience and the children which they have brought to the clinic.

METHODOLOGY

One picture is displayed at a time in a position where the group can easily see the poster, for example on a wall or a door.

Members of the group are invited to come to the front and mark on the poster, using sticky red labels, the signs and symptoms of the particular illness about which the health worker wants to direct the discussion.

The health worker should encourage participants not to be shy and to take part in the exercise.
The group should agree upon each of the points and the health worker should summarise the points at the end of the session.

The following information is provided as a guide to appropriate advice for health workers to give to the target audiences;

A. THE SIGNS AND SYMPTOMS OF DEHYDRATION

1. Thirst and a dry mouth (first sign)
2. Small amount of dark urine (early sign)
3. Sunken eyes
4. Sunken fontanelle (first year only)
5. A fast weak pulse
6. Regular diarrohea
7. Loss of weight
8. Loss of skin elascity

ADVICE REGARDING THE TREATMENT OF DEHYDRATION SYMPTOMS

1. Give suitable oral rehydration solutions to the child as soon as possible, for example, ORS, breastmilk, rice water, green coconut milk. Give the child as much as he/she can drink.
2. Keep feeding the child.
3. Do not give the child any medicines.
4. If the symptoms persist for longer than 2 days or get worse take the child to the clinic.

B. THE SIGNS AND SYMPTOMS OF ACUTE RESPIRATORY INFECTIONS

1. Rapid breathing
2. High temperature
3. Runny nose
4. A cough
5. Child is unable to drink
6. The lower part of the chest goes in as child breathes

1. Give the child plenty to eat and drink.

2. Keep the child warm.

3. Soothe the throat and relieve the cough with a safe remedy.

4. Keep the childs nose clear and clean.

5. Take the child to a clinic if he/she shows signs of fast breathing or an indrawing of the chest.

C. THE SIGNS AND SYMPTOMS OF MEASLES

1. Fever

2. Runny nose

3. Cough

4. Red eyes

5. Rash on the body and arms

6. Diarrhoea

ADVICE REGARDING THE TREATMENT OF MEASLES

1. Give the child plenty to eat and drink during and after measles.

2. Treat the diarrhoea with ORS and other fluids.

3. Keep the child's nose clear and clean.

4. Sponge the child with tepid water and take him/her to the clinic if he/she gets worse.

GUIDELINES FOR PRIMARY SCHOOL TEACHERS ON THE USE OF PARTICIPATORY HEALTH EDUCATION TECHNIQUES

THE PARTICIPATORY MATERIALS FOR PRIMARY SCHOOL TEACHERS

INTRODUCTION

This is an illustrated guide to demonstrate the use of participatory techniques specifically developed for Primary School Teachers by the Kumasi Health Education Project.

The materials introduced in this booklet are;

1. FLIPCHART ON COMMON CHILDHOOD ACCIDENTS: TO HIGHLIGHT AND RAISE AWARENESS ABOUT SOME OF THE COMMON ACCIDENTS IN HOMES, AT SCHOOL, THEIR PREVENTION AND APPROPRIATE FIRST AID.

2. THE WORMS CALENDER: THIS MATERIAL IS DESIGNED TO ENCOURAGE PUPIL CENTRED ACTIVITY ABOUT THE TOPIC OF WORMS WHICH ARE COMMON IN PRIMARY SCHOOL CHILDREN.

3. FLIPCHART ON THE PREVENTION OF DIARRHOEA: TO HIGHLIGHT AND RAISE THE AWARENESS OF PRIMARY SCHOOL CHILDREN ABOUT THE PREVENTION AND TREATMENT OF DIARRHOEA.

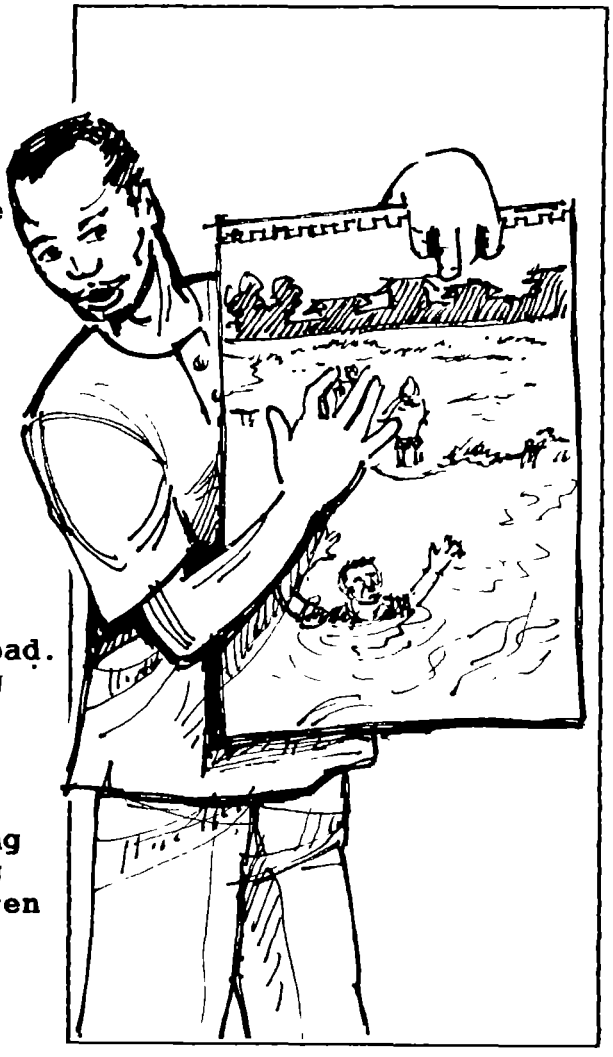
4. THE SNAKES AND LADDERS GAME: TO INTRODUCE A GAME FOR PRIMARY SCHOOL CHILDREN TO RAISE AWARENESS ABOUT ISSUES IN WATER AND SANITATION.

5. THE DENTAL HYGIENE FLASH CARDS: To present information and generate discussion about a specific subject in a participatory manner.

FLIPCHART ON ACCIDENTS AND FIRST AID

The flipchart on common childhood accidents entitled "Watch it" can be used by teachers by holding up the large pictures in front of the pupils to discuss the content of the picture. The teachers can develop the discussion by providing information about prevention and appropriate first aid.

Picture 1 shows a child choking on a counter. Discuss with the children the dangers of putting small objects such as coins or stones into the mouth. The object may be removed by slapping the child on the back or holding a small child up-side down.
Picture 2 shows a child being bitten by a snake. The child should be taken to the hospital to receive an anti-venom injection. Discuss with the children to avoid snakes and not to try to kill them.
Picture 3 shows a child involved in a car accident. Discuss with the children how to avoid traffic, roads, not to play near roads and to look both ways before crossing the road.
Picture 4 shows a child drowning in a river. Discuss with the children about not swimming or playing in rivers or streams to avoid drowning.
Picture 5 shows a child receiving an electric shock whilst ironing his clothes. Discuss with children the care needed when using electrical objects avoid shocks and burns.

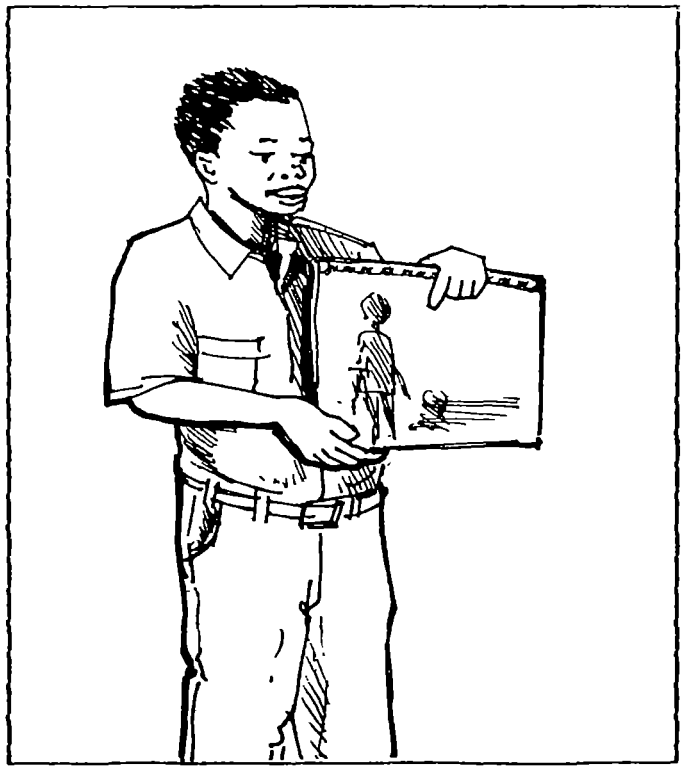


Picture 6 shows a child being burnt by a cooking pot when the contents are spilled. Discuss with the children the dangers of fires and to avoid cooking pots.
Picture 7 shows a child falling from a tree. Discuss with children the dangers of climbing in trees.
Picture 8 shows a child who has cut himself with a cutlass. Discuss with children the dangers of sharp objects and how to handle knives, blades and scissors.

THE WORM CALENDER

The flipchart on worms may be used as a calender when each day or week a new picture is displayed to the class and the activities and key points are discussed. The front picture has a question which the teacher can translate for the children and also suggests activities for the children.

At the back of each picture there are key points or facts about the prevention of worms which the teacher can discuss with the pupils. These key points are a guide for teachers who may want to develop further activities for the pupils.



THE FLIP CHART ON THE PREVENTION OF DIARRHOEA

The flipchart on diarrohea can be used to stimulte discussion with the pupils about the causes, prevention and treatment of diarrhoea. The teacher can display each large picture to the class and ask the pupils to comment on the picture. The teacher can provide additional facts and information.

Picture 1 shows a baby crawling and feeding from the ground. Dirt and faeces are a cause of diarrhoea.

Picture 2 shows children buying food from a vendor. Poor food hygiene can cause diarrhoea.

Picture 3 shows children playing on a refuse dump. Dirt and faeces can be collected on hands and cause diarrohea.

Picture 4 shows a child eating rice from a leaf. This is a poor practice when germs can be spread.

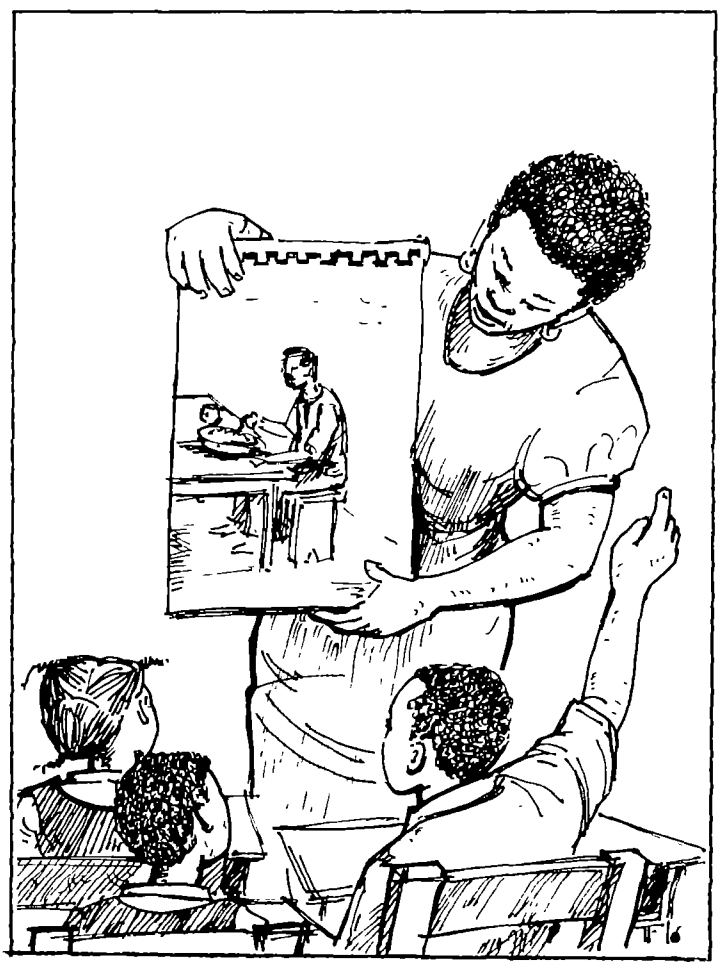
Picture 5 shows a child washing fruit before eating to remove dirt.

Picture 6 shows children washing hands before eating to remove dirt.

Picture 7 shows a child washing hands after using the latrine to remove germs.

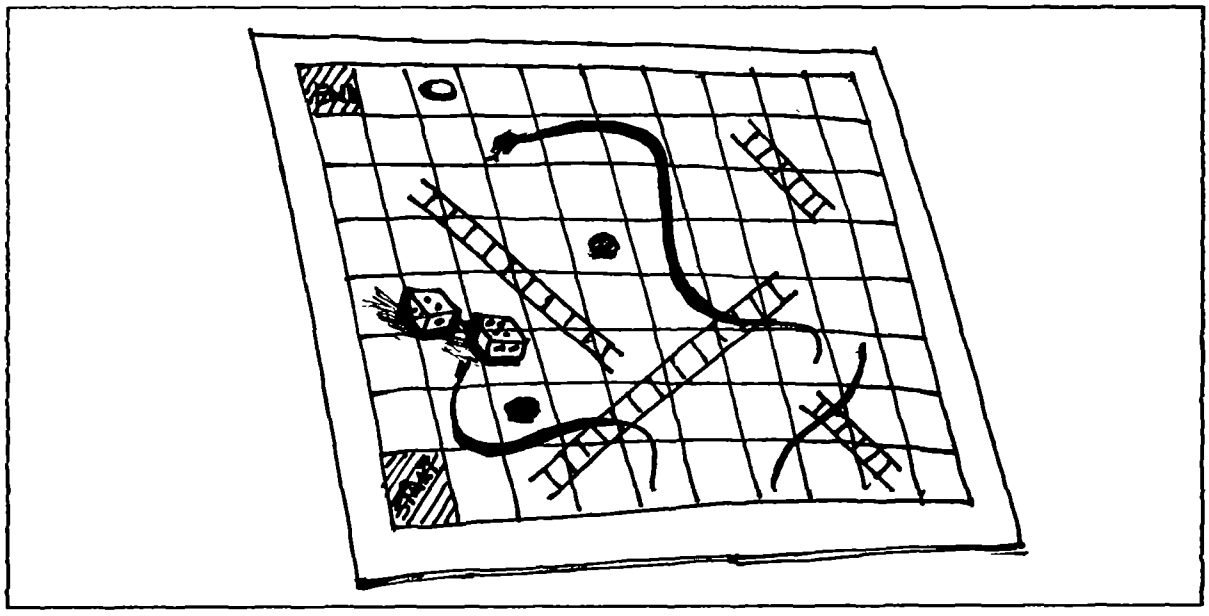
Picture 8 shows a child washing hands with soap.

Picture 9 shows a child buying ORS to treat diarrhoea.



THE SNAKES AND LADDERS GAME

The snakes and ladders game is to be played by 4 to 6 pupils but many others can watch and participate. By using a dice and counters the players move around the game from the start to the finish. Each time a player stops on a square with wording the teacher should translate for the pupils and discuss the meaning. The game is printed on cloth so that it can be folded away and washed. The game could also be placed on a wall and the key points discussed with the class.



THE DENTAL HYGIENE FLASH CARDS

The dental flash cards are displayed one at a time to the class by the teacher. On the back of each card is some basic information about the picture being displayed to help with the discussion. However, the teacher may add information or encourage pupils to comment on the pictures. For example: what do you see, what is happening in the picture.

SECTION VII.

THE IN-SERVICE TRAINING WORKSHOPS

This section provides a series of in-service training manuals to introduce participatory materials to selected health education agents. The workshop format may be modified to accomodate newly designed materials.

Methodologies for process evaluation (format and content) are provided in Section IV of this manual.

THE IN-SERVICE TRAINING WORKSHOPS

The Kumasi Health Education Project has developed and evaluated a series of in-service training workshops for selected health education agents. The format and content of these workshops are provided in the form of manuals to allow easy reproduction for the distribution to agents who will carry out the in-service training.

Field experiences gained during the development of the workshops are provided in Section IV of this manual.

The workshop manuals are for the training of selected district health workers (Environmental Health Officers and Community Health Nurses), Junior Secondary School Teachers and Primary School Teachers.

WORKSHOP MANUAL FOR THE TRAINING OF DISTRICT HEALTH WORKERS IN PARTICIPATORY HEALTH EDUCATION TECHNIQUES.

INTRODUCTION

This training manual is based on the findings of the process and outcome evaluations of in-service training workshops for 157 district health workers carried out by the Kumasi Health Education Project between 1991-1992.

THIS MANUAL IS INTENDED TO BE USED TO INTRODUCE A RANGE OF PARTICIPATORY HEALTH EDUCATION TECHNIQUES TO HEALTH WORKERS SUCH AS COMMUNITY HEALTH NURSES, HEALTH INSPECTION ASSISTANTS AND PUBLIC HEALTH INSPECTORS

The techniques introduced in the manual are to be used to enhance the ability of health workers to better enable them to carry out health education activities covering a range of subjects which are relevant to their work. This manual will be a part of the guidelines to strengthen health education services in Ghana and it is intended that the training will be coordinated by selected members of the DHMT. Senior district health workers will be included in the training programme to encourage their cooperation with the implementation of the programme.

THE MANUAL DESCRIBES TRAINING TECHNIQUES AND PARTICIPATORY HEALTH EDUCATION METHODOLOGIES WHICH HAVE BEEN FIELD-TESTED AND EVALUATED BY THE KUMASI HEALTH EDUCATION PROJECT.

The training programme will be funded through the Ministry of Health and the programme design has been concentrated into a one day workshop. A workshop programme for selected community health workers is provided in appendix 1. The workshop format has been designed to encompass the following essential findings of the Kumasi Health Education Project.

1. The workshop size is limited to not more than 20 persons to allow participatory techniques to be introduced through group work.

2. The concept of a learner centred/participatory approach is introduced as a brief exercise at the start of the workshop.

3. Although a wide range of participatory materials were developed and field-tested by the Project, only those found to be most

appropriate for selected health workers are introduced in the training programme.

4. It was found to be useful to include a short group task at the end of the workshop to develop an action plan for the participants.

5. Participatory methods are introduced for process and outcome evaluation.

OVERALL AIM OF THE WORKSHOP

To enhance the ability of district health education agents to better enable them to carry out participatory health education activities.

OBJECTIVES OF THE WORKSHOP

To provide participants with a range of participatory health education methods and materials which are specific to their work.

To encourage health workers to carry out health education activities using the knowledge and skills gained from the workshop.

METHODOLOGY

The workshop consists of short participatory exercises which divide participants into small groups of 8 to 12 persons. However, there is a introductory session when the aims and objectives of the programme will be explained. This is mainly an information giving session but participants will be encouraged to contribute through discussion and an "ice breaking" exercise.
The exercises employ the use of participatory methodologies and require at least one facilitator per group. The exercises are usually summarised by one facilitator at the end of each activity. The morning session is designed to be the longest with only a short break.

ICE BREAKING EXERCISE: "PARTNERS"

PURPOSE OF THE EXERCISE

To encourage the group to participate and help members to relax before the main exercises of the workshop begin.

The participants are divided into two groups and each member is given a number. The numbers of the two groups correspond to each other and members are asked to locate their opposite number from the other group. The pairs of participants are asked to talk to one another and to report to the group about their partner (to include name, work, family, religion, home town, interests and hobbies). This is a short introductory exercise and should last 15-20 minutes.

PHOTO PARADE

PURPOSE OF THE EXERCISE

An introduction to the learner centred and participatory approach of health education. The exercise is to help participants to distinguish between didactic and participatory styles.

Participants are divided into two groups and each given a set of 10 photos representing a wide range of communication situations, ranging from highly directive to highly participatory. Each group will be asked to select two photos which they feel shows the most participation and two which they feel show the least participation, based on the quality of learning or communication which séems to be taking place in the photos.
Each group will display their photos on a board or table, placing the two

negative (least) side by side on the left and the two positive (most) side by side on the right. The next group will place their photos directly below in the same order. Each group will defend its choice in a plenary session.

SUMMARY OF THE ADVANTAGES AND DISADVANTAGES OF PARTICIPATORY HEALTH EDUCATION.

This will be a brain-storming exercise in two groups followed by a group presentation to discuss the advantages and disadvantages of participatory health education methods Vs didactic methods. The facilitator will summarise these points to the group at the end of the session (appendix 2).

AN INTRODUCTION TO THE PARTICIPATORY METHODS AND MATERIALS

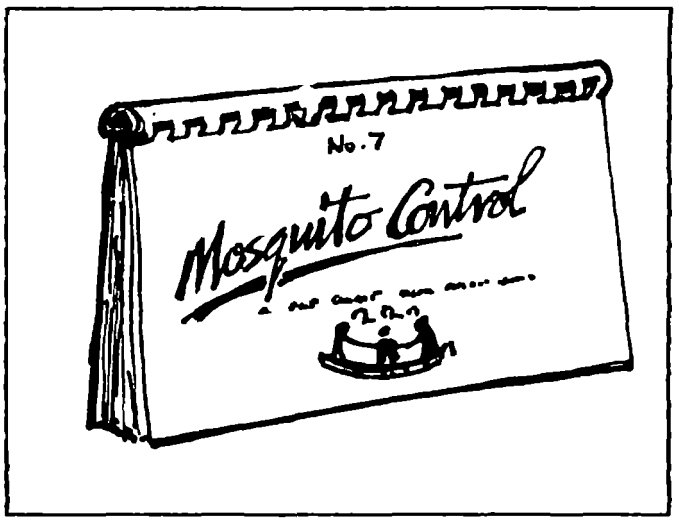
An introduction to the range of participatory methods and materials which were found to be suitable for health workers during the outcome evaluations will be presented by the facilitator. The materials presented in the workshop will depend on the type of health worker. Public health workers (Public health Inspectors, Health Inspection Assistants) will be presented with three pile sorting cards, story with a gap and flash cards. Community health staff such as Public Health Nurses, Community Health Nurses and Midwives who work in clinics will be presented with flash cards, baby cloth posters and discussion posters.

FLASH CARDS

PURPOSE OF THE MATERIAL

To present information and generate discussion about a specific subject in a participatory manner.

Participants will be divided into two groups. Each group member will be given a set of flash cards. One facilitator per group will give an explanation about how to use this material in a participatory manner. Each person will be given 5 minutes to examine their set of cards and plan how they will present an explanation of one or more pictures.

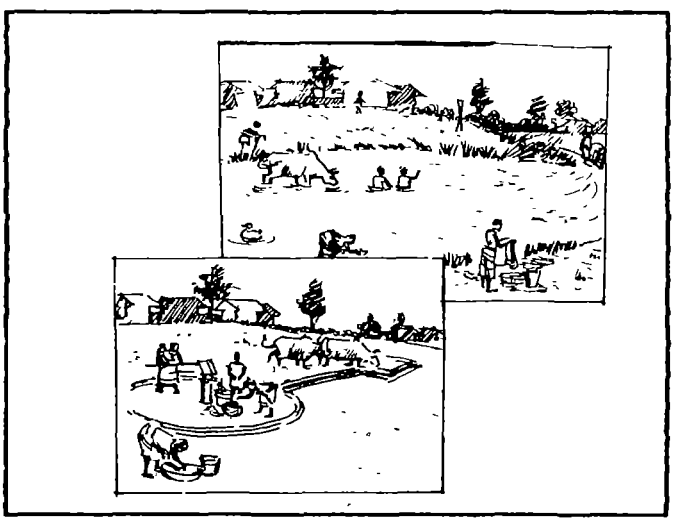


After the exercise the groups may repeat the methodology using a different subject area. The groups will then discuss how this material can be used as part of their work and any problems they feel that they might encounter when using the material.

STORY WITH A GAP

PURPOSE OF THE MATERIAL

A method to stimulate discussion with the target group about the causes and the solutions to health issues within the community.



Each group is given two large pictures, one of which shows a "before" scene (the problem) and the other an "after" scene (the solution). The groups are asked to decide what steps had to be taken to effect the change illustrated from one picture to the other.

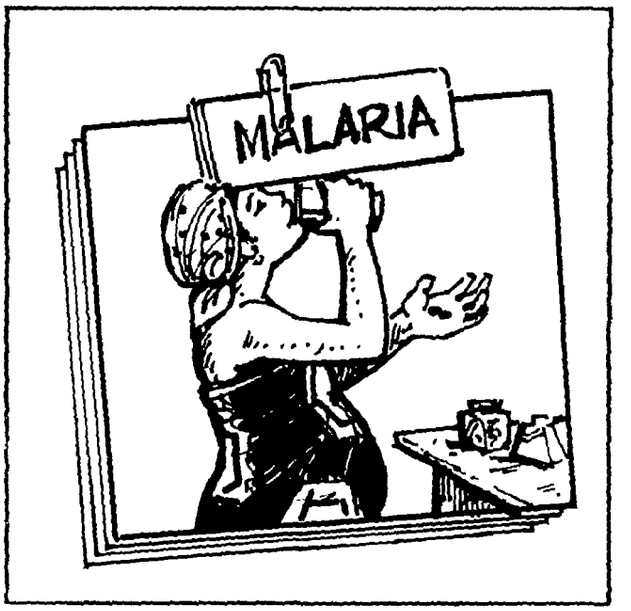
The story will be presented by the groups in a plenary session. Discussions about the content of each story and about how this material can be used as part of their work will be discussed.

THREE PILE SORTING CARDS

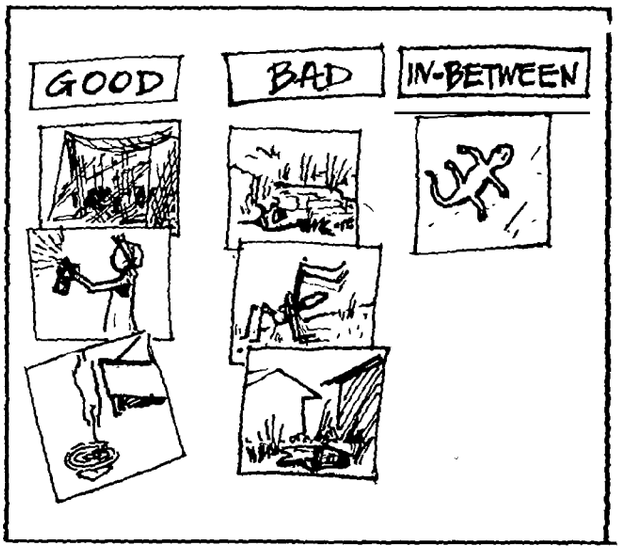
PURPOSE OF THE MATERIAL

A method to assess the existing awareness levels of community members and to increase knowledge levels regarding certain subject areas.

The materials used will cover family planning, water supply, malaria control, immunisation and diarrhoeal disease control.



Each group will be given a set of cards for one of the above subject areas and after examination of the cards will be asked to sort them into three categories; GOOD, BAD or INBETWEEN. There is no right or wrong answers and the pictures are intended to generate discussion amongst the groups.

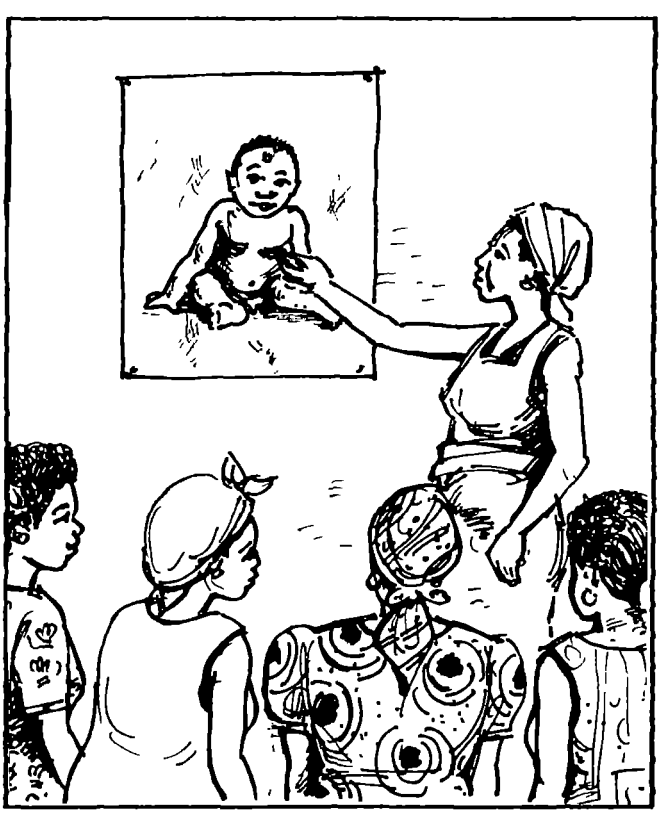


Each group will present their conclusions and defend them during a plenary session. The usefulness of this material and any problems that health workers might encounter will be discussed. The exercise is repeated for several of the subject areas to reinforce the methodology.

THE BABY POSTERS

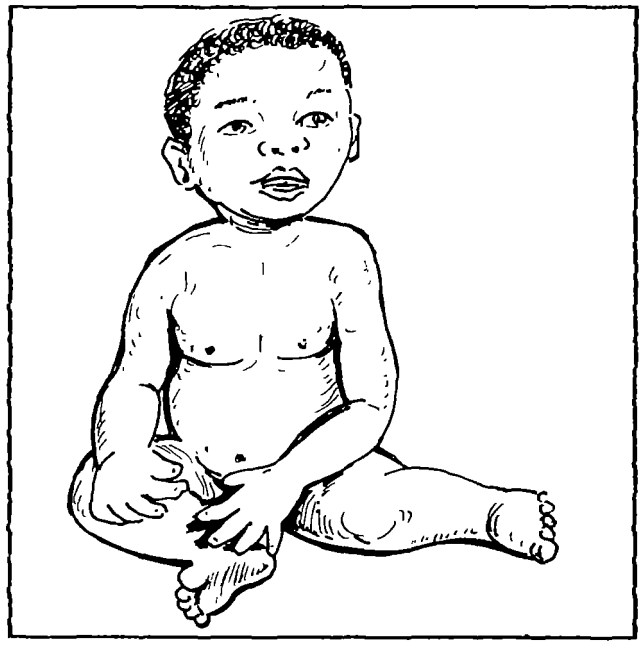
PURPOSE OF THE MATERIAL

To generate discussion in large groups such as well baby clinics to increase knowledge about early signs, symptoms and treatment of dehydration, ARI and measles.



There are three cloth posters,each shows a different picture of a child. The first picture shows a child of 6

weeks old, the second picture shows a child 6 months old and the third picture shows a child 1 year old. The health worker should select the picture which best suits the target audience. One picture is displayed at a time in a position where the group can easily see the poster, for example on a door or wall.



Members of the group are invited to come to the front and mark on the poster, using sticky red labels, the signs and symptoms. The health worker should encourage participants not to be shy and to take part in the exercise. The group should agree upon each of the points and the health worker should summarise all the points made at the end of the exercise and provide advice to the group, if necessary.

THE DISCUSSION POSTERS
PURPOSE OF THE MATERIAL

To increase knowledge through open discussion about a range of topics relevant to the audience.

The pictures are large and printed on cloth to increase durability. The material is used as a flip chart and following the discussion of one picture it can be "flipped over" to reveal another picture for discussion.

The material is displayed in a position where it can be easily seen by the members of large groups, for example high on a door or wall. The pictures have no wording and it is the facilitator who must encourage the group to discuss what they see in the picture and to provide advice about the subject whenever necessary. The pictures cover pregnancy,

nutrition, ORT, weaning practices, family planning and accidents in the home.

GROUP TASK

Following the introduction of the participatory methods and materials the participants will be divided into two groups and asked to consider the following questions.

Q1. When you return to work how will you use the materials which have been introduced in this workshop ?.

Q2. Who will be your target groups when using the materials ?.

Q3. What other materials/resources could you use to help you carry out health education activities ?.

Q4. From where will you acquire these materials/resources ?.

A presentation of the conclusions will be made by each group on a large sheet of paper and discussed in a plenary session.

DISTRICT HEALTH WORKERS IN SERVICE TRAINING PROGRAMME
WORKSHOP PROGRAMME: PUBLIC HEALTH STAFF

8.30 - 9.15	Introduction and ice breaking exercise
9.15 - 10.15	Photo parade and brain storming on advantages of participatory methods
10.15 - 10.30	Tea break
10.30 - 11.30	Introduction to participatory health education materials and flash cards
11.30 - 12.30	Story with a gap
1.30 - 2.30	3 pile sorting cards
2.30 - 4.00	Group task
4.00	Evaluation and Close.

WORKSHOP PROGRAMME: COMMUNITY HEALTH STAFF

8.30 - 9.15	Introduction and ice breaking exercise
9.15 - 10.15	Photo parade and brain storming on advantages participatory methods
10.15 - 10.30	Tea break
10.30 - 11.30	Introduction to participatory health education materials and flash cards
11.30 - 12.30	Discussion posters
12.30 - 1.30	Lunch
1.30 - 4.00	Baby cloth posters
2.30 - 4.00	Group task
4.00	Evaluation and Close

PARTICIPATORY	VERSUS	DIDACTIC
1. Learner centred approach. Focus is on learners developing abilities and skills.		1. Content focused approach; usually technical.
2. Information exchanged in a two-way process.		2. Information passed on in one direction.
3. Uses facilitators. To facilitate a process of competency building.		3. Assume role of "expert" and learner.
4. Involves participation.		4. Involves a minimum level of participation.
5. Focuses on human development.		5. Focuses on filling a known or assumed knowledge gap.
6. Facilitator must acquire skills and possibly assume a different status.		6. Simplifies the instructors tasks.
7. Open and flexible.		7. Rigid and directive.

* Each style has some element of participation.
* The two approaches can be complementary.
* They are different but this does not mean that one is intrinsically better than the other.

WORKSHOP MANUAL FOR THE IN SERVICE TRAINING OF PRIMARY SCHOOL TEACHERS

INTRODUCTION

The following training programme for Primary school teachers is based on the findings of the process and outcome evaluations of in-service training workshops carried out be the Kumasi Health Education Project between June 1992 and January 1993.
The workshop programme forms part of the guidelines to strengthen health education services in Ghana. The workshops will be used to introduce a range of participatory health education techniques to Primary school teachers. These workshops will be facilitated by district health education coordinators or circuit supervisers.

The materials will be used to enhance the ability of teachers to better enable them to plan and coordinate a school health programme.

The participatory health education methodologies and materials introduced in this manual have been developed specifically for primary schools and were field-tested and evaluated by the Kumasi Health Education Project with primary school teachers and pupils. Two lifeskills or science teachers are selected from each school to attend the workshops and are given the responsibility of coordinating health education activities in their school. Headmasters should also be invited to attend the workshop programme. A workshop programme is provided in appendix 3.

OVERALL AIM OF THE WORKSHOP

To provide primary school teachers with the knowledge and skills to better enable them to plan and implement a primary school health education programme.

OBJECTIVES OF THE WORKSHOP

1. To enable participants to develop an understanding of the concept of a school health programme.

2. To provide participants with a range of methods and materials appropriate to primary school health education activities.

METHODOLOGY.

INTRODUCTION

An introduction to the workshop and an explanation of the objectives and activities, this is mainly an information

giving session but participants will be encouraged to contribute through discussion and an "ice breaking" exercise.

ICE BREAKING EXERCISE; "PARTNERS"

PURPOSE OF THE EXERCISE

To encourage the group to participate and to help members to relax before the main exercises of the workshop begin.

PROCEDURE

The participants are divided into two groups and each member is given a number. The numbers of the two groups correspond to each other and members are asked to locate their opposite number from the other group. The pairs of participants are asked to talk to one another and to report to the group about their partner (to include name, work, family, religion, home town, interests and hobbies). This is a short introductory exercise and should be 15 - 20 minutes in duration.

THE SCHOOL HEALTH PROGRAMME

This exercise is an introduction to the structure of a school health programme and to help participants to distinguish between the different elements of the programme. A brief explanation will be given about the three elements which are school health services, a healthful environment and a school health education programme.

Participants will be divided into three groups and each asked to consider the requirements of one of the components of a school health programme. This is a brain-storming exercise when each group summarises its ideas onto a large sheet and presents the conclusions during a plenary session. The facilitators will discuss the purpose and content of each of the three components and how they form the school health programme.

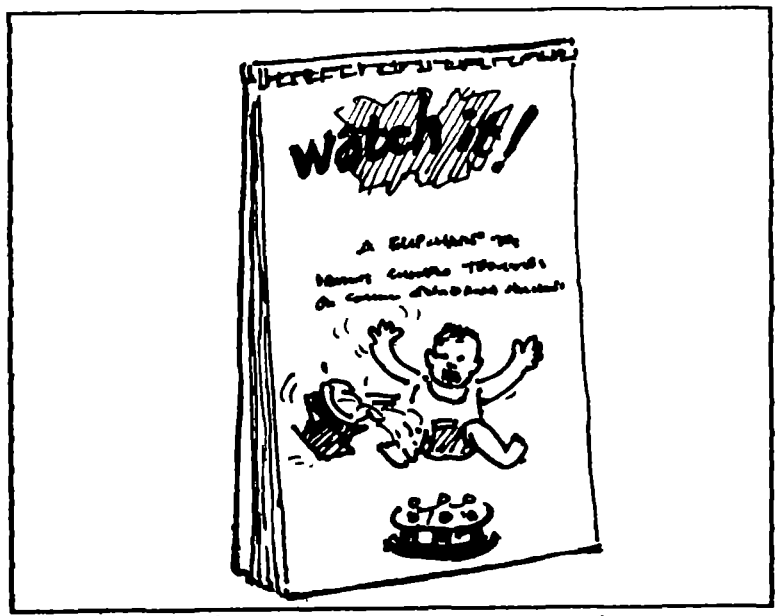
This exercise will be summarised with an explanation by the facilitators about the role of the workshop participants in the school health programme.

THE ACCIDENT AND FIRST AID FLIPCHARTS

PURPOSE OF THE EXERCISE

TO HIGHLIGHT AND RAISE AWARENESS ABOUT SOME OF THE COMMON ACCIDENTS IN HOMES, AT SCHOOL, THEIR PREVENTION AND APPROPRIATE FIRST AID.

The participants are divided into two groups. Each group member will be required to think about how they would use the flipchart in their classroom and demonstrate to the rest of the group using two pictures from the flipchart. A short discussion will be led by the facilitator about the most common childhood accidents and their prevention.



Consideration will need to be given about as to how activities can be graded across the primary school age range. For example in P1 and P2 it might be more appropriate to look at accidents that have happened to me, in P3 and P4 dangers at home and in school and in P5 and P6 simple first aid and coping with accidents. The guidelines

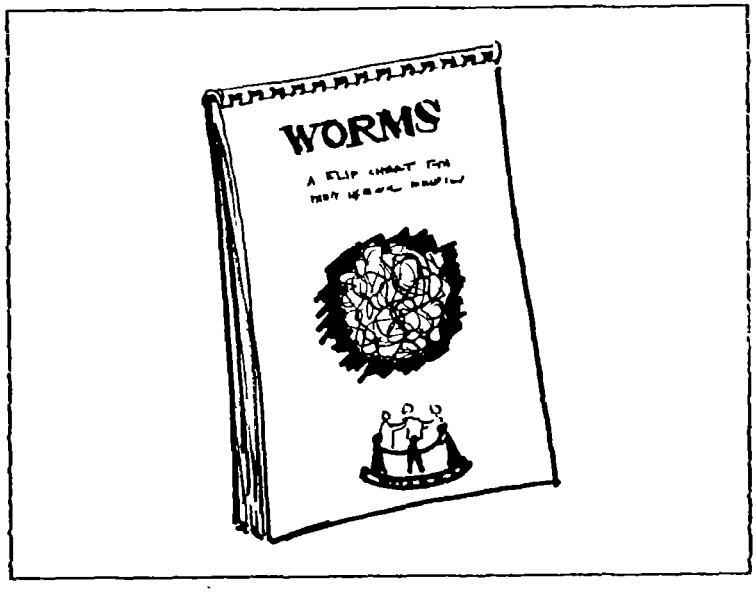
and text on the back of the cards are provided to assist the teacher.

THE WORM CALENDER

PURPOSE OF THE EXERCISE

THIS MATERIAL IS DESIGNED TO ENCOURAGE PUPIL CENTRED ACTIVITY ABOUT THE TOPIC OF WORMS WHICH ARE COMMON IN PRIMARY SCHOOL CHILDREN..

The participants are divided into two groups and each given a worms calender. Each group will be asked to look at ten of the pictures and to think of ways in which they could be used in their classrooms. Activities to assist the teacher are given on the back of each picture. The anticipated difficulties in using this material will be discussed with the groups.

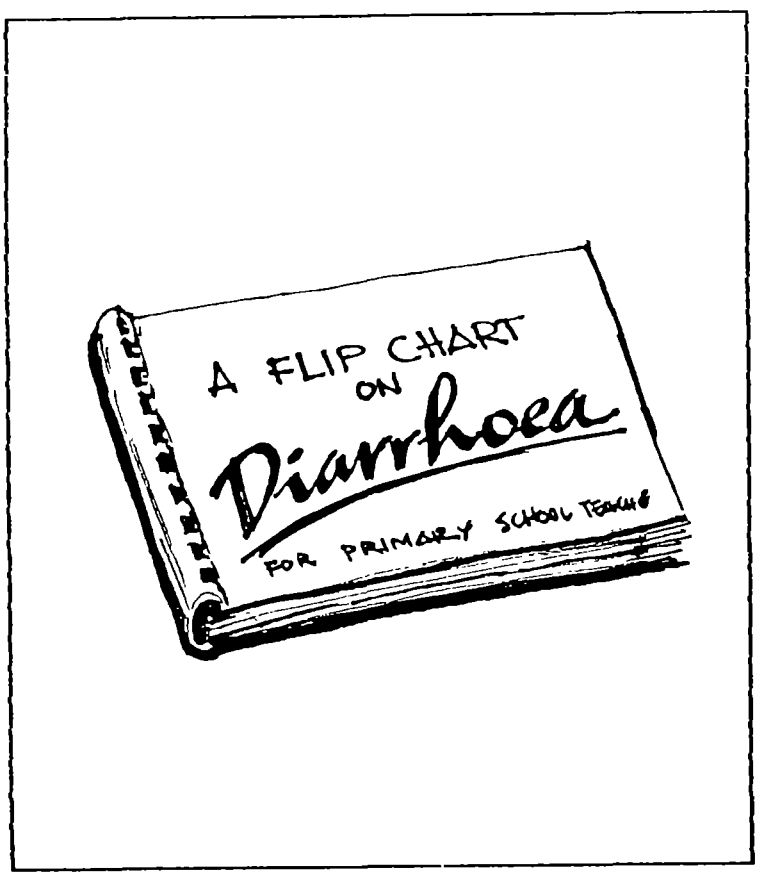


THE DIARROHEA FLIPCHART

PURPOSE OF THE EXERCISE

TO HIGHLIGHT AND RAISE THE AWARENESS OF PRIMARY SCHOOL CHILDREN ABOUT THE PREVENTION AND TREATMENT OF DIARRHOEA.

The participants are divided into two groups. One group is asked to brain storm about the causes of diarrhoea and the other group is asked to consider the ways of treating diarrhoea. A short discussion is held on the ideas suggested. The flipchart is then introduced and the participants observe each picture. The use of this material in the classroom is discussed and any possible difficulties clarified.



FLASH CARDS

PURPOSE OF THE EXERCISE

To present information and generate discussion about a specific subject in a participatory manner.

Participants will be divided into two groups. Each group member will be given a set of flash cards. One facilitator per group will give an explanation about how to use this material in a participatory manner. Each person will be given 5 minutes to examine their set of cards and plan how they will present an explanation of one or more pictures.

After the exercise the groups may repeat the methodology using a different subject area. The groups will then discuss how this material can be used as part of their work and any problems they feel that they might encounter when using the material.

THE WORKSHOP PROGRAMME.

TIME	EXERCISE
8.30-9.30	INTRODUCTION AND ICE BREAKING EXERCISE.
9.30-10.45	THE SCHOOL HEALTH PROGRAMME.
10.45-11.00	TEA BREAK
11.00-12.00	ACCIDENT/FIRST AID FLIPCHART
12.00-1.00	THE WORM CALENDER
1.00-2.00	LUNCH
2.00-3.00	THE DIARRHOEA FLIPCHART
3.00-3.45	DENTAL HYGIENE FLASHCARDS
3.45-4.00	TEA BREAK
4.00-4.30	EVALUATION AND DISTRIBUTION OF MATERIALS.

WORKSHOP MANUAL FOR THE IN SERVICE TRAINING FOR JUNIOR SECONDARY SCHOOL TEACHERS

INTRODUCTION

The following training programme for J.S.S. teachers is based on the findings of the process and outcome evaluations of in-service training workshops carried out be the Kumasi Health Education Project between 1991-1992.
The workshop programme forms part of the guidelines to strengthen health education services in Ghana. The workshops will be used to introduce a range of participatory health education techniques to J.S.S. teachers. These workshops will be facilitated by district coordinators or circuit supervisers.

The materials will be used to enhance the ability of teachers to better enable them to plan and coordinate a school health programme.

The participatory health education methodologies and materials introduced in this manual have been field-tested and evaluated by the Kumasi Health Education Project with J.S.S. teachers and pupils. The materials were originally developed for use with health workers in the community but were also found to be appropriate for use in Junior Secondary Schools.
Two teachers will be selected from each J.S.S. by the school Headmaster to attend the workshops and given the responsibility to coordinate health education activities in their school. Headmasters from each of the selected schools and Circuit Organisers should also be included in the training programme to encourage their cooperation during implementation. A workshop programme is provided in appendix 1.

The workshop format has been modified to encompass the following essential findings of the process and outcome evaluations;

1. The workshops are two days in duration and limited to not more than 20 persons to allow participatory techniques to be introduced through group work.

2. Headmasters should be included in the in-service training workshops.

3. It is necessary to introduce the concept of a school health programme at the begining of the workshop.

4. The concept of the learner centred/participatory approach is introduced as a brief exercise.

5. It was found to be useful to include a short task at the end of the workshop to develop an action plan for participants.

6. Participatory methods are introduced for process and outcome evaluations.

OVERALL AIM OF THE WORKSHOP

To provide J.S.S. teachers with the knowledge and skills to better enable them to plan and coordinate a school health programme.

OBJECTIVES OF THE WORKSHOP

1. To help participants to develop an overall understanding of the concept of a school health programme.

2. To help participants to develop an understanding of participatory health education approach.

3. To provide participants with a range of participatory methods and materials to be used in school health education programmes.

4. To encourage participants to carry out follow-up activities using the knowledge and skills gained from the workshop.

METHODOLOGY. DAY 1.

INTRODUCTION

An introduction to the workshop and an explanation of the objectives and activities, this is mainly an information giving session but participants will be encouraged to contribute through discussion and an "ice breaking" exercise.

ICE BREAKING EXERCISE; "PARTNERS"

PURPOSE OF THE EXERCISE

To encourage the group to participate and to help members to relax before the main exercises of the workshop begin.

PROCEDURE

The particiapnts are divided into two groups and each member is given a number. The numbers of the two groups correspond

to each other and members are asked to locate their opposite number from the other group. The pairs of participants are asked to talk to one another and to report to the group about their partner (to include name, work, family, religion, home town, interests and hobbies). This is a short introductory exercise and should be 15 - 20 minutes in duration.

THE SCHOOL HEALTH PROGRAMME

This exercise is an introduction to the structure of a school health programme and to help participants to distinguish between the different elements of the programme. A brief explanation will be given about the three elements which are school health services, a healthful environment and a school health education programme.

Participants will be divided into three groups and each asked to consider the requirements of one of the components of a school health programme. This is a brain-storming exercise when each group summarises its ideas onto a large sheet and presents the conclusions during a plenary session. The facilitators will discuss the purpose and content of each of the three components and how they form the school health programme.

This exercise will be summarised with an explanation by the facilitators about the role of the workshop participants in the school health programme.

MAP BUILDING EXERCISE

To demonstrate a tool which can be used by children to gather information about a healthful environment.

METHOD

Each group is asked to discuss what a typical J.S.S. would look like and to plan its layout on a large sheet of paper using coloured crayons. The teachers are asked to add to their plan of the imaginary school the different aspects which create

an unhealthful environment. The teachers are encouraged to give the school a name, population and note other basic information which should be written onto the sheet. The maps are displayed and each group provides a presentation of their healthful school. The groups should discuss how this exercise could be used by school children to develop a plan of their school to collect information about the healthful school environment.

PHOTO PARADE

PURPOSE OF THE EXERCISE

An introduction to the learner centred and participatory approach of health education. The exercise is to help participants to distinguish between didactic and participatory styles.

Participants are divided into two groups and each given a set of 10 photos representing a wide range of communication situations, ranging from highly directive to highly participatory. Each group will be asked to select two photos which they feel shows the most participation and two which they feel show the least participation, based on the quality of learning or communication which seems to be taking place in the photos.

Each group will display their photos on a board or table, placing the two negative (least) side by side on the left and the two positive (most) side by side on the right. The next group will place their photos directly below in the same order. Each group will defend its choice in a plenary session.

AN INTRODUCTION TO THE
PARTICIPATORY METHODS AND MATERIALS

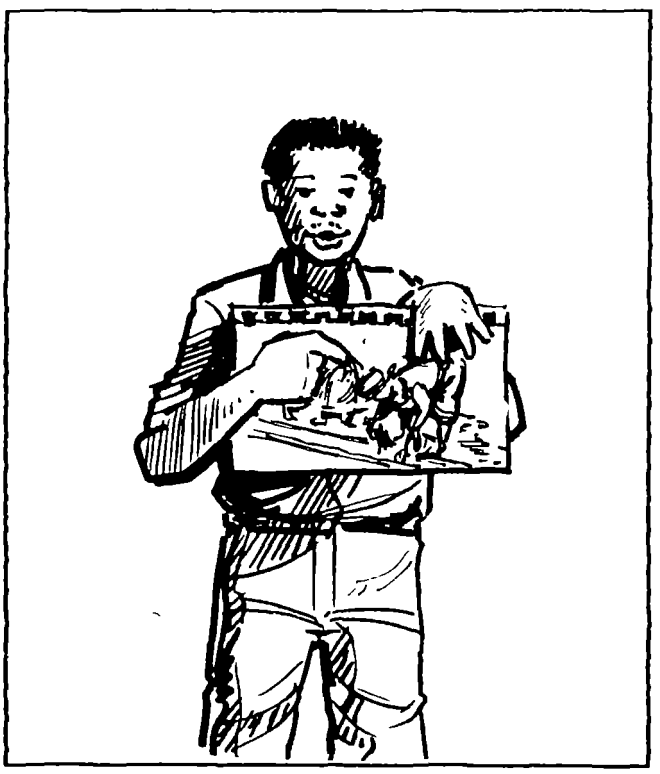
An introduction to the range of participatory methods and materials which were found to be suitable for J.S.S. teachers during the outcome evaluations will be presented by the facilitator. The materials presented in the workshop will be the un-serialised posters, 3 pile sorting cards, story with a gap and flash cards.

METHODOLOGY FOR DAY 2.

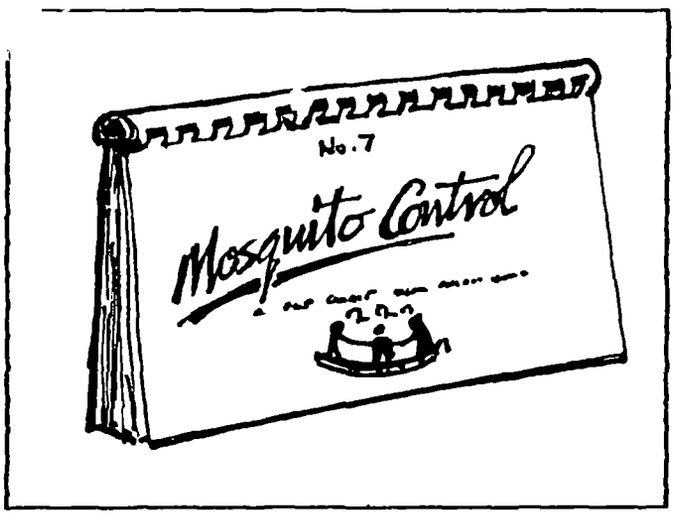
FLASH CARDS

PURPOSE OF THE MATERIAL

To present information and generate discussion about a specific subject in a participatory manner.



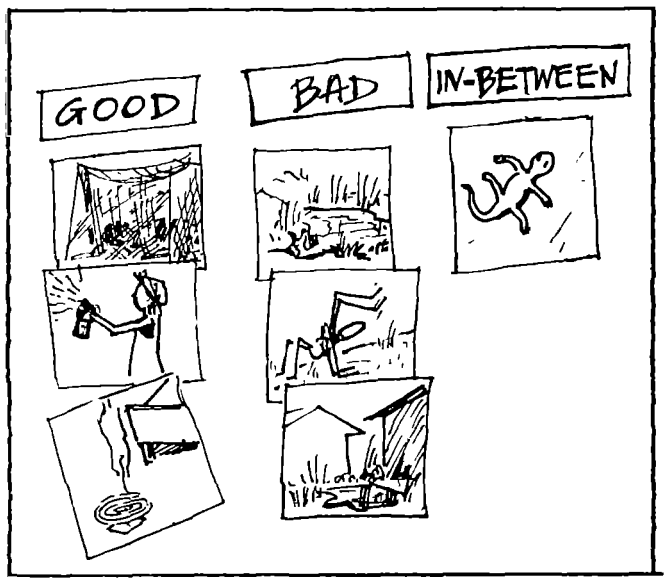
Participants will be divided into two groups. Each group member will be given a set of flash cards. One facilitator per group will give an explanation about how to use this material in a participatory manner. Each person will be given 5 minutes to examine their set of cards and plan how they will present an explanation of one or more pictures.



After the exercise the groups may repeat the methodology using a different subject area. The groups will then discuss how this material can be used as part of their work and any problems they feel that they might encounter when using the material.

STORY WITH A GAP
PURPOSE OF THE MATERIAL

A method to stimulate discussion with the target group about the causes and the solutions to health issues within the community.



Each group will present their conclusions and defend them during a plenary session. The usefulness of this material and any problems that health workers might encounter will be discussed. The exercise is repeated for several of the subject areas to reinforce the methodology.

GROUP TASK

Following the introduction of the participatory methods and materials the participants will be divided into two groups and asked to consider the following questions.

Q1. When you return to work how will you use the materials which have been introduced in this workshop ?.

Q2. When you return to work how can you coordinate a healthful school environment?.

Q3. When you return to work how can you coordinate a school health service?.

Q4. When you return to work how can you coordinate a school health education programme?.

Q.5 What materials and resources could you use to help you carry out these activities?

A presentation of the conclusions will be made by each group on a large sheet of paper and discussed in a plenary session.

WORKSHOP PROGRAMME FOR J.S.S. TEACHERS.

8.30 - 9.30	Introduction and "ice breaking exercise.
9.30 - 11.15	The School Health Programme and map building exercise.
10.30 - 10.45	Tea will be served
11.15 - 12.00	Photo parade
12.00 - 12.30	Introduction to participatory materials
12.30 - 1.30	Lunch
1.30 - 2.30	The un-serialised posters
2.30	Close and evaluation

DAY 2.

8.30 - 9.30	Introductions and flash cards
9.30 - 10.30	Story with a gap
10.30 - 10.45	Tea break
10.45 - 11.30	3 pile sorting cards
12.30 - 1.30	Lunch
1.30 - 3.00	Group task
3.00	Close and evaluation

PARTICIPATORY	VERSUS	DIDACTIC
1. Learner centred approach. Focus is on learners developing abilities and skills.		1. Content focused approach; usually technical.
2. Information exchanged in a two-way process.		2. Information passed on in one direction.
3. Uses facilitators. To facilitate a process of competency building.		3. Assume role of "expert" and learner.
4. Involves participation.		4. Involves a minimum level of participation.
5. Focuses on human development.		5. Focuses on filling a known or assumed knowledge gap.
6. Facilitator must acquire skills and possibly assume a different status.		6. Simplifies the instructors tasks.
7. Open and flexible.		7. Rigid and directive.

* Each style has some element of participation.
* The two approaches can be complementary.
* They are different but this does not mean that one is intrinsically better than the other.