



Ethiopian TVET-System



Health Extension Service Level III

Based on Jan.2018G.C Occupational Standard

Module Title	Performing Community Mobilization and Provide Health Education
TTLM Code	HLTHES3 MO4 TTLM 0919v1

This module includes the following Learning Guides

LG12: Conduct health education and communication

LG14: Train model families

LG15: Plan and Undertake advocacy on identified health issues



Instruction Sheet #1	LG12: Conduct health education and communication
-----------------------------	---

This learning guide is developed to provide you the necessary information regarding the following **content coverage** and topics:

- Identifying Community gap assessment
- Describing Resource mobilization /organization
- Identifying Target group
- Promoting Health education
- Designing Methods and approaches of health communication
- Providing Health education
- Monitoring and Evaluation of behavioral change and service Utilization
- Promoting Communication skills and health education
- Identifying Methods and strategies of health communication
- Promoting Human behavior and health
- Identifying Barriers of health education communication
- Describing Ethical principles in Health Education
- Performing Information dissemination
- Maintaining work related network and relationship

This guide will also assist you to attain the learning outcome stated in the cover page. Specifically, **upon completion of this Learning Guide, you will be able to:**

- Identify Community gap assessment
- Describe Resource mobilization /organization
- Identify Target group
- Promote Health education
- Design Methods and approaches of health communication
- Provide Health education
- Monitor and Evaluation of behavioral change and service Utilization
- Promote Communication skills and health education
- Identify Methods and strategies of health communication
- Promote Human behavior and health
- Identify Barriers of health education communication
- Describe Ethical principles in Health Education
- Monitor and evaluation of service utilization and behavioral change
- Perform Information dissemination
- Maintain work related network and relationship

Learning Instructions:

1. Read the specific objectives of this Learning Guide.
2. Follow the instructions described below 3 to 6.
3. Read the information written in the information “Sheet 1, Sheet 2, Sheet 3 and Sheet 4”.
4. Accomplish the “Self-check 1, Self-check t 2, Self-check 3 and Self-check 4” in **page -6, 9, 12 and 14** respectively.
5. If you Learned a satisfactory evaluation from the “Self-check” proceed to “Operation Sheet 1, Operation Sheet 2 and Operation Sheet 3 ” in **page -15**.
6. Do the “LAP test” in **page – 16** (if you are ready).



Information Sheet-1	Identifying Community need assessment
----------------------------	--

1.1. Community need assessment

1.1.1 Concept of need assessment

- **A needs assessment** is a systematic process for determining and addressing needs, or "gaps" between current conditions and desired conditions or "wants".
- Before implementing successful health education and promotion activities felt needs/real need of the community should be assessed and identified.
- The health needs of individual patients coming to take health service may not reflect the wider health needs of the community. Distinguishing between individual needs and the wider needs of the community is important in the planning and provision of local health education program.
- Health needs assessment is the systematic approach to ensuring that the health service uses its resources to improve the health of the population in the most efficient way. It involves describing health problems of a population; identify inequalities in health and access to services; and determine priorities for the most effective use of resources. You should able to identify, prioritize and select health education and promotion.
- It can be an effective tool to clarify problems and identify appropriate interventions or solutions. By clearly identifying the problem, finite resources can be directed towards developing and implementing a feasible and applicable solution.
- Gathering appropriate and sufficient data informs the process of developing an effective product that will address the groups'needs and wants.
- Conduct need assessment because it:-
 - ✓ Provide evidence about a population on which to plan health education program
 - ✓ Provides an opportunity to engage specific populations and enable them to contribute in planning and resource mobilization.
 - ✓ Provides an opportunity for cross-sectoral partnership working with local and religious leaders and effective interventions
 - ✓ Helps you in determine priorities for the most effective use of resource.

1.1.2 Steps in community health information need assessment

- To perform community need assessment in your area you need to follow certain steps to accurately identify the problem. This need assessment encompass a process of data collection and analysis. (You will learn more about data collection in health service management module of this curriculum)
- There are some essential steps involved in assessing community health information needs.
 - 1. Getting started**
 - ✓ It is the first step in assessing health information needs of certain community. At this stage you will be able to identify the population to be assessed, rational of assessment and community members to be involved.
 - ✓ At the end of this stage you should be clear about the population you are working with and clarified aim of assessment and its boundary.
 - 2. Identifying heath priorities**
 - ✓ This phase stage involves serious data collection and analysis. Using the collected data you will identify major determinants of the gap occurred and develop general description of the problems. Based on this profile you will be able to prioritize them in terms of their changeability and importance.

- ✓ At the end of this stage you will have short list of factors that hinder access to health information and their priority in terms of changeability and importance.

3. Assessing a health priority for action

- ✓ This stage encompass what changes can you make that will have positive impact on significant issues affecting the identified factor. At the end of this stage you will have actions used to reduce the gap and which are acceptable and cost-effective.

4. Planning action

- ✓ Now you have worked out what changes you want to make in order to tackle your choose priority problem. The major task of this stage is developing agreed aims, objectives, and targets. Health problems of a population; identify inequalities in health and access to services; and determine priorities for the most effective use of resources. You should able to identify, prioritize and select health education and promotion.
- ✓ The discrepancy between the current condition and wanted condition must be measured to appropriately identify the need. The need can be a desire to improve current performance or to correct a deficiency

5. Program review/monitoring and evaluation

- ✓ This is the final stage of health information need assessment. At this stage you will check your achievement against original aims and objectives.
- ✓ You will also assess the opportunities and challenges of your course of action. At the end you should transfer lesson learned from the program to other programs.
- To successfully assess the need of certain community following the above five stage is important. To support it program development, team working, community involvement, data collection and analysis skills are important.

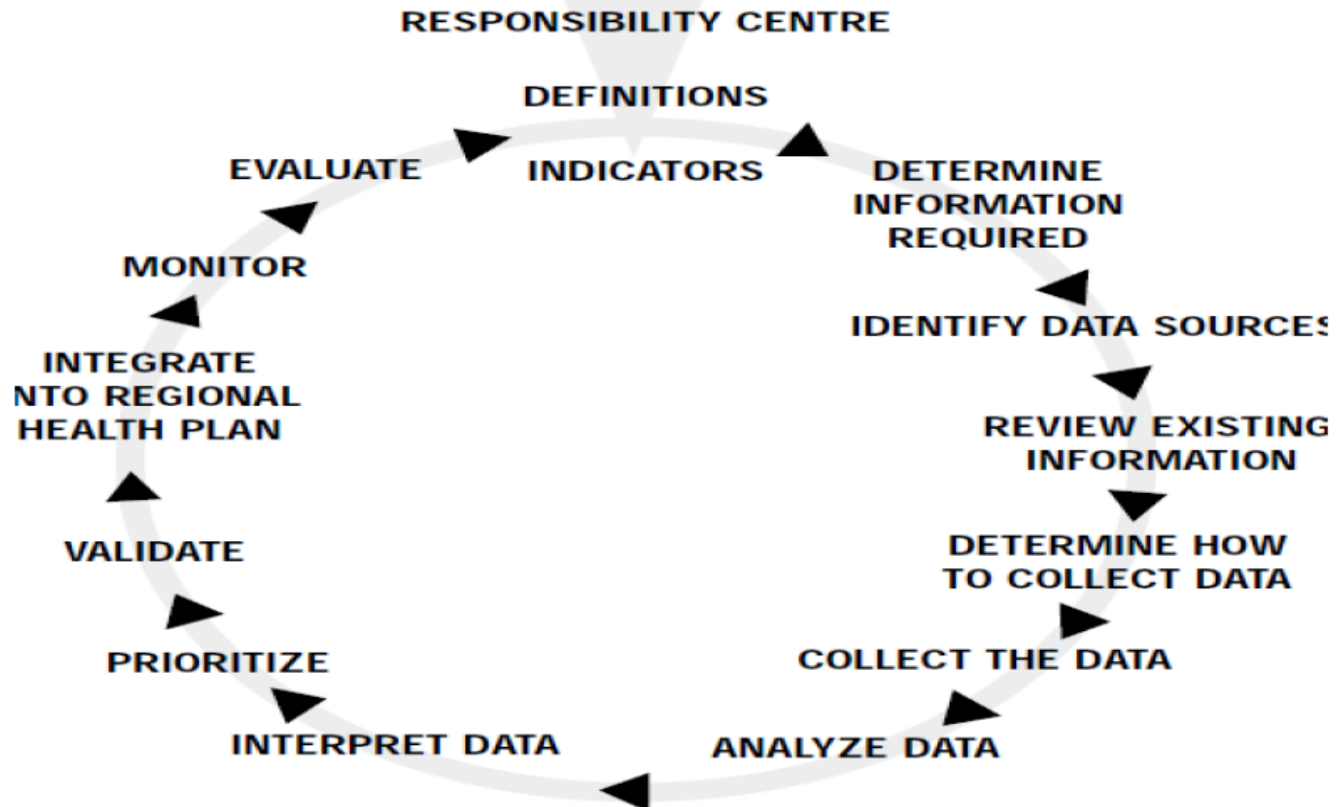


Figure 1.1:- Steps to be followed during need assessment



1.1.3 Need assessment techniques

- Need assessment encompass data collection and analysis.
- The data sources may be from:-
 - **Primary sources** are data which collected by you while need assessment by interview, discussion and any other ways.
 - **Secondary data sources** are data that is already collected and documented by anybody else at deferent area.
 - ✓ Different data-collecting techniques available for carrying out needs assessment. Various techniques can be used to collect data from the community.
- The techniques are discussed under four categories: individual, group and secondary source.

1 Individual technique

- Individual techniques involve collecting data from people one at a time. The people from whom the needs assessment data are collected do not interact with one another in the course of providing data.
- Individual techniques include:-
 - A. In-depth interview**
 - **In-depth interview** is an individual based interview used to explore individuals' beliefs, practices, experiences and attitudes in greater detail.
 - The health extension worker can identify health information needs of the community as well as their feeling, attitude, and motivation towards health education messages. The major aim of in-depth interview is to assume enough exploration of the issue at hand.
 - During in-depth interview it **is** preferable to use open ended questions rather than closes ended questions with yes or no responses.
 - While conducting in-depth interview you the following steps should be followed:-
 - **Select participants** -identify an individual with whom you are going to conduct an in-depth interview, obtain their consent and arrange a time.
 - **Prepare your interview guide** - this is a list of questions you can use to guide you during the interview.
 - **Write down the responses truthfully.** You can also use a tape recorder to record the responses.
 - **Prepare report** - after the interview is completed, review your notes or listen to the tape and prepare a detailed report of what you have learned.



Figure 5.2:- In-depth interviews can help you gather a lot of information that will help you plan your health education activities. Make sure that you have accurately record individual's response.

B. Key informant interview

- **Key informants** are people who are considered experts in a given area because of their professional knowledge or their position of influence in the community or organization. Examples include teachers, religious leaders, grass-roots workers, and traditional and political leaders.
- The community members are with their particular knowledge and understanding, represent the views of an important sector of the community. They can provide you with detailed information about the community, its health beliefs, cultural practices, and other relevant information that might help you in your work.

C. Questionnaires

- This needs assessment technique tends to be more structured than interview schedules and can be administered to each participant. We use questionnaire when we are dealing with literate communities.
- **Questionnaire** is a list of question to be asked our participants about the selected problems. It may include different types of questions; both open ended and close ended questions.

D. Observation

- Three methods including interviews provide information about people's beliefs, attitudes, values, and reported behavior.
- **Observation** provides information about actual behavior. To carry out an observation, you watch and record events as they are happening.
- Observation is important to see people's cultures, norms and values in their social context and hidden peoples behavior. This needs assessment technique is based on using rating forms, checklists, or observation schedules for collecting information.

2 Group techniques

- Group techniques allow participants to interact with one another during needs assessment activities.



- Successful needs assessment depends on competent leadership and on having participants who have both the knowledge and willingness to participate actively in the interactive group process.

A. Focus group discussion

- **Focus group interview** is defined as a technique in which a group of people who possess certain characteristics provide data of a qualitative nature in a focused discussion.
- Focus group is a group of 6 to 8 individuals who have been selected because they share certain characteristics which are relevant for the topic to be discussed.
- Steps in arranging focused group discussion:-
 - **Selection**:-Select 6–12 individuals for your focus group discussion. This selection of participant is based on specific criteria from the total population.
 - **Focus group discussion guide preparation**: - This is a set of questions which are used to facilitate the discussion.
 - **Assign facilitator**:-There should be one person who facilitates the discussion, and another person who takes notes during the discussion. If possible, it is also useful to record the discussion using a tape recorder, so that you can listen and analyze it later.
 - **Data analysis and reporting**:- Data analysis and reporting followed the interpretative summary format, whereby the data were not only described but also interpreted.

B. Delphi method

- In this technique, people with exceptional knowledge about a given subject area are involved in repeated questioning and feedback, using written questionnaires, until a consensus is reached on the subject.

C. Informal Group Methods

- This category includes gathering information at group meetings and social gatherings. It is common for participants at meetings to talk about issues and problems in their family, community, or organization even when they are not part of the agenda.

1.1.4 Secondary Sources review

- **Secondary data** is defined as "information gathered for other purpose than the immediate or first application".
- Secondary data sources include census reports, previous studies, and administrative records and reports. Extension staffs rarely use these data sources in needs assessment, probably because their application is not clear-cut.
 - What community need do you think health extension practitioners should assess?
 - A. Health need assessment**
 - It identifies health problems prevalent in your community. In other words, you look into any local health conditions which are associated with **morbidity, mortality** and **disability**.
 - B. Community resource need**
 - The local community needs to be equipped with the necessary resource in order to tackle the identified health problems in your community, as well as to bring about the desired behavioral change. Therefore, you need to check the availability of resources to the local community in line with the health need assessment.
 - C. community resource**
 - The people or any organizations in the community have some sort of contribution for any community health activities. Therefore, during a needs assessment, you also need to identify

Health Extension Service L- III	HLT HES3 TTLM 0919v1	Author/Copyright: Federal TVET Agency	Version -1 Sept. 2019	Page 7 of 87
---------------------------------	----------------------	---------------------------------------	--------------------------	--------------



the resources available in the community. This includes the help from the community leaders, religious leaders, and volunteers.

D. Audience segmentation

- **Audience segmentation** is the process of dividing a broad target audience into more homogeneous subgroups. The purpose of dividing up an audience into segments is to make your program more effective and to use your resources wisely.

Self check #1	Written test
---------------	--------------

Direction: - Choose the correct answer from the given alternatives

1. Data that is already collected and documented by anybody else at deferent area.
A. Primary sources B. Secondary data C. Tertiary source D. None
2. Obtain information about actual behavior you watch and record events as they are happening.
A. Questionnaire B. Interview C. Observation D. Group discussion
3. List of question to be asked our participants about the selected problems.
A. Observation B. Delphi methods C. Questionnaire D. Focus group discussion
4. It identifies health problems prevalent in your community.
A. Health needs assessment B. Audience segmentation C. community resource D. All

Note: Satisfactory rating - 4 points unsatisfactory below-4 points

You can ask you teacher for the copy of the correct answers

Answer Sheet

Score _____
Rating _____

Name: _____

Date: _____

Short Answer Question

1. _____
2. _____
3. _____
4. _____

Information sheet #2	Describing Resource mobilization /organization
----------------------	--

1.2 Resource mobilization /organization

1.2.1 community mobilization

- **Community** refers to an area or a village with families who are dependent on one another in their day-to-day, thereby creating mutual advantages.
- To **mobilize** means to organize or assemble power, force, wealthy and other resources to increase a full stage of development.
- **Community mobilization** is defined as a process whereby a group of people have transcended their differences to meet on equal terms in order to facilitate a participatory decision-making process.

1.2.2 Basic concept of community mobilization

- **Community mobilization** is an attempt to bring both human and non-human resources together to undertake developmental activities in order to achieve sustainable development. Community mobilization is a process through which action is stimulated by a community itself, or by others, that is planned, carried out, and evaluated by a community's individuals, and groups. It is an organization on a participatory and sustained basis to improve the health, hygiene and education levels so as to enhance the overall standard of living in the community.
- Most valuable resource in the community is our own people. They can make decisions about the development and health care service of the surrounding. Cooperation among community people is important to develop the community self-sufficiency and self-reliance.
- The community has an important role to identify and use available resources in the kebele, and to plan and act accordingly. Where there is a mechanism of local self-government, important decisions are usually made at the local level by the local people themselves.
- Development and health goals cannot be achieved without effective participation of the community. So community mobilization is concerned about organizing the community and all the resources available in the community to move them towards achieving this health goal.
- It is an initial and ongoing process central to any community and social change effort that seeks to build support and participation of individuals, groups, and institutions to work towards a common goal or vision. It can be viewed as a process which begins a dialogue among members of the community to determine who, what, and how issues are decided, and also to provide an opportunity for everyone to participate in decisions that affect their lives.



Figure 2.1:- A community working together will make sure that programme resources will be complemented by community resources.

- Sense of immobility arises from a number of factors:
 - ✓ The misperception that politicians and bureaucrats will alleviate their problems for them,
 - ✓ A lack of expertise amongst the community to facilitate such organization,
 - ✓ The unwillingness of the community as a whole to give up individual interests to form a broader cooperative, and
 - ✓ An extreme shortage of available resources to facilitate the mobilization process.
- Community mobilization allows you to:
 - ✓ Identify needs and promote community interests.
 - ✓ Promote good leadership and democratic decision making.
 - ✓ Identify specific groups for undertaking specific problems.
 - ✓ Identify all the available resources in the community.
 - ✓ Plan the best use of the available resources.
 - ✓ Enable the community to better govern itself

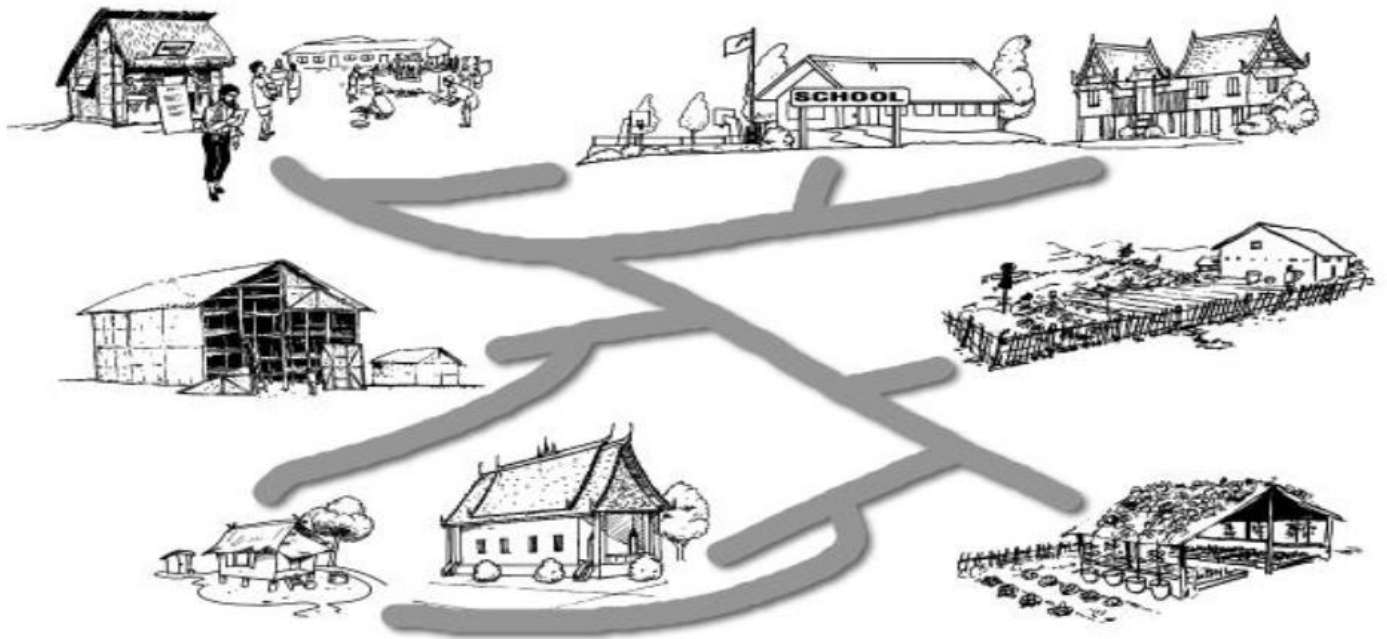


Figure 2.2:- community is a collection of families who are dependent on each other.

- steps in community mobilization:-
 - ✓ Create awareness of the health issue
 - ✓ Motivate the community through community preparation, organizational development, capacity developments and bringing allies together
 - ✓ Share information and communication
 - ✓ Support them, provide incentives and generate resources

1.2.3 Benefits of community mobilization

- The most significant benefit is doing something to help address an issue impacting their community to save valuable resources. By getting involved, community- and faith-based organizations, health care professionals, and policy makers will jointly take actions that answer their community's problem.
- Community mobilization can:-
 - ✓ Infuse new energy into an issue through community buy-in and support.
 - ✓ Expand the base of community support for an issue or organization.
 - ✓ Help a community overcome denial of a health issue.
 - ✓ Promote local ownership and decision-making about a health issue.
 - ✓ Limit competition and redundancy of services and outreach efforts.
 - ✓ Create public presence and pressure to change laws, policies, and practices progress that could not be made by just one individual or organization.
 - ✓ Bring new community volunteers together (because of increased visibility).
 - ✓ Increase cross-sector collaboration and shared resources.
 - ✓ motivating the people and encouraging participation
 - ✓ Increase access to funding opportunities for organizations and promote long-term, organizational commitment to social and health-related issues.



Figure 2.3: women's army, HEW and health center head on community mobilization. (Photo: Mohammed Hussein, 2012)

1.2.4 Community mobilization action cycle

- Mobilization process by organizing your plan of work with the community. After that you can explore all the most important health issues in order to understand what is currently happening in the community.
- Once the health issues are fully explored, you can set priorities, develop a more detailed plan of work, and carry out the plan. During implementation of the programme, you should monitor and finally evaluate your activities.
- The **Community Action Cycle** is a set of stages and steps that community members can follow to take action in a participatory and systematic way

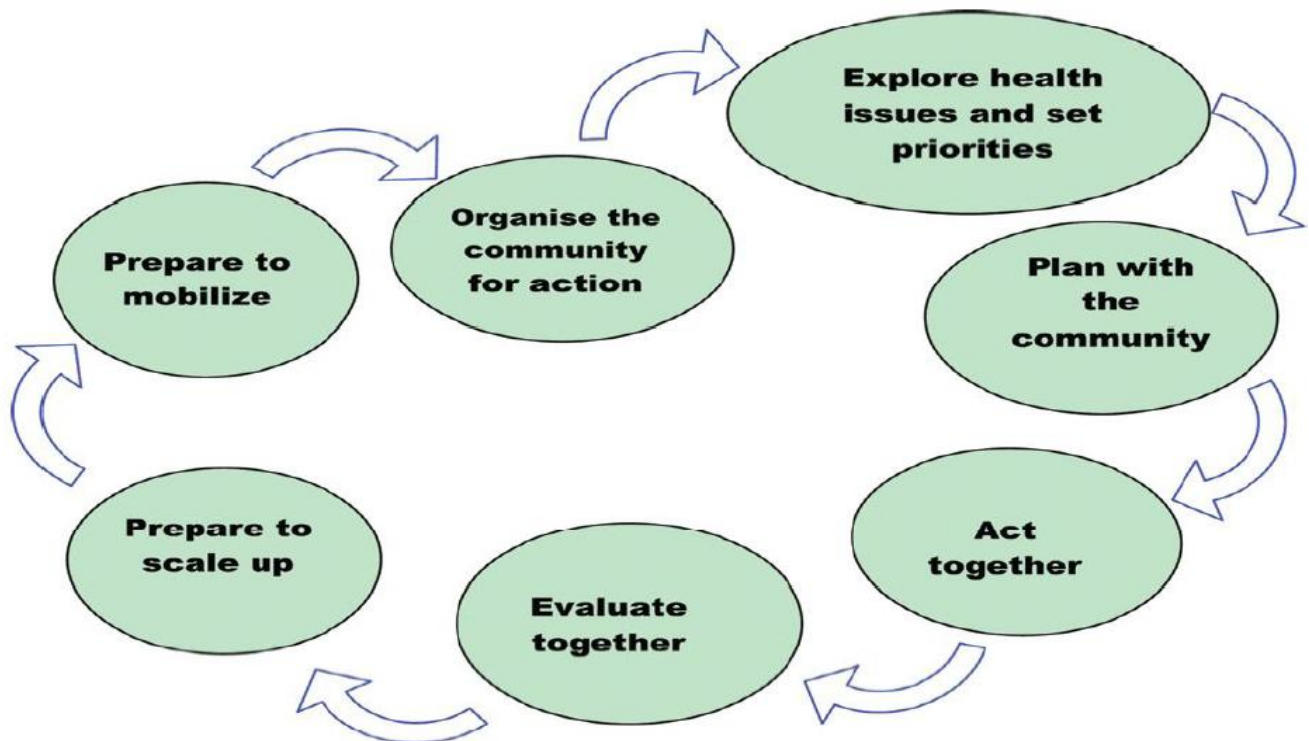


Figure 2.4:- Community Action Cycle

- **Prepare to mobilize** – at this stage you will learn about the communities in which they will work and the key issues/health problem. They come to understand the importance of the program.
- **Organizing community**- establishes relationship with community and invite for participation. Plan and select a strategy together to solve the problem.
- **Explore health issue and set priority**- explore and discuss on the issues in order to identify key actors and stakeholders (village chief, Imam, heads of families, etc.)
- **Plan with the community**- develop a Community Action Plan that sets out what action the community will take, who will be responsible and when actions will be taken. Mobilize these key actors and stakeholders for action (discussions and agreement on what to do). □
- **Act together**- putting their plans into action and monitor the progress. Implement activities to work towards a solution (capitalize on the sensitization of the people created by the workshop and intensify this through various follow-up activities).
- **Evaluate together**- conduct participatory evaluations and thereby measure the impact of activities carried out to solve the problem.

- **Prepare for scale up**-Improve activities, based on the findings of the assessment. You can use findings to begin a new cycle. This is also the time to start sharing success stories.

1.2.5 Techniques to involve a community

- To work with the community you need to identify the right people in the community who can explain to you their habits, customs, values, taboos and the rules of that community.
- It is also good to know and develop relationships with other influential people within your localities, such as the religious leaders and kebele leaders, in order to be accepted by the community..

1 Community relation

- The community members are central to all parts of the Health Extension Programme. If you are not involving the community the Health Extension Programme will fail. **Community relations** are those methods and activities that you undertake to establish and promote a setting that is conducive to good relationships, and which create a strong bond with the community.



Figure 2.5:-Typically community mobilization will involve a series of community meetings.

2 Effective networking

- Successful implementation of development activities, you need to involve everyone in a community network, especially those with power (the decision makers in the community), as early and as often as possible.
- The community using one or more of the participatory methods, such as small groups, large meetings, community conversation, local celebrations or exhibitions.
- You should also identify health objectives for your community, and use the right approaches to engage the whole community. Invite the whole community and representatives to meetings, and secure their approval for your advocacy objectives. Then ensure clarification of the roles of all the people involved.
 - **Advantage of community participation**
- Community mobilization it is necessary to employ effective community participation.
- Community has different resources to deal/solve with existing health problem.

- During every program don't do everything for community rather helps them to solve their problem by their own effort and resource.
 - Involving local people helps to increase the resources available for the programme, promotes self-help and self-reliance, and improves trust and partnership between the community and health workers.
- **Level of community participation**
 - The extent of participation of community members in a program may be minimum or complete as ownership. It ranges from co-option to collective action.

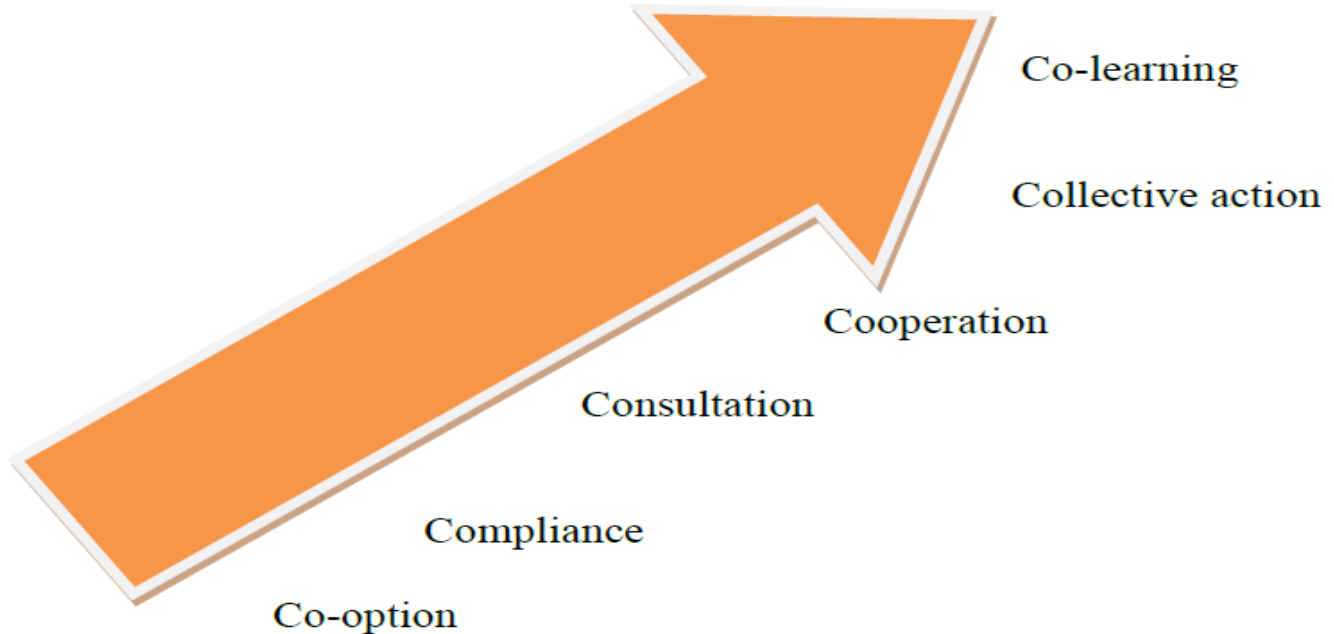


Figure 2.6:- Community ownership and sustainability

- Community participation increases, community ownership and capacity increases. These degrees of participations are:-
 - ✓ **Co-option:** Local representatives are chosen, but have no real input or power
 - ✓ **Compliance:** Tasks are assigned with incentives, but outsiders decide the agenda and direct the process.
 - ✓ **Consultation:** Local opinions are asked for, and outsiders analyze and decide on a course of action.
 - ✓ **Cooperation:** Local people work together with outsiders to determine realities; responsibility remains with outsiders for directing the process.
 - ✓ **Collective action:** Local people set their own agenda and mobilize to carry it out, in the absence of outside initiators and facilitators
 - ✓ **Co-learning:** Local people and outsiders share their knowledge to create a new understanding, and work together to form action plans, with outsiders facilitating.
- There are two of the commonly used participatory tools:-

A. Community mapping

- ✓ During community mapping a map is drawn of selected physical features on a flat surface. The selected features for a village could be: The natural resource, the poverty patterns the territory of the village, the housing patterns, the cropping patterns, the space and the area the village occupies.
- ✓ Community mapping is an assessment tool that can help communities and Health Extension Practitioners identify and understand the real situations in local communities

that positively or negatively impact their health. The process of doing a community map is really important and can help people understand health problems in their community.



Figure 2.7:- Community mapping help to identify community health

B. Community conversation

- People have the knowledge, capability and resources that can bring about positive health outcomes individually and collectively, once the community perceives ownership of a health problem.
- Community Conversations provide a safe space in which people come together for thoughtful discussion and dialogue about shared values.





Figure 2.8:- the process of community conversation gives community members ownership of their problems.

Self check #1	Written test
---------------	--------------

Direction: - Choose the correct answer from the given alternatives

1. From level of community participation Local people work together with outsiders to determine realities; responsibility remains with outsiders for directing the process.
A. Compliance B. Consultation C. Cooperation D. Collective action
2. Stage you will learn about the communities in which they will work and the key issues health problem.
A. Prepare to mobilize B. Organizing community C. Plan with the community
3. Steps in community mobilization:-
A. Create awareness B. Motivate the community C. Share information D. All

Note: Satisfactory rating 3 points unsatisfactory below 3 points

You can ask you teacher for the copy of the correct answers

Answer Sheet

Score _____
Rating _____

Name: _____

Date: _____

Short Answer Question

1. _____
2. _____
3. _____



1.2. Target group identification

- Target is an individual with decision maker power to respond to your advocacy demands. Nearly always you will have a primary target, policy maker to whom advocacy is targeted and secondary targets that have some influence over the primary target.
- You should decide which audience to target through advocacy, and you must carefully determine the advocacy goals and objectives

▪ **Criteria to include in the target group**

- Better access of education for the children
- Involvement in agricultural extension package
- Better exposure for the mass-media--good exposure for the international as well as national information
- Better educational status--at least can read and write
- Credibility in the community--influential or opinion leader
- Better socio-economical status in the community
- Willingness and eagerness to participate in health development activities



Self check #3	Written test
---------------	--------------

Direction: - say "True" or "False"

1. Target is an individual with decision maker power to respond to your advocacy demands.

Note: satisfactory rating 1 point unsatisfactory below 1 point

You can ask you teacher for the copy of the correct answers

Answer Sheet

Score _____
Rating _____

Name: _____

Date: _____

Short Answer Question

1. _____

1.4 Health education

1.4.1 Planning for health education

- **Planning** can be defined as a process of making thoughtful and systematic decisions about what needs to be done, how it has to be done, by whom, and with what resources.
- **Health Planning** refers to process of defining community health **problems**, Identifying needs and resources, establishing priority goals, and setting out the administrative action needed to reach those goals.
- **Importance of planning**
 - Planning enables you to match your resources to the problem you intend to solve.
 - Planning helps you to use resources more efficiently so you can ensure the best use of scarce resources.
 - Planning can help avoid duplication of activities.
 - Planning helps you prioritize needs and activities.
 - Planning enables you to think about how to develop the best methods with which to solve a problem.
- **Steps of health education program planning process**

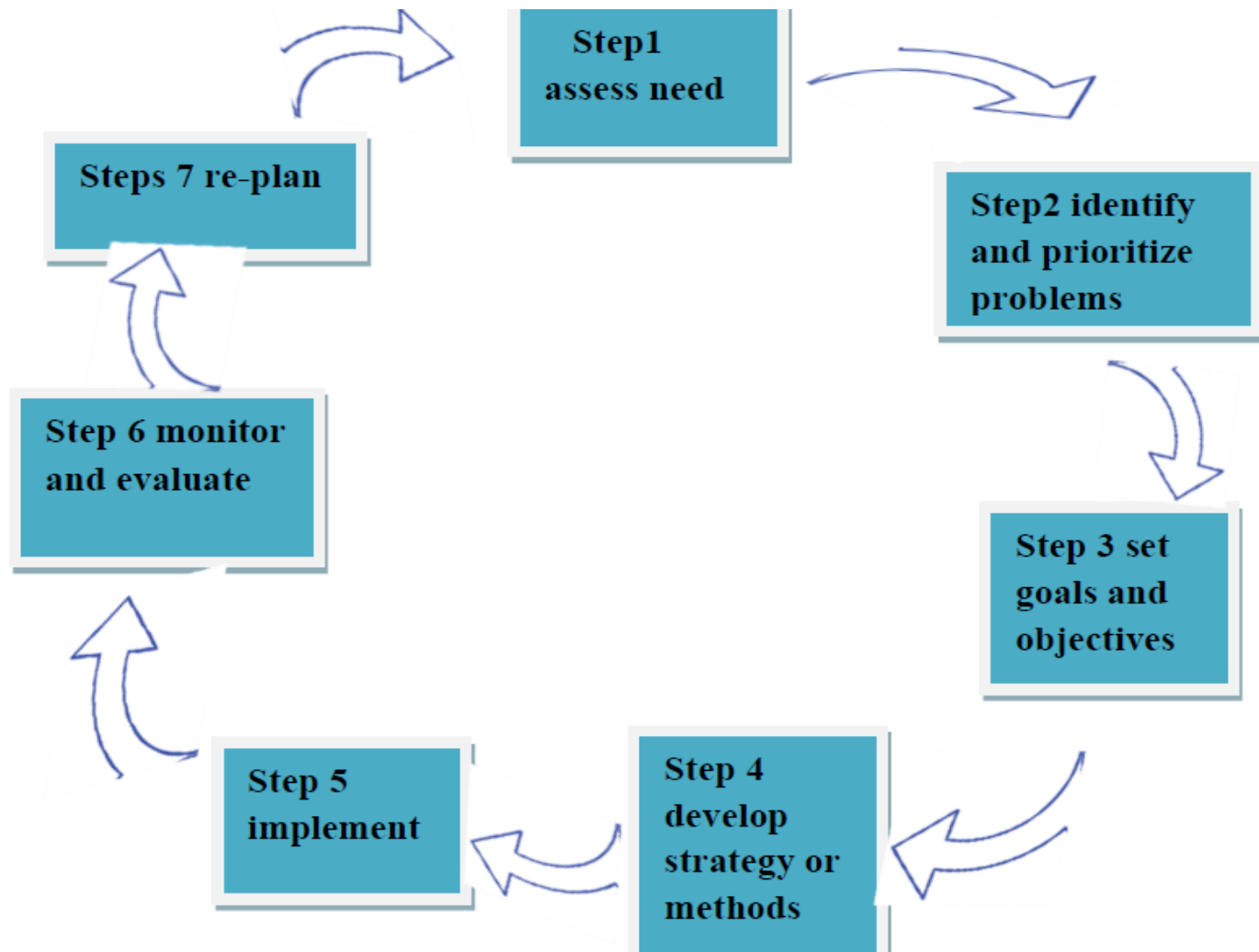


Figure 4.1:- Steps in planning health education activities



1. Assess need

- Conducting a need assessment is the first, and probably the most important, step in any successful planning process.
- **A needs assessment** is a systematic process for determining and addressing needs, or "gaps" between current conditions and desired conditions or "wants". The discrepancy between the current condition and wanted condition must be measured to appropriately identify the need. ...
- **Community health needs assessment** is a process that describes the state of health of local people; enables the identification of the major risk factors and causes of ill health; and enables the identification of the actions needed to address these.

- **Type of information would you compile/gather at the end of your need assessment?**

- a) **The community and its general socio-economic, demographic and physical characteristics**

- ✓ The size of the community (average size of the household) and their sex and age group, Average number of pregnancies, births and deaths, the economy and its impact on health, religion and its impact on health, kind of natural resources existing in the community, the transportation routes and the communication network and public and private institutions like schools, religious institutions, health facilities.

- b) **Health beliefs and practices**

- ✓ Cultural beliefs, attitudes and practices of the community have great influences on the delivery of the health services.

2. Identifying and prioritizing health problems

- ✓ This step is logically done after the need assessment is completed. From the need assessment result it is possible to identify and list a number of community health problems and their potential causes
- ✓ Identification of the possible causes of disease and other health problem is another activity and it addresses scientific and cultural perspectives as a cause of a certain disease.
- ✓ After identifying list of problems is prioritization it is a kind of decisions made to put the identified problem in the order of their urgency, importance and changeability.

- **Criteria to prioritize problems**

- a) Magnitude of the problem: - Are a large number of people affected by the problem? Is the problem widespread in the community?
- b) Severity of the problem: - Does the problem lead to serious illness, death or disability?
- c) Feasibility of the intervention: - Are you able to solve the problem with the resources you have? Can the problem be tackled with the resources you have?
- d) Government concern: - Do the official people want you to tackle this problem?
- e) Community concern: - Does the community really want to deal with the problem?
- ✓ Listing the criteria does not mean that the problem is already prioritized and ready for intervention. Rather scoring the points from one to five to each of the problems makes the prioritization process easier.
- ✓ A score of one is the minimum value and the problem is given less concern and a score of five is the maximum and it means the problem is given more concern.
- ✓ Finally the values are added and the total is known, and then ranks the problem with a largest total value first and so on.
- ✓ The second option you have available in prioritizing health problems is to ask a group of stakeholders, such as community members or other health workers, to prioritize the problems according to their knowledge and experience

Health Extension Service L- III	HLT HES3 TTLM 0919v1	Author/Copyright: Federal TVET Agency	Version -1 Sept. 2019	Page 20 of 87
---------------------------------	----------------------	---------------------------------------	--------------------------	---------------



3. Setting Goals and Objectives

- As soon as the problems are prioritized, your next duty will be setting an appropriate goals and objectives. Both terms imply the target that one's efforts is desired to accomplish.
- **Goals** are generically for an achievement or accomplishment for which certain efforts are put.
- Objectives are time-related to achieve a certain task, and answer the following questions:
 - ✓ What? Things to be achieved
 - ✓ Where? Place of action
 - ✓ Who? The target group
 - ✓ When? By what time or date?
- Objective should be 'SMART'--it is an abbreviation and stands for the following five criteria of good objectives S-specific M- measurable A- achievable R- relevant T- time bound.
- **Types of objectives in health education**
 - ✓ **Health Objectives**:-tell you how big the health problem is, and how much it should be improved.
 - ✓ **Behavioral objectives**:-these objectives are related with what the community need to do or how should they act in order to prevent and control diseases..
 - ✓ **Learning/educational objectives** :-these objectives work towards the development of the knowledge, skill and attitude of the community which helps them to prevent and control diseases
 - ✓ **Resource objectives**:-these objectives are directed to provide the community with the specific environmental support so that they can be able to participate in the program and enabled against any community health problems.

4. Developing appropriate Methods/strategies

- Some basic issues to consider before choosing health education methods/strategies.
 - ✓ **How fast do people change?** Some people are ready for change and are economically able to do the advice easily. On the other hand some are ready but influence from others could hinder.
 - ✓ **How many people are involved?** the number of participants can vary from an individual to family or even to a large number of people
 - ✓ **Is the method appropriate to the local culture?** Culture refers to the ways of life of the community; Therefore, your health education should consider the local knowledge level, beliefs, attitudes and skills of the community.
 - ✓ **What resources are available?** Some methods require the use of: tape recorders, films or slide projectors, which at the same time require electricity. Other methods require the use of teaching aids such as posters, flannel graphs, demonstrations, models, flip charts and the like. **What combined methods are needed?** Use of a multiple educational methods makes the audience to easily remember the subject matter. For example: lecture with discussion, lecture with demonstration...etc
 - ✓ **What methods fit the characteristics (age, sex, religion etc) of the target group?**
Health education could be designed for various groups of people: old, young, women groups, children and so on. Select and adapt your methods to fit the type of people you meet.



5. Develop your work plan/Action plan

- ✓ A plan of work is simply putting together all the components you have worked out to deliver your health education messages. It is a picture or map of what to do, when to do it, who will do it, and at what cost each step of activities be accomplished.
- The plan should contain the following elements:

1. Clear objectives
2. Your strategies
3. A list of activities that you will do
4. Who will help you?
5. Resources to be used
6. Timing

6. Implement health education program

- Implementation is a process of bringing the planned activities in to action. Or it is converting your planning, objectives and strategies in to action according to the plan of work



Self check #4	Written test
---------------	--------------

Direction: - Choose the correct answer from the given alternative

1. A systematic process for determining gaps between current conditions and desired conditions or "wants" A. Objective B. Need assessment C. prioritization D. None
2. Action plan contain. A. list of activities B. Resources C. Timing D. All
3. objectives are related with what the community need to do or how should they act in order to prevent and control diseases A. Health Objectives B. Behavioral objectives C. Educational objectives D.Resource objectives

Note: satisfactory rating 3 point unsatisfactory below 3 point

You can ask you teacher for the copy of the correct answers

Answer Sheet

Score _____
Rating _____

Name: _____

Date: _____

Short Answer Question

1. _____
2. _____
3. _____

Information sheet # 5	Designing Methods and approaches of health communication
-----------------------	--

1.5. Designing Methods and approaches of health communication

Health Extension Service L- III	HLT HES3 TTLM 0919v1	Author/Copyright: Federal TVET Agency	Version -1 Sept. 2019	Page 23 of 87
---------------------------------	----------------------	---------------------------------------	--------------------------	---------------



1.5.1 .Teaching methods in health education

- There are various **formal** and **informal** ways in which health education messages are transmitted to the target audiences..

I. Individual health education methods

1. Counseling

- Is one of the approaches most frequently used in health education to help individuals and families?
- It is a person-to-person communication in which one person explicitly and purposefully gives his time to assist another individual to increase in understanding, ability and confidence to find solutions to own problems.

▪ Purposes of counseling

- To help individuals increase knowledge of self
- To encourage individuals or families to think about their problems and understand the causes.
- Help people commit themselves to take action on their own will to solve the problems
- Help individuals to choose, but not forcing them to do so.

▪ Principles in counseling

- Counseling requires establishing good relationship between the counselor and the client
- Counselors should assist people identify their own problems.
- Counselors develop empathy (understanding and acceptance) not sympathy for person's feelings.
- Counselors should never try to persuade people to accept their advice.
- Counselors should always respect the privacy of the people they are helping.

▪ Approaches to counseling

- By using the 'GATHER' approach you can conduct an effective counseling. However, the word 'gather' is an abbreviation created by taking the first letter from each six steps.
- ✓ **Greet** the individual/client by name: show him respect and trust, and tell him that the discussion is always confidential.
- ✓ **Ask** about problems as well as how he believes that you can help him.
- ✓ **Tell** him any relevant information that he need to know.
- ✓ **Help** him to make his own decisions and guide him to look at various alternatives.
- ✓ **Explain** any misunderstandings. Ask some questions in order to check his understanding of important key points and repeat those key points in his own words if necessary.
- ✓ **Return** for follow-up and make arrangements for further visits, or referral to other institution.

Health Extension Service L- III	HLT HES3 TTLM 0919v1	Author/Copyright: Federal TVET Agency	Version -1 Sept. 2019	Page 24 of 87
---------------------------------	----------------------	---------------------------------------	--------------------------	---------------



Figure 5.1:- Counseling helps an individual to choose and make decisions.

- **The advantages of home visits**

- When people are in their home, they usually feel happier and more secure.
- It also gives an opportunity to see how the environment and the family situation might affect a person's behavior.
- Keeps a good relationship with people and families
- Encourages the prevention of common diseases.
- Enables detecting and improving troublesome situations early, before they become big problems.
- Enhances checking on the progress of a sick person, or on progress towards solving other problems.
- Motivate the family on how to help a sick person in which their participation is needed.

2. Group health Education Methods

- **A group** could be defined as a gathering of two or more people who have a common interest. For example: A Family, A health committee, A class of school students, A youth club, A gathering of patients at a clinic, People riding together on a bus...etc
- There are two main kinds of group
 - a) **Formal groups:** groups that are well organized with some rules and regulations E.g. Farmer's cooperative, Women's Associations
 - b) **Informal groups:** groups that are not well organized E.g. People attending market on a particular day
- **Characteristics of formal group**
 - ✓ Has a purpose or goal that everyone strives to achieve together.
 - ✓ There is a set membership, so people know who is a member and who is not.
 - ✓ There are recognized leaders who have the responsibility of guiding the group towards achievement of its goals.

- ✓ There are organized activities such as regular meetings and project.
- ✓ The group has rules that members agree to follow and works towards the welfare of the members
- **Characteristics of informal gatherings**
 - ✓ May have some features in common, but no special goal that they are trying to achieve together.
 - ✓ No special membership or feeling of belonging
 - ✓ People come and go at will
 - ✓ No special leader selected, no special rules apply
 - ✓ Usually no special activity is planned by the people themselves There is usually more concern for self, and less for the welfare of the other people.
- **Common group health education methods**
 - A) Lecture method**
 - A lecture is usually a spoken, simple, quick and traditional way of presenting your subject matter, but there are **strengths and limitations** to this approach.
 - The strengths include the **efficient** introduction of factual material in a direct and logical manner. However, this method is generally **ineffective** where the audience is passive and learning is difficult to gauge. Experts are not always good teachers and communication in a lecture may be one-way with no feedback from the audience.
 - B) Lecture with discussion**
 - This approach is very important because it always involve your audience after the lecture in asking questions, seeking clarification and challenging and reflecting on the subject matter. There becomes always active participation from the side of the attendants. i.e., participants are not passive as in the case of lecture method.
 - C) Group discussions**
 - ✓ Discussion in a group allows people to say what is in their minds. They can talk about their problems, share ideas, support and encourage each other to solve problems and change their behavior.





Figure 7.2 group discussions facilitate the participation of each group members to freely express his opinions and feelings towards the problem/issue and is appropriate for problem solving situations.

- Planning a discussion involves:
 - ✓ Identification of the discussants that do have a common interest
 - ✓ Getting a group together
 - ✓ Identification of a comfortable place and time
- **Conducting the discussion**
 - ✓ Introduction of group members to each other
 - ✓ Allow group discussion to begin with general knowledge
 - ✓ Encourage everyone to participate.
 - ✓ Have a group act out some activity (drama, role play)
 - ✓ Limit the duration of discussion to the shortest possible, usually 1-2 hrs.
 - ✓ Check for satisfaction before concluding the session.

D) Buzz group

- It is a type of group discussion In which a large group will be divided into several small groups, of not more than 10 or 12 people (buzz groups). You can then give each small buzz group a certain amount of time to discuss the problem.
- The whole group comes together again and the reporters from the small group report their findings and recommendations back to the entire audience.
- A buzz group is also something you can do after giving a lecture to a large number of people, so you get useful feedback.

E) Meetings

- Meetings are good for teaching something of importance to a large group of people. They are held to gather information, share ideas, take decisions, and make plans to solve problems.
- Meetings are different from group discussions. A group discussion is free and informal, while meetings are more organized.
- Meetings are an important part of successful self-help projects.
- When you are planning a meeting, it should be need based, determine the time and place announce the meeting through village criers or word of mouth and prepare relevant and limited number of agendas.

F) Clubs

- There are many kinds of organizations to which women, men and young people belong. Clubs are becoming popular in many areas. They provide an opportunity for a systematic way of teaching over an extended period of time.

G) Demonstrations

- A demonstration is a step-by step procedure that is performed before a group. They involve a mixture of theoretical teaching and of practical work, which makes them lively.
- It is used to show how to do something. The main purpose of demonstrations is helping people learn new skills.
- The size of the group should be small to let members get the chance to practice. It is particularly useful when combined with a home visit. This allows people to work with familiar materials available in the locality.

Health Extension Service L- III	HLT HES3 TTLM 0919v1	Author/Copyright: Federal TVET Agency	Version -1 Sept. 2019	Page 27 of 87
---------------------------------	----------------------	---------------------------------------	--------------------------	---------------

- Demonstration sessions usually focus on practice, they also involve theoretical teaching as well **‘showing how is better than telling how’**
- This is because you can remember 20% of what you hear, you remember 50% of what you hear and see, you remember 90% of what you hear, and see and do with repetition, close to 100% is remembered.



Figure 5.3:- Demonstrations should be performed to promote skills of the participants.

- **Procedures/steps of demonstration**
 - ✓ **Introduction:** Explain the ideas and skills that you will demonstrate and the need for it
 - ✓ **Do the demonstrations:** Do one step at a time, slowly. Make sure everyone can see what you are doing. Give explanations as you go along
 - ✓ **Questions:** Encourage discussion either during or at the end of the demonstration. Ask them to demonstrate back to you or to explain the steps.
 - ✓ **Summarize:** Review
- **Qualities of good/effective demonstrations**
 - ✓ Identify the needs of the group to learn
 - ✓ Collect the necessary materials such as models and real objects or posters and photographs.
 - ✓ Make sure that it fits with the local culture.
 - ✓ Prepare adequate space so that everyone could see and practice the skill.
 - ✓ Choose the time that is convenient for everyone.

H) Role - playing

- Role-playing consists of the unrehearsed and spontaneous acting out of **real-life situations** and problems.

Health Extension Service L- III	HLT HES3 TTLM 0919v1	Author/Copyright: Federal TVET Agency	Version -1 Sept. 2019	Page 28 of 87
---------------------------------	----------------------	---------------------------------------	--------------------------	---------------

- The player tries to behave in a way that the character might behave when faced with a given situation or problem.
- Role-playing can be used to start off a discussion, to see what possible consequences of a certain action are, and to develop a better understanding of why people feel as they do.



Fig 5.4: Role play is one effective health education method especially for illiterate member of our community.

- Behavior during a role-play, we can discover how our attitudes and values encourage cooperation and problem solving or, how our attitude and values create problems.
- During a role-playing participants are selected randomly or blindly and are given a role or character and have to think and speak immediately without detailed planning, because there is usually **no script**.
- Role play is usually undertaken in small groups of 4 to 6 people.
- Role play is a very powerful thing and works best when people know each other, don't ask people to take a role that might embarrass them. Sometimes role play involves some risk of misunderstanding, because people may interpret things differently.

I) Drama

- Dramas need script, rehearsal and preparation which done on one main learning objective but can often include 2 or 3 other less important objectives as well.
- Alike stories, dramas make us look at our own behavior, attitudes, beliefs and values in the light of what we are told or shown. Plays are interesting because you can both see and hear them.



- It is a suitable teaching method for people who **cannot read**, because they often experience things visually. However the preparation and practice for a drama may cost time and money.
- Let us look at some of the following traditional means of communications which are used by the community to express their local culture such as their knowledge, feelings, happiness, sadness or any life situations to others.

J) Songs/dances

- To expression of feelings, songs can also be used to give ideas about health with dances or some times without dances. For example, the following issues could be entertained:
- The village without safe water, the malnourished child who got well with the proper food to eat, the village girl who went to school to become a health extension worker.

K) Stories

- Stories often tell about the deeds of famous heroes or of people who lived in the village long ago. Story telling is highly effective, can be developed in any situation or culture, and requires no money or equipment.
- It should include some strong emotions like sadness, anger; humor, or happiness as well as some tension and surprise. An older person, instead of directly criticizing the behavior of youth, may tell stories to make his/her points. She/he may start by saying.
- I remember some years ago there were young people just about your age and then continue to describe what these young people did that caused trouble.

I) Proverbs

- They are short common-sense sayings that are handed down from generation to generation.
 - ✓ For example: Amharic proverb —Tamo Kememakek Askedimo Metenkek specify "prevention is better than cure", Dir biyabr anbessa yasir'
- The above proverbs will specify the importance of working together in other term community participation.
 - ✓ "If I hear, I forget, If I see, I remember If I do, I know" Chinese proverb:
- Which state about active learning or learning by doing.
 - ✓ "One does not go in search of a cure for ringworm while leaving leprosy unattended." This is to mean that trying to solve the most serious problem must come first.

5.2 Approaches of health education

- Generally there are two different approaches in health education. These are:-

1. The persuasion approach

- Persuasion approach of health education is the deliberate attempt to influence the other persons to do what we want them to do. It is sometimes called directive approach or done forcefully.
- Such approach is used in situation where there is serious treat such as epidemics and natural disaster and the action needed are clear-cut.
- This approach will be used when the behavior change expected should be urgent and does not permit time until the community member process the new knowledge and decide.
- During such condition, health extension workers will provide fear arousal types of messages in order to alert the public easily.

Health Extension Service L- III	HLT HES3 TTLM 0919v1	Author/Copyright: Federal TVET Agency	Version -1 Sept. 2019	Page 30 of 87
---------------------------------	----------------------	---------------------------------------	--------------------------	---------------



- During persuasion approaches of health education health extension workers should confirm that the recommended activities are scientifically accepted and can be applied with that current condition.
- Most of the time persuasion approaches of health education use clear and easily understandable communication words.

2 .The informed decision making approach

- ✓ In informed decision making approach health extension workers give people information, problem solving and decision making skills to make decisions but the actual choice will be left to the people.

Self check #5	Written test
---------------	--------------

Direction: - Choose the correct answer from the given alternative

1. step-by step procedure that is performed before a group
A. Lecture B. meeting C. Demonstration D. stories
2. Approach of health education is the deliberate attempt to influence the other persons to do what we want them to do.
A. persuasions' approach B. informed decision making approach C. None
3. Characteristics of formal group A. Has a purpose or goal.
B. A set membership C. Are organized activities D. All
4. Individual health education methods A. counseling B. stories C. Drama D. Proverb

Note: satisfactory rating 4 point unsatisfactory below 4 point

You can ask your teacher for the copy of the correct answers

Answer Sheet

Score _____
Rating _____

Name: _____

Date: _____

Short Answer Question

1. _____
2. _____
3. _____
4. _____



1.6. Health education provision

1.6.1 Basic concept of health promotion

- **Health promotion** is any planned **combination** of educational, political, environmental, regulatory, or organizational mechanisms that support actions and conditions of living **conducive** to the health of individuals, groups, and communities.
- ✓ **Combination-** refer to that health promotion activity need joint efforts of different sectors. It also refers the necessity of matching multiple determinants of health with multiple intervention or sources of supports
- ✓ **Conducive-** refers activities of different sector should create favorable conditions to the health of the community. E.g. As number of educated females increase in the community the health status of this household lead by them will be improved. So education supports health system directly as well as indirectly.
- Health promotion: - the process of enabling people to increase control over, and to improve, their health can be considered as an umbrella term that incorporates many activities.
- It is also one the most important tools of disease prevention activities. The aim of health promotion is to reduce the underlying causes of ill-health so that there is a long-term reduction in many diseases.
- Health promotion is directed towards action on the determinants or causes of health. Health promotion, therefore, requires a close co-operation of sectors beyond health services, reflecting the diversity of conditions which influence health.
- Health promotion is the science and art of helping people change their lifestyle to move toward a balance state of physical, mental, social and psychological health.

4. Strategies of health promotion

- The fundamental conditions and resources for health are peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity. Improvement in health requires a secure foundation in these basic prerequisites strategies.

5. Advocate

- Good health is a major resource for social, economic and personal development and important dimension of quality of life. Political, economic, social cultural, environmental, behavioral and biological factors can all favor health or be harmful to it.
- **Advocacy:** - refers to communication strategies focusing on policy makers, community leaders and opinion leaders to gain commitment and support..

6. Enable

- Health promotion focuses on achieving equity in health.
- Health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to **enable** all people to achieve their fullest health potential.

7. Mediate

- The prerequisites and prospects for health cannot be ensured by the health sector alone.
- Health promotion demands coordinated action by all concerned: by governments, by Health and other social and economic sectors, by non-governmental and voluntary organizations, by local authorities, by industry and by the media.
- Health promotion strategies and programs should be adapted to the local needs and possibilities of individual and groups to take into account differing social, cultural and economic systems.



8. Principles of health promotion

- Health promotion is the process of enabling people to increase control over, and to improve, their health. This perspective is derived from a conception of health as the extent to which an individual or group is able to realize aspirations and satisfy needs and change or cope with the environment.
- Health is a positive concept emphasizing social and personal resources, as well as physical capacities.
 - To promote health the key principles determined by WHO are as follows:
 - ✓ Health promotion involves the population as a whole
 - ✓ Health promotion is directed towards action on the determinants or cause of health.
 - ✓ Health promotion aims particularly at effective and concrete public participation.
 - ✓ Health promotion combines diverse, but complementary methods or approaches including communication, education, legislation, fiscal measures, organizational change, community change, community development and spontaneous local activities against health hazards.
 - ✓ Health promotion is primarily a societal and political venture/activity and not medical service, although health professionals have an important role in advocating and enabling health promotion.

9. Major actions health promotion

- Health promotion has the following major areas of concern.

A. Formulating healthy public policy

- Health promotion encourages formulation of healthy policies in all sectors. E.g. healthy workplaces, schools, homes, buildings, villages and communities policies should be formulated.
- Health aspect should be thought of and included in the policies of the various sectors. Health Policies should also emphasize the prevention and promotion.

B. Reorienting health services

- Prevention and promotion should decrease the burden on secondary (curative) health care. Greater emphasis and resources placed on health promotion and primary health care. Less emphasis can be given for secondary health care or for curative services.

C. Empowering communities to achieve well-being

- Involvement of the community in health decisions in a multi-sectoral and participatory approach is the exact way to achieve healthy community. To achieve this we should first provide communities with necessary information and tools to take actions to improve their health and well-being.

D. Creating supportive environments

- Creating healthy physical, social and economic environment that are conducive to the wellbeing of the community should be introduced to have a healthier and productive community.
- All development activities should aim for healthy environment healthy buildings, roads, workplaces, homes, surroundings and schools.
- Social circumstances; such as education, employment, poverty, environmental condition; such as toxic agents, environmental pollutants, political structures, public policy and regulation should put their role in creating conducive environment.

E. Developing /increasing personal health skills

- This major aspect of health promotion concerned about building the capacity of the community by health information and education at individual, family and community

Health Extension Service L- III	HLT HES3 TTLM 0919v1	Author/Copyright: Federal TVET Agency	Version -1 Sept. 2019	Page 33 of 87
---------------------------------	----------------------	---------------------------------------	--------------------------	---------------

level. To do so first take in account values, beliefs and customs of the community and build on existing knowledge.

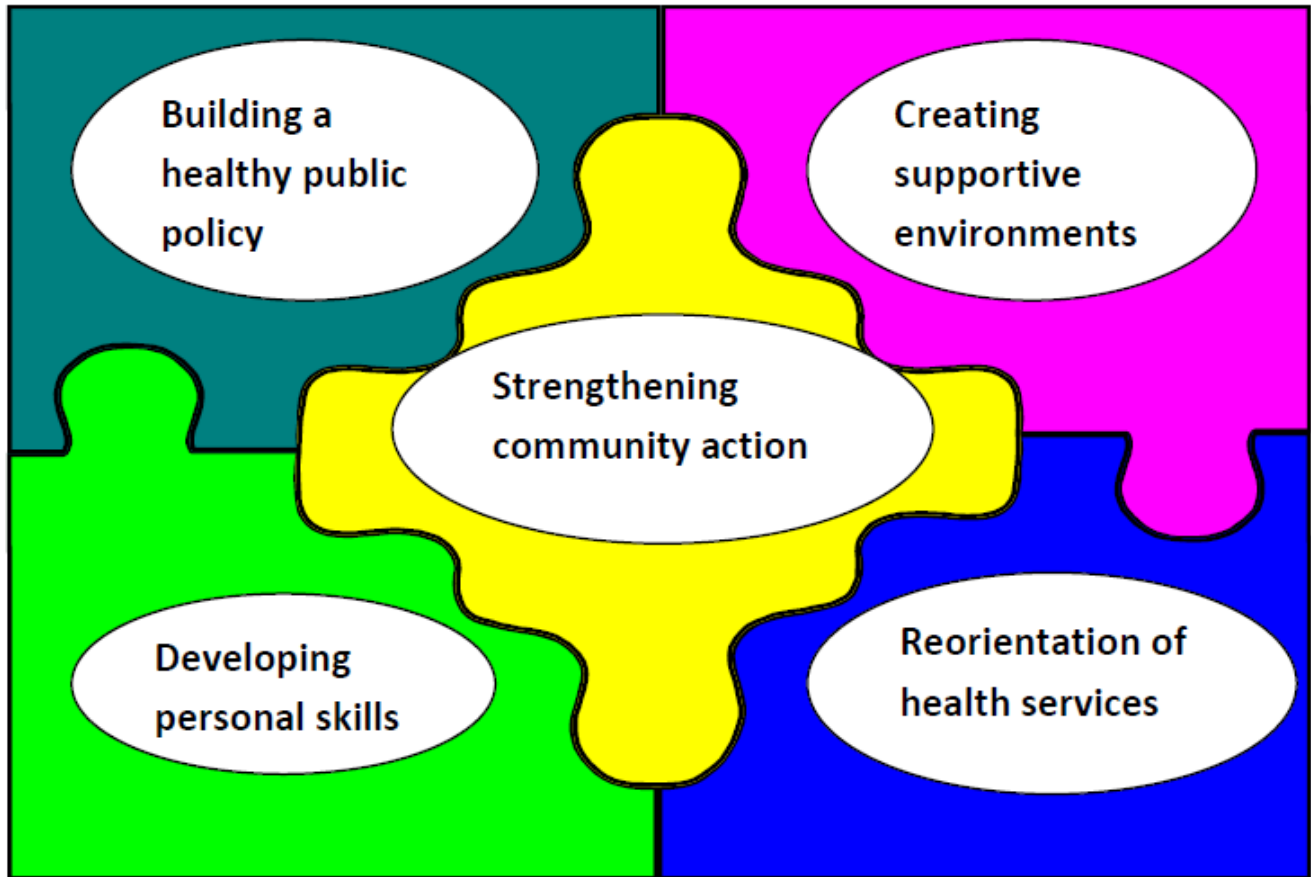


Figure 6.1:- Important areas to be taken in to consideration in health promotion

10. Major area of concern of health promotion

- Health promotion best enhances health through integrated action at different levels on factors influencing health, economic, environmental, social and personal.
- Given these basic principles an almost unlimited list of issues for health promotion could be generated: food policy, housing, smoking, coping skills, social networks.
- The working group required to frame the general subjects for health promotion in the following areas:

1. The focus of health promotion is access to health

- Health promotion aims at reducing inequalities in health and to increase opportunities to improve health. This involves changing public and commercial policies to make them conducive to health, and involves reorienting health services to the maintenance and development of health in the population, regardless of current health status.
- HEWs in a kebele will be able to serve all community members equally and provide service according to their need.
- Health care in need based service that wealthy and poor people should access according their necessity. E.g. if the community clean their environment and live in protected environment every member of that community will get its benefit.

2. Health improvement needs development of conducive environment

- The improvement of health depends upon the development of an environment conducive to health, especially in household and workplace conditions. Since this environment is



dynamic, health promotion involves assessment and monitoring of these changeable conditions, cultural and economic state and trends.

- After rainy session malaria outbreak is expected as a result of large stagnant water in the environment for mosquito bride.

3. Health promotion involves the strengthening of social networks and social support

- This is based on the recognition of the importance of social forces and social relationships determinants of value sand behavior relevant to health. Social support is significant resources for coping with health problems and maintaining health.

4. Health promotion foster healthy lifestyle

- Individuals are the major determiners their health status, even if the environmental condition influences them dramatically.
- Lifestyle, the predominant way of life in society is central to health promotion, since it fosters personal behavior patterns that are either beneficial or harmful to health.
- The promotion of lifestyles conducive to health involves taking balanced diet, working regular exercise, quitting cigarette smoking, safe sexual practice and the likes.
- Promoting positive health behavior and appropriate coping strategies is a key aim in health promotion. As a HEW you have large responsibility in fostering healthy lifestyle.

5. Health promotion is based on strong health education

- Providing health education increases peoples informed decision making skills. It is necessary and core components of health promotion, which aims at increasing knowledge and disseminating information related to health.
- This should include: the public's perceptions and experiences of health and how it might be sought; knowledge from epidemiology, social and other sciences on the patterns of health and disease and factors affecting them; and descriptions of the totalll environment in which health and health choices are shaped.
- The mass media and new information technologies are particularly important in disseminating health message. HEWs should use any available recourse to send health message to their community.

Health Extension Service L- III	HLT HES3 TTLM 0919v1	Author/Copyright: Federal TVET Agency	Version -1 Sept. 2019	Page 35 of 87
---------------------------------	----------------------	---------------------------------------	--------------------------	---------------



Self check #6

Written test

Direction: - say "True" or "False"

1. Health promotion activities are concerned about disease and disability cases management of the patients.
2. Health promotion activities can be achieved without health education.
3. Health promotion aimed at social and political action that will facilitate supports for the conversion of individual action into health enhancement.

Note: satisfactory rating 3 point unsatisfactory below 3 point

You can ask you teacher for the copy of the correct answers

Answer Sheet

Score _____
Rating _____

Name: _____

Date: _____

Short Answer Question

1. _____

2. _____

3. _____

1.7 Monitoring and Evaluation of behavioral change and service Utilization

1.7.1 **Monitor** behavioral change and service Utilization

- **Monitoring**:-is an ongoing process of collecting and analyzing data on actual implementation of the program so that any deviations from the planned operations are detected, diagnosis for causes of deviation is carried out and suitable corrective actions are taken.
- Monitoring can take place at any time during the implementation process, on a regular or periodic basis. For instance, you will be able to monitor your activities daily, fortnightly or monthly, or as the need arises. You need to monitor the progress of your health education activities by making periodic visits to the house-holds or any other health education activity settings.

11. Types of monitoring

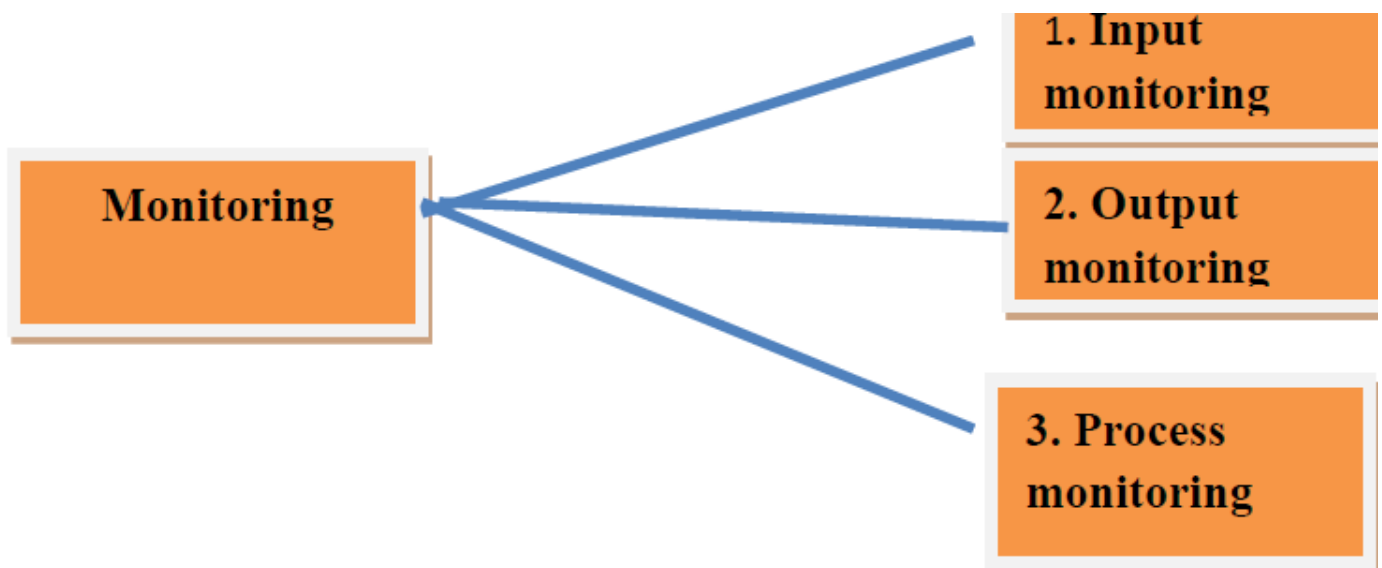


Figure 7.1:- Types of monitoring in health education

1. **Input monitoring**

- Measures the quantity, quality, and timeliness of resources human, financial and material or equipments like posters, leaflets, flipcharts, computers, LCD and other technological and information — provided for a health education activity/program

2. **Output monitoring**

- Measures the quantity, quality, and timeliness of the products or services that are the immediate result/effect of a health education activity/program. In output monitoring you need to assess whether the desired product or the output is obtained due to the effective and efficient utilization of the resources.

3. **Process monitoring**

- Measures the progress of health education activities in a program and the way these are carried out (for example, referring to the degree of participation).

1.7.2 **Evaluate** behavioral change and service Utilization

- It is the systematic collection, analysis and reporting of information about health education activities. It is a systematic way of learning from experience and using the lessons learnt to improve current activities and promote better planning by careful selection of alternatives for future action.
- Evaluating is making judgments about the current status of health education objectives.

12. While you are evaluating health education activities you need to rise the following questions:

- ✓ How well did we do?
- ✓ Did the plans work?
- ✓ What do we do next?
- ✓ Why did we succeed? Or fail?
- ✓ Did we learn from our mistakes or successes?

13. **What is the purpose of evaluation of Health education programs?**

- ✓ To check program **effectiveness and efficiency.**
- ✓ **Effectiveness:** - refers to the extent to which you have achieved your goals and objectives (health objectives, learning objectives, behavioral objectives or resource objectives).
- ✓ **Efficiency:** - means the extent to which you have achieved your objectives with the available amount of resources. In other words, it refers to the proper utilization of resources when achieving your health education objectives.

14. **Types of evaluation**

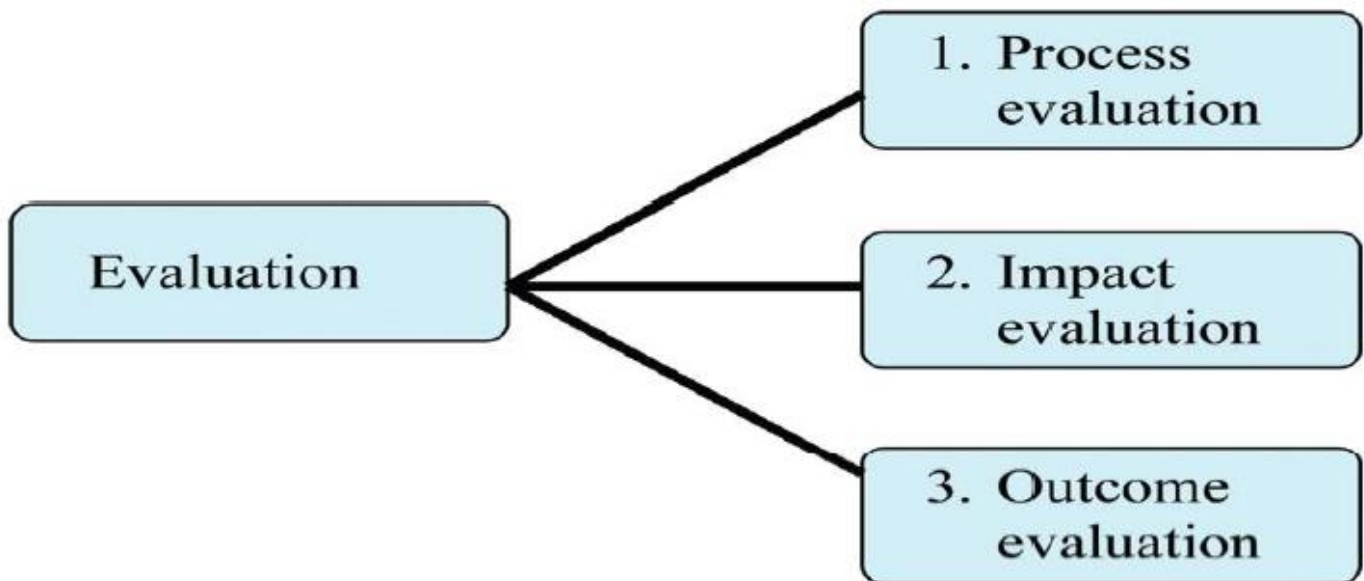


Figure 7.3:- Types of evaluation in health education

1. Process evaluation

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



2. Impact evaluation

- This form of evaluation assesses the immediate effect of the program or change in behavior (knowledge, attitude and skills) at the end of each health education programs.

3. Outcome evaluation

- Outcome evaluation assesses the long-term effect of the health education program and you need to assess the decrease in morbidity, mortality and also disability among the target audiences as a result of the health education program.
- Outcome evaluation assess the effectiveness as well as the efficiency of the goal/objective at the end of the program

15. Steps to evaluate health education program

- Follow the following six steps to evaluate your health education activities:

Step-1 involve the local people in the process of evaluation

Step-2 describe the type of health education activity you want to evaluate

Step-3 selects the evaluation methods

Step-4 collects the important data on the selected activity by using data collection techniques you learnt in your need assessment phase

Step-5 analyzes and interprets the data in a meaningful ways

Step-6 learns from the evaluation--objective achieved or failed? What do you want to do in the future?

Health Extension Service L- III	HLT HES3 TTLM 0919v1	Author/Copyright: Federal TVET Agency	Version -1 Sept. 2019	Page 39 of 87
---------------------------------	----------------------	---------------------------------------	--------------------------	---------------



Self check #7	Written test
---------------	--------------

Direction: - Choose the correct answer from the given alternative

1. Measures the progress of health education activities in a program and the way these are carried out
 - A. Input monitoring
 - B. Output monitoring
 - C. Process monitoring
 - D. All
2. Assesses the long-term effect of the health education program
 - A. Process evaluation
 - B. outcome evaluation
 - C. process evaluation
 - D. None
3. Making judgments about the current status of health education objectives.
 - A. Monitoring
 - B. Evaluation
 - C. None

Note: satisfactory rating 3 point unsatisfactory below 3 point

You can ask you teacher for the copy of the correct answers

Answer Sheet

Score _____
Rating _____

Name: _____

Date: _____

Short Answer Question

1. _____
2. _____
3. _____



Information sheet # 8	Promoting Communication skills and health education
-----------------------	---

1.8 Communication skills and health education

- ✓ It is important to remember that people respond to messages differently and that what might persuade one person may not appeal to another.
- **Generally there are four approaches to health communication.**
 - A. Informative communication
 - ✓ Provides information about a new idea and makes it familiar to people. Mass media of this type is mostly used for wide coverage and reaching a large audience.
 - ✓ Print materials and interpersonal communication are used to reinforce mass media messages and inform people in more detail and in ways that are more tailored to them as individuals.
 - B. Educative communication
 - ✓ Is where a new idea on health behavior is explained, including its strengths and weaknesses?
 - ✓ This approach is used when people are already aware of an issue, but need more information or clarification.
 - ✓ Interpersonal communication with individuals or small groups is probably the most appropriate way to provide more detailed information and can be reinforced by print materials such as books, pamphlets and other multimedia approaches.
 - C. Persuasive communication
 - ✓ is usually in the form of a message that promotes a positive change in behavior and attitudes, and which encourages that audience to accept the new idea.
 - ✓ This approach to message development involves finding out what most appeals to a particular audience. Persuasive approaches are more effective than coercive approaches in achieving behavior change.
 - D. **Prompting/entertaining communication**
 - ✓ Messages are designed so that they are not easily ignored or forgotten they can be used to remind the audience about something that reinforces earlier messages.
 - ✓ Using the entertaining method draws the attention of the audience by using messages which entertain, for example, posters, songs, puppets or film.
- **Main characteristics of effective communication**
 - ✓ Promotes actions that are realistic within the constraints faced by the community
 - ✓ Builds on people’s existing beliefs and practices
 - ✓ Is repeated and reinforced over time using different methods
 - ✓ Is adaptable and uses established channels of communication
 - ✓ Is entertaining and attracts the community’s attention
 - ✓ Uses simple, clear and straightforward language
 - ✓ Emphasizes the short-term benefits of taking action
 - ✓ Uses demonstrations to show the practical benefits of adopting beneficial practices
 - ✓ Develops a natural style: each person has his or her own natural way of presenting ideas
 - ✓ Provides opportunities for dialogue and discussion.



Self check # 8	Written test
----------------	--------------

Direction: - Matching

“A”

“B”

1. Informative communication
2. Persuasive communication
3. Prompting communication
4. Educative communication

- A. draws the attention of the audience
- B. New idea makes it familiar to people
- C. strengths & weaknesses of new idea explained
- D. promotes a positive change in behavior & attitudes

Note: satisfactory rating 4 point unsatisfactory below 4 point

You can ask you teacher for the copy of the correct answers

Answer Sheet

Score	_____
Rating	_____

Name: _____

Date: _____

Short Answer Question

1. _____
2. _____
3. _____
4. _____



Information #9	Identifying Methods and strategies of health communication
----------------	--

1.9. Methods and strategies of health communication

1.9.1 Methods of communication

1. Intrapersonal communication

- Intrapersonal communication takes place within a single person. It is usually considered that there are three aspects of intrapersonal communication, self awareness, perception and expectation.
- Self-awareness is the part of intrapersonal communication that determines how a person sees him or herself and how they are oriented toward others. Self-awareness involves three factors: beliefs, values and attitudes.
- Perception is about creating an understanding of both oneself and one's world and being aware that one's perceptions of the outside world are also rooted in beliefs, values and attitudes
- Expectations are future-oriented messages dealing with long-term roles, sometimes called 'life scripts'. Intrapersonal communication is used for clarifying ideas or analyzing a situation and also reflecting on or appreciating something.
- Self-awareness is a life skill that is practiced and then applied to overcome the day-to-day challenges of life in a more positive and effective way.
- Self awareness also affects one's view of oneself in the context of either being HIV-infected or not being HIV-infected.

2 Interpersonal communication

- Interpersonal communication is the interaction between two or more people or groups. You will be using this form of communication all the time during your health work.
- This form of communication can be face-to-face, two-way, verbal or non-verbal interaction, and includes the sharing of information and feelings between individuals or groups.
- The most important parts of personal communication are characterized by a strong feedback component, and it is always a two-way process.
- Interpersonal communication involves not only the words used, but also various elements of non-verbal communication.
- The purposes of interpersonal communication are to influence, help and discover as well as to share and perhaps even play together.
- The main benefits of interpersonal communication include the transfer of knowledge and assisting changes in attitudes and behaviour.
- It may also be used to teach new skills such as problem solving. The communication takes place in both directions from the source to the receiver and vice versa.
- There is a chance to raise questions and start a discussion so that the idea is understood by both parties. Since the communication is interactive there is a high chance of utilising more than two senses such as seeing, hearing and touching.
- Adoption of a behaviour passes through several stages and interpersonal communication has importance at all of these stages. So if you want to help someone change their health behaviour you will certainly have to use interpersonal communication effectively. This is especially important when the topic is taboo or sensitive.

Health Extension Service L- III	HLT HES3 TTLM 0919v1	Author/Copyright: Federal TVET Agency	Version -1 Sept. 2019	Page 43 of 87
---------------------------------	----------------------	---------------------------------------	--------------------------	---------------



Figure 9.1:- Health workers get lots of opportunities to develop strong relationships using their interpersonal communication skills.

3 Mass communications

- Mass communication is a means of transmitting messages to a large segment of a population. Electronic and print media are commonly used for this.
- The word 'media' is currently used to refer not only to broadcast media such as radio, the internet and television but also to print media such as papers, magazines, leaflets and wall posters. Remember also the importance of local folk media such as local art, songs, plays, puppet shows and dance
- The powerful advantage of mass media over face-to-face contact is the rapid spread of simple facts to a large population at a low cost.
- The main effects of mass communication are the increased knowledge or awareness of an issue, the potential influence on behaviours at the early stages and the possibility to communicate new ideas to early adopters (opinion leaders).
- The other benefits of mass communication are accuracy and plausibility. Think of the influence of a newspaper article, giving the opinion of a highly respected person. However it also has limitations. These include the lack of feedback because the broadcaster transmits this message without knowing what is going on in the receiver's mind.
- There is also the danger of selective perception because the audience may only grasp part of the message, or selectively pick up the points that they agree with and ignore others. Mass communication does not differentiate between targets and so some people may think. 'This does not concern me'.
- It only provides non-specific information because it is broadcast to the whole population, and it is difficult to make the message fit the local needs of your community, whose problems and needs may be different from the rest of the country.
- For an effective mass media communication, the message or advice should be realistic and pre-tested so that it is transmitted accurately without distortion.
- The message should be useful in creating awareness, and has to be followed by individual or group approaches to achieve positive behavior change.



Figure 9.2:- Sometimes getting children to make songs about a health message can help you get information to a wider audience.



Self check # 8	Written test
----------------	--------------

Direction: - Say "True" or "False"

1. Mass communication is a means of transmitting messages to a large segment of a population.
2. Intrapersonal I communication is the interaction between two or more people or groups.
3. Interpersonal communication takes place within a single person.

Note: satisfactory rating 3 point unsatisfactory below 3 point

You can ask you teacher for the copy of the correct answers

Answer Sheet

Score _____
Rating _____

Name: _____

Date: _____

Short Answer Question

1. _____
2. _____
3. _____



1.10 Human behavior and health

- ✓ **Behavior is** an action that has a specific frequency, duration and purpose whether conscious or unconscious. It is what we do and how we act.
- ✓ Many health education programs have failed because they put too much emphasis on individual behavior and neglected to understand the cultural, social, economic and political factors that influence his/her behaviors or actions.
- ✓ For example: **Learning** is a behavior of the students which has a specific frequency, purpose and duration. People stay healthy or become ill, often as a result of their own action or behavior.
- To say a person has smoking behavior
 - ✓ **Action** – he/she must smoke cigarette
 - ✓ **Duration** –is it for a week/month?
 - ✓ **Frequency-** how many times a day?
 - ✓ **Purpose** –is he/she doing consciously or not
- **Health behaviors** are those personal behaviors or, actions and habits that an individual performs in order to stay healthy, in order to restore his health when he gets sick and in order to improve their health status.
- **Examples of behaviors promoting health and preventing diseases (health behaviors).**
 - **Preventive behaviors:** - actions that healthy people undertake to keep themselves or others healthy and prevent disease.
 - ✓ Good nutrition, breast feeding, reduction of health damaging behaviors like smoking are examples of preventive behaviors
 - **Utilization behavior:** - utilization of health services such as antenatal care, child health, immunization, family planning...etc
 - **Illness behavior:** - recognition of early symptoms and prompt self referral for treatment.
 - **Compliance behaviors:** - following a course of prescribed drugs such as for tuberculosis.
 - **Rehabilitation behaviors:** - what people need to do after a serious illness to prevent further disability.
 - ✓ For example: Practicing walking after injuring your leg or talking after a stroke.
 - **Community action:** - actions by individuals and groups to change and improve their surroundings to meet special needs.

1.10.1 Determinants of human health

- The people’s lives determines their health, and so sometimes blaming individuals for having poor health or crediting them for good health is inappropriate.
- Individuals are unlikely to be able to directly control many of the determinants of health. For example polluted water, unsafe environment and the likes influence the health status of the community.
- **There are four general determinants of health:-**
 - 1. Human biology**
 - All those aspects of health, both physical and mental, which are developed within the human body as a consequence of the basic biology of human beings and the organic make-up of an individual.



- For example, age is one of the biological determinants of health because older people are more at risk of developing non-communicable diseases such as cancer.

2. Environment

- All those matters related to health which are external to the human body and over which the individual has little or no control. Some examples include geography, climate, industrial development and the economy.
- For example, people living in the lowland areas (geographic factors) are more exposed to malaria than people living in the highlands. If the economic environment gets worse than more people will have to live in poverty and this is very bad for their health.

3. Lifestyle

- Is made up of the habits and usual practices of human beings which affect their health and over which they more or less have control.
- For example people who are not sleeping under insecticide treated bed nets are at more **risk** of acquiring malaria.
- A person's lifestyle or behavior can be a risk factor or a reason for the development of health problem.

4. Health care organization

- Consists of the arrangement and resources that are used in the provision of healthcare often referred to as the healthcare system.
- For example if someone is sick from malaria and there are no health facilities nearby to treat the patient, the patient is more likely to develop a severe complication and may even die.
- The question of availability, accessibility and affordability of the health care organizations as well as services should be raised and answered here.

▪ Risk factors can be divided into two categories:

A. Modifiable (changeable or controllable) risk factors.

- These are things that individuals can change and control such as their sedentary
- **lifestyle** refers to the collection of behaviors that make up a person's way of life including smoking, drinking alcohol, or poor dietary habits.

B. Non-modifiable (non-changeable or non-controllable) risk factors.

- These are factors such as age, sex and inherited genes and are things that individuals cannot change or do not have control over.
- These two categories of risk factors may be interrelated and in fact the combined potential for harm from a number of risk factors is greater than the sum of their individual parts.
- For example: If an old person (old age – as a non-modifiable factor) smokes and drinks (smoking and drinking are modifiable risk factors) to excess as well they are especially likely to become ill with problems related to smoking and drinking.
- Developing countries like Ethiopia, more than 80% of the disease burden and its related morbidity and mortality is due to communicable diseases and the root cause of these diseases are usually the changeable /modifiable risk factors.

1.10.2 level of disease prevention

- Prevention is defined as the planning for and the measures taken to prevent the onset of a disease or other health problem before the occurrence of undesirable health events.
- There are three distinct levels of prevention:

a. Primary level of prevention

- Primary prevention is comprised of those preventive activities carried out by a healthy individual to keep himself and other people from getting disease.

Health Extension Service L- III	HLT HES3 TTLM 0919v1	Author/Copyright: Federal TVET Agency	Version -1 Sept. 2019	Page 48 of 87
---------------------------------	----------------------	---------------------------------------	--------------------------	---------------



- Examples of important behaviors for primary prevention includes using rubber gloves when there is a potential for the spread of disease, immunizing against specific diseases, exercise, and brushing teeth.
- The role of health education here is aimed at the prevention of the onset of illness or health problems.

b. Secondary level of prevention

- Secondary prevention includes preventive measures that lead to an early diagnosis and prompt treatment of a problem/disease before it becomes serious.
- It is important to ensure that the community can recognize early signs of disease and go for treatment before the disease become serious.
- The actions people take before consulting a health worker, including recognition of symptoms, taking home remedies (self-medication'), consulting family and healers are called **illness behaviors**.
- Illness behaviors are important examples of behaviors for secondary prevention. For example: screening for high blood pressure and breast self-examination.

c. Tertiary level of disease prevention

- Tertiary prevention seeks to limit disability/death or complications arising from an irreversible condition. The use of disability aids and rehabilitation services help people from further deterioration and loss of function.
- For example, a diabetic patient should take strictly his/her daily insulin injection to prevent complications, HIV/AIDS patient should use ART drugs to prolong his life.
 - ✓ Health Education can be applied at all three levels of disease prevention and can be of great help in maximizing the gains from **preventive behavior**.
 - ✓ For example at the primary prevention level you could educate people to practice some of the preventive behaviors, such as having a balanced diet so that they can protect themselves from developing diseases in the future.
 - ✓ At the secondary level, you could educate people to visit their local health centre when they experience symptoms of illness, such as fever, so they can get early treatment for their health problems.
 - ✓ At the tertiary level, you could educate people to take their medication appropriately and find ways of working towards rehabilitation from significant illness or disability.

1.10.3 Behavior change in health education

- The ultimate goal of health education and promotion program is to bring voluntary behavior modification among the community members.
 - Certain behaviors changes may be **natural** while others are **planned** changes.
 - 1. Natural changes**
 - ✓ When changes occur because of natural events in the community around us, we often change without thinking much about it.
 - ✓ Some changes take place because of natural events or processes such as age-sex related behaviors. E.g. Eating clay during pregnancy
 - 2. Planned changes**
 - ✓ We make plans to improve our lives or to survive for that matter and we act accordingly. Example: plan to stop smoking or drinking, plan to become a health professional.
 - ✓ When changes occur deliberately and/or planned.
 - ✓ Planned change in behavior can be faster or slower depending on the response of the acceptor and adapter of the behavior.

1.10.4 Models of disease causation and spread.

- **There are three models of disease causation:-**

A) Chain of infection model

Health Extension Service L- III	HLT HES3 TTLM 0919v1	Author/Copyright: Federal TVET Agency	Version -1 Sept. 2019	Page 49 of 87
---------------------------------	----------------------	---------------------------------------	--------------------------	---------------

- This model explains the spread of a communicable disease from one host (or person) to another. The basic idea represented in the chain of infection is that individuals **can break** the chain (reduce the risk) at any point, thus the spread of the disease can be stopped.

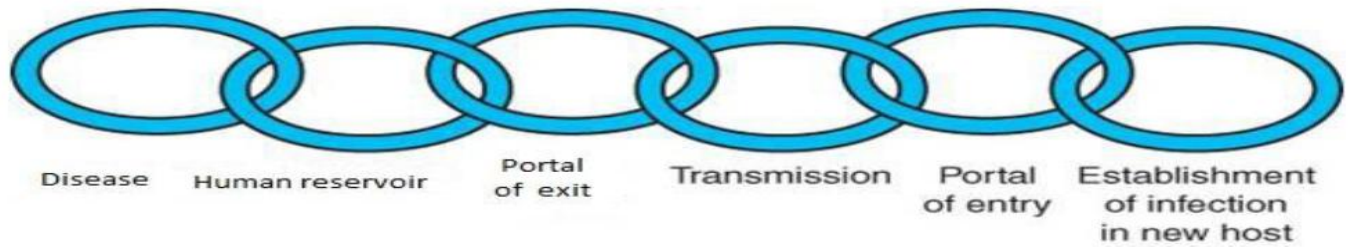


Figure 10.1:- Link of the infection model

1. Disease:-malfunctioning or abnormality of body parts caused by the infectious agents
2. Human reservoir :-a person who is harboring the infectious agent
3. Portal of exit :-The body part through which the infectious agent is exiting from the reservoir, for example the mouth or the anus
4. Transmission :-The spread of the infectious agent from the reservoir to the new host
5. Portal of entry:-The body part through which the infectious agent will enter the new host, for example the skin after a mosquito bite, the mouth
6. Disease in the new host:-The development of the signs and symptoms of the communicable disease in the new host
 - The portal of entry and exit both involve preventive measures such as hand washing, condoms, hair nets and insect repellents, while the human reservoir and transmission measures both involve isolation.
 - The application of such information, health education can help to create programs that are aimed at breaking the chain and reducing the risks of infection in other people.

B) Communicable disease model

- This model includes the three minimal requirements for the presence and spread of a communicable disease in a population

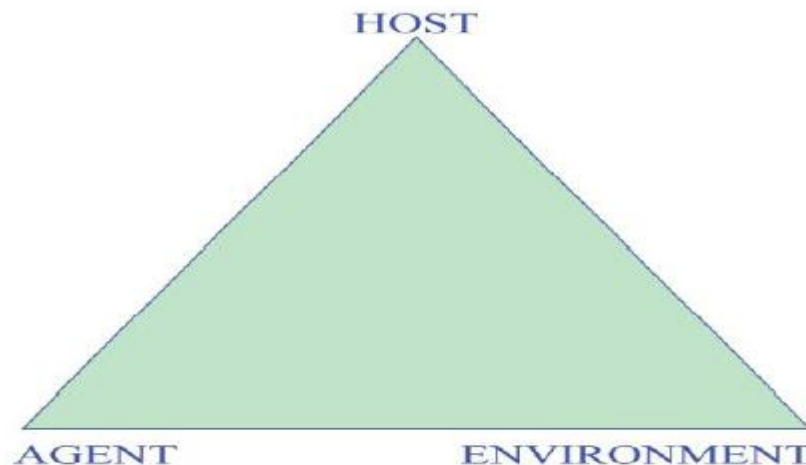


Figure 10.2:- the communicable disease model



- 1) The infectious agent
 - The element that must be present for the disease to occur and spread.
For example: Bacteria, viruses and parasites
 - 2)) The host
 - Any susceptible organism. For example: Plants, animals or humans can be invaded by the infectious agent and become the host.
 - 3) The environment
 - Includes all other factors that either promote or prohibit disease transmission. Communicable disease transmission occurs when a susceptible host and an infectious agent exist in an environment that allows disease transmission.
 - ✓ The Health Extension practitioner need to design and give health education to avoid or reduce susceptibility of the host, and to reduce some favorable environmental conditions which may be good for the development and spread of the agents.
 - ✓ For example: Health education should be given on good dietary practices to develop the host immunity and to reduce susceptibility.
- C. Multi-causation disease model**
- A model that explains the onset of disease caused by more than one factor. Both the chain of infection and communicable disease models are helpful in trying to prevent disease caused by an infectious agent.
 - However, these models are not applicable to non-communicable diseases, which include many of the chronic diseases such as heart disease and cancers.
 - Therefore, the possible causes for such and other chronic non-communicable diseases include a combination of factors such as infectious agents, environment, genetic factors, personal behaviors, economics...etc

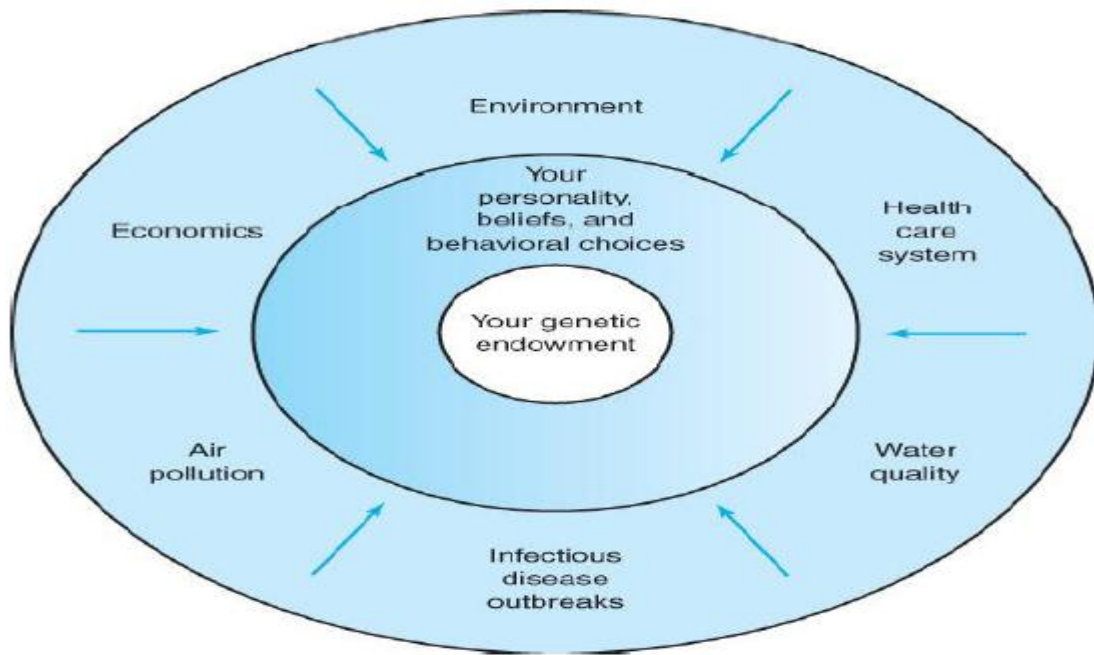


Figure 10.3:- Multi-causal disease model

Self check #10	Written test
----------------	--------------

Direction: - Choose the correct answer from the given alternative

1. Activities carried out by a healthy individual to keep himself & other people from getting disease. A. primary prevention B. Secondary prevention C. Tertiary prevention
2. Recognition of early symptoms and prompt self referral for treatment.
A. Compliance behaviors B. Illness behavior C. Utilization behavior D. None
3. a person who is harboring the infectious agent
A. Portal of exit B. Human reservoir C. Mode of transmission D. None
4. Modifiable Risk factors. A. age B. sex C. Smoking D. Inherited genes

Note: satisfactory rating 4 point unsatisfactory below 4 point

You can ask you teacher for the copy of the correct answers

Answer Sheet

Score _____
Rating _____

Name: _____

Date: _____



Information #11	Identifying Barriers of health education communication
-----------------	--

1.11 Barriers of health education communication

- **Generally communication barriers can be categorized as follows:**
 - **Physical barriers** include difficulties in hearing and seeing.
 - **Intellectual barriers** may occur because of the natural ability, home background or schooling that affects the perception and understanding of the receiver.
 - **Emotional barriers** include the readiness, willingness or eagerness of the receiver and the emotional status of the educator.
 - **Environmental barriers** might occur if there is too much noise or if the room is too congested.
 - **Cultural barriers** include those customs, beliefs or religious attitudes that may cause problems. Economic and social class differences and language variation, as well as age differences, may also be difficult to overcome.
 - ✓ Either too high or too low status of the educator (sender) compared to the audience may affect communication.
- **Principles of communication**
 - **Shared perception:** for communication to be effective the perception of the sender should be as close as possible to the perception of the receiver. The extent of understanding depends on the extent to which the two minds come together.
 - **Sensory involvement:** the more senses involved in communication, the more effective it will be.
 - **Face- to- face communications:** when communication takes place face-to-face it is more effective.
 - **Two-way communications (feedback):** any communication without a two-way process is less effective because of lack of opportunity for concurrent, timely and appropriate feedback.
 - **Clarity of the message:** ideas, facts and opinions should be clear to the sender before communication happens. Communication should always use direct, simple and easily understandable language.
 - **Correct information:** the sender should have at hand correct, current and scientific information before communicating it.
 - **Completeness of the idea:** subject matter must be adequate and full. This enables the receiver to understand the central theme or idea of a message. Incomplete messages may result in misunderstandings.
- **Main characteristics of effective communication**
 - Promotes actions that are realistic within the constraints faced by the community.
 - Builds on people’s existing beliefs and practices
 - Is repeated and reinforced over time using different methods
 - Is adaptable and uses established channels of communication
 - Is entertaining and attracts the community’s attention
 - Uses simple, clear and straightforward language
 - Emphasizes the short-term benefits of taking action
 - Uses demonstrations to show the practical benefits of adopting beneficial practices
 - Develops a natural style: each person has his or her own natural way of presenting ideas
 - Provides opportunities for dialogue and discussion.



Self check #11	Written test
----------------	--------------

Direction: - say "True" or "False"

1. Communication to be effective the perception of the sender should be as close as possible to the perception of the receiver
2. Intellectual barriers include difficulties in hearing and seeing

Note: satisfactory rating 2 point unsatisfactory below 2 point

You can ask you teacher for the copy of the correct answers

Answer Sheet

Score _____
Rating _____

Name: _____

Date: _____

Short Answer Question

1. _____
2. _____
3. _____
4. _____



1.12. Ethical principles in Health Education

- Everybody has ethical issues in their lives and ethical theory can help us all to understand these issues – and work out ways of dealing with them.
- **Ethics** is the branch of philosophy, which takes a systematic approach to define social and individual morality – the fundamental standards of right and wrong that a whole society, as well as individuals, learn from their culture and peers.
- **Philosophy** is the study of general and fundamental problems, such as existence, knowledge, values, reason, mind, and language. It is distinguished from other ways of addressing such problems by its critical, generally systematic approach and its reliance on rational argument.

▪ **Two important ethical theories**

➤ **Two of the most relevant ethical theories for your professional practice:-**

- **Utilitarianism:-**considers an action as morally right if its outcomes or consequences are good for the greatest number of the population.
 - ✓ It focuses on ‘the greatest good for the greatest number’.
 - ✓ This theory disregards individual rights and considers the welfare of the greatest majority to be the most important factor.
- **Deontology:-** on the other hand, considers the way that things are done rather than focusing just on the consequences.
 - ✓ This type of ethics holds at its core the respect for fundamental rights, such as the right to truth, privacy and the fulfilling of promises.
 - ✓ Deontology considers the rightness or wrongness of an action.
 - ✓ **For instance**, someone who believes that lying is always wrong, even if a lie might accomplish some good for individuals and society, is following the principles of deontology – although they may never have heard of the theory.

▪ **The five main principles of ethics are usually considered to be:**

- ✓ Truthfulness and confidentiality
- ✓ Autonomy and informed consent
- ✓ Beneficence
- ✓ Non-maleficence
- ✓ Justice.
- Some of these are difficult words, but in this study session you will be able to consider each of them in turn, using examples that will be familiar to you.
- This will help you to see how ethical principles are present in almost every aspect of your health work and daily life.

1. Truthfulness and confidentiality

- Two concepts that you may commonly face in your day-to-day practice are truthfulness and confidentiality.
- Truthfulness is about telling the truth to someone who has the right to know the truth. **For example**, if you have been informed about the result of an HIV test taken by someone in your community who then asks to know his/her result.
- On the other hand, the concept of confidentiality urges you to keep a secret – by which we mean knowledge or information that a person has the right or obligation to conceal.
- **For example**, if the family of a person who has had an HIV test demands that you give them the result, you must not tell them..



▪ **There are three types of secrets:**

- **Natural secret:** information which if revealed is harmful by its nature.
- **Promised secret:** information that we have promised to conceal which, if broken, leads to public mistrust.
- **Professional secret:** knowledge which, if revealed, will harm the client, the profession and the society that obtain services from the profession. A professional secret is the most serious of all secrets, because its violation can cause the greatest harm.

2. Autonomy

- The term refers to every individual’s right of self determination, independence and freedom to make their own choices.
 - In the context of healthcare, the concept of autonomy is most concerned with the ethical obligation of the practitioner to respect their clients’ right to make decisions about their own health.
 - Autonomy must be respected even if you, as the healthcare provider, do not agree with the client’s decision.
 - However, there are conditions in which that personal choice or autonomy may be restricted because of concern for the wellbeing of the community.
 - For instance, if a communicable disease, such as tuberculosis, is diagnosed, clients can be required to take prescribed medication and may have to be isolated to prevent the spread of the infectious agent to others.

3. Informed consent

- Informed consent means that each person who has any sort of procedure done to them in a healthcare context should give their approval for that procedure to be done to them.
 - In order to be fully informed, it is the duty of the health care worker to tell the person exactly what the procedure will involve as well as the things that might happen if the procedure is not carried out.
 - In quite a lot of the work that Health Extension Practitioners do on a routine basis informed consent is implied.
 - In other words if a mother brings her child to the Health Post to be immunized, informed consent is necessary because the Health Extension Practitioner is performing a procedure that has benefits, but may also have side effects.
 - However, the act of bringing the child for the procedure implies consent as does attending for a contraceptive injection. But Health Extension Practitioners should always explain what they are doing and how it impacts on individuals, their families and the wider community.

4. Beneficence and non-maleficence

- The term beneficence tells you about ‘doing good’ for your client, for instance by providing immunization.

Health Extension Service L- III	HLT HES3 TTLM 0919v1	Author/Copyright: Federal TVET Agency	Version -1 Sept. 2019	Page 56 of 87
---------------------------------	----------------------	---------------------------------------	--------------------------	---------------



- On the other hand, the concept of non maleficence tells you to ‘do no harm’ either intentionally or unintentionally to your clients.
- However, there are circumstances in which it is impossible to ‘do good’ and ‘avoid doing harm’ all at the same time. For instance, you may plan to provide birth control to all the women in your locality who are in need of it, but resource availability, cultural beliefs of the community, clients’ reaction to the service and other factors can limit you from doing good to the greatest number.
- Moreover, you cannot always avoid doing harm to a client; for instance, in times when a communicable disease arises in your vicinity, you may have to suggest isolating individuals with the infection against their will to contain the spread of the disease and for the good of the majority.

5. Justice

- In this final section, you will be able to learn about the concept of justice, which is an important concept that will help you during your interaction with individuals, families and communities at large.
- Justice is a complex ethical principle and it entails fairness, equality and impartiality; in other words, it is the obligation to be fair to all people. Most Health Extension Practitioners will understand about justice without necessarily having come across the word itself.
 - The concept of justice will become clearer if you understand the meaning of two categories of justice: distributive justice and social justice.
- **Distributive justice** means that individuals have the right to be treated equally regardless of ethnic group, gender, culture, age, marital status, medical diagnosis, social standing, economic level, political or religious beliefs, or any other individual characteristics.
- **Social justice** is based on the application of equitable rights to access and participation in all aspects of goods and services provided in a society, regardless of their individual characteristics.
- ✓ Everyone should have access to the same things that might improve their health. You as a Health Extension Practitioner will be able to carry out distributive and social justice by enabling the inclusion and empowerment of all people living within your area to exercise their rights.

Health Extension Service L- III	HLT HES3 TTLM 0919v1	Author/Copyright: Federal TVET Agency	Version -1 Sept. 2019	Page 57 of 87
---------------------------------	----------------------	---------------------------------------	--------------------------	---------------



Self check #12

Written test

Direction: - Match the following questions from column "B" to "A"

"A"

- 1. Autonomy
- 2. Informed consent
- 3. Beneficence
- 4. Non-maleficence
- 5. Justice

"B"

- A. Do no harm
- B. Fairness
- C. Doing good
- D. Each person approval for the procedure to be done to them.
- E. Freedom to make their own choices

Note: satisfactory rating 5 point unsatisfactory below 5 point

You can ask you teacher for the copy of the correct answers

Answer Sheet

Score _____
Rating _____

Name: _____

Date: _____

Short Answer Question

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____



1.13. Information dissemination

- **When do we disseminate?**

- In the course of preparing for the start of your project, you will have been required to draw up a project plan that identifies your milestones. The planning and development of your dissemination strategy must have equal importance placed on it as the other preparatory work you will be doing, or have already done.
- Having identified exactly what it is your project will be disseminating, you need to give some thought to the timing of particular dissemination activities and the setting of targets. You will need to consider each of your target audiences/groups and the level of dissemination required and begins to plan the timing.

- **Developing a dissemination plan**

- Following is a list of some of the key elements that should be included in a dissemination plan. While this is not a detailed guide to developing a dissemination plan, it provides a good overview of some of the most critical things that should be considered.

1. Project overview

- Describe the current environment or context that provides what being undertaken what is your aiming to clarify or change? Who is or should be interested in the results?
- Briefly sketch out its objectives. How will it address the context or challenges you have identified?

2. Dissemination goals

- What are you hoping to achieve by dissemination of message? You may have a single long-term goal, such as a change in a policy, practice, or even culture, but make sure to also include any supporting or shorter-term goals.

3. Target audiences

- These are the groups you want to reach with your message results and who you will target in your dissemination activities.
- Be as specific as you can who are the people who can use this message?
- You may want to divide your list into primary audiences (more important) and secondary audiences (less important) and allocate dissemination efforts according to audience importance.

4. Key messages

Health Extension Service L- III	HLT HES3 TTLM 0919v1	Author/Copyright: Federal TVET Agency	Version -1 Sept. 2019	Page 59 of 87
---------------------------------	----------------------	---------------------------------------	--------------------------	---------------



- In your first stab at a dissemination plan, you won't be able to develop specific key messages because you won't know the results of your message. However, you can plan broadly around what you anticipate the content will be.
- Effective messages explain what your results is, why they are important, and what action should be taken as a result. They are not simply a summary of the results.
- Make messages clear, simple, and action-oriented. The style and content should be tailored for each audience. Messages should be based on what that audience wants to know, rather than on what you think it should hear.

5. Sources/messengers

- Since using influential spokespersons to spread your messages can help ensure uptake of your message results, identify the people or organizations that are viewed as credible with each of your target audiences.
- Then think about how you can get those people and organizations “on board” — maybe you can partner with them in a workshop, or ask them to include message in their talk.

6. Dissemination activities, tools, timing, and responsibilities

- This is the meat of your dissemination plan. Here you describe the activities (such as briefings or presentations) you will undertake to reach each target audience, and the tools (such as printed materials or web sites) that will support these activities. You also set out timing (what you will do first and when you will do it) and assign responsibilities to team members.
- Look for activities that promote a two-way dialogue, not a one-way flow of information. Face-to-face meetings or briefings are a very effective way to reach decision makers.
- A good dissemination plan will have activities that reach each of your target audiences, taking into account their attitudes, habits, and preferences.

7. Budget

- Time and budget requirements for dissemination are frequently underestimated. Effective dissemination involves resources and planning think about travel, layout and printing, translation, equipment, and space rental costs when allocating a budget for dissemination activities. Don't forget to include resources the individual(s) will need to do the future planning and co-ordination of the activities you have identified!

8. Evaluation

- Evaluation is most effective when it is built in from the start. Decide how you will evaluate the success of your team's dissemination efforts, selecting measurable criteria for each

Health Extension Service L- III	HLT HES3 TTLM 0919v1	Author/Copyright: Federal TVET Agency	Version -1 Sept. 2019	Page 60 of 87
---------------------------------	----------------------	---------------------------------------	--------------------------	---------------



dissemination activity. Focus less on efforts (how much you did) and more on outcomes (what was the result).

- Starting early usually increases the impact of dissemination. Using vehicles such as seminars and conferences can be an effective way of disseminating findings. It is important not to feel that you have to have a completed product or process before starting to disseminate. The greater the involvement of your target audiences/groups, the greater impact you will achieve and the stronger the routes of communication be developed.
- Target audiences/groups need to know and have some idea of what it is about and trying to achieve.
 - You have to use the opportunity to present in a clear and easily recognizable way to consider some of the following:
 - Previous records of accomplishment –have a proven track record in the work you are undertaking and, if so, how might you best exploit this?
 - Alliances with other programs – are there other programs within your subject area that you could form links with which would give you a better presence and image?
 - Links with professional bodies/subject associations – are there any professional bodies within your subject area that you could build links with and who would be able to promote your work and boost your profile?

▪ **What are the most effective ways of disseminating?**

- Begin to match vehicles for dissemination to your objectives. The major mediums for information dissemination utilized included posters, local newspapers, local radio and the before mentioned public meetings.
- Once the dissemination objective and the audience are identified, there are a variety of ways to share the developed content.

▪ Common methods of dissemination include:

- ✓ Publishing program or policy briefs
- ✓ Publishing project findings in national journals and statewide publications
- ✓ Presenting at national conferences and meetings of professional associations
- ✓ Presenting program results to local community groups and other local stakeholders
- ✓ Creating and distributing program materials, such as flyers, guides, pamphlets and DVDs
- ✓ Creating toolkits of training materials and curricula for other communities
- ✓ Sharing information through social media or on an organization's website
- ✓ Summarizing findings in progress reports for funders
- ✓ Disseminating information on an organization's website
- ✓ Discussing project activities on the local radio
- ✓ publishing information in the local newspaper
- ✓ Issuing a press release

Health Extension Service L- III	HLT HES3 TTLM 0919v1	Author/Copyright: Federal TVET Agency	Version -1 Sept. 2019	Page 61 of 87
---------------------------------	----------------------	---------------------------------------	--------------------------	---------------



- ✓ Hosting health promotion events at health fairs and school functions

Information #13	Written test
-----------------	--------------

Direction: - Choose the correct answer from the given alternative

1. The major mediums for information dissemination

- A. Posters B. Local newspapers C. Public meetings D. All

2. The groups you want to reach with your message

- A. Project overview B. Dissemination goals C. Target audience's D. Key messages

Note: satisfactory rating 4 point unsatisfactory below 4 point

You can ask you teacher for the copy of the correct answers

Answer Sheet

Score _____
Rating _____

Name: _____

Date: _____

Short Answer Question

1. _____

2. _____



1.14. Maintain work related network and relationship

- **What is a network?**

- A network includes a group of people who cooperate with each other. This implies people working closely together and with some crossover or connection in their purpose.
- Networking is about recognizing and taking advantage of valuable relationships to get things done and to achieve a goal. It also involves working closely with other workers to be aware of potential and future needs or problems and devising strategies to address them.
- Networking is also related to participation. Through the process of participation in issues in the workplace (people in the workplace joining to discuss concerns and have a say in developing solutions), relationships and networks are established between people and workers in the organization (or even in the community if your organization provides services to the community).
- Networks potentially build a sense of common destiny and support. Thus, they help to empower individuals and strengthen the work team and the organization itself.

- **The importance of networking**

- No matter your education, your experience, your personality, or your title, if you can't play well with others, you will never accomplish your work mission. Effective interpersonal work relationships form the cornerstone for success and satisfaction with your job and your career.
- They form the basis for promotional opportunities, pay increases, goal accomplishment, and job satisfaction.

- Workers network to:

- ✓ Achieve outcomes
- ✓ Establish credibility with relevant service providers
- ✓ Advocate about issues
- ✓ Maintain contact with other professionals
- ✓ Debrief about issues
- ✓ Have access to information about what other organizations are doing, especially those providing similar services
- ✓ Provide information about your own service and organization
- ✓ Work collaboratively to better meet the needs of clients
- ✓ Establish new contacts who you may work with in the future



- ✓ Learn about the role, services and resources of other organizations
- ✓ support joint programs or activities
- ✓ Provide information for policy development.

▪ **Networking can occur on a formal or informal basis.**

❖ **Formal networks**

- Formal networks involve structured meetings or processes. Your network, in this work situation, would include your supervisor (or team leader) and your colleagues.
- ❖ Think of some of the formal networks you will encounter in your work. An example of a formal network is:-
 - If you work in the sterilization unit, your work team would be responsible for ensuring that the surgical instruments that come out of an operating theatre are logged, washed, disinfected, sterilized, packaged, logged again and stored.
- ❖ Here is another example of a formal network:
 - A small hospital has been having temporary problems implementing best practice standards in cleaning, disinfection and sterilization due to a break-down in equipment.
 - The head of the sterilizing services unit attend a meeting with the manager of a larger unit in a regional hospital to discuss out-sourcing of work (to the larger unit).

▪ **Informal networks**

- ❖ These networks may be internal or external networks.
 - They are the relationships you develop and build up over time with and colleagues. These networks carry lots of information in the form of facts, gossip and rumor about issues affecting your work such as government policy initiatives, local developments or changes in services.

▪ **Skills and attitudes for participating in networks**

1. Professionalism

- When you are participating in a network, whether it is formal or informal, external or internal, you need to be mindful that you are a professional worker representing your organization. You are ‘the face’ of the organization and your conduct, the impression you make, the information you provide and the message you communicate needs to be clear and appropriate.

2. problem solving

a. Identify the problem

- First, find out what precisely is the problem. For instance, could it be that staff are not familiar with work practices? Or do staff know what to do but have been taking ‘short-

Health Extension Service L- III	HLT HES3 TTLM 0919v1	Author/Copyright: Federal TVET Agency	Version -1 Sept. 2019	Page 64 of 87
---------------------------------	----------------------	---------------------------------------	--------------------------	---------------



cuts' as they under a lot of pressure to complete daily work targets? Does individual staff feel overworked? Do they feel unsupported?

- Problem solving skills are essential to the networking process, as we need to be able to accurately identify problems so that we can assist our colleagues or work team.

b. Identify and assess potential solutions

- One you have gathered relevant information and analyzed the needs and concerns of the people involved, the next step is working out the possible solutions and which solution is the most appropriate one.
- This step will utilize your knowledge of what services are available in the community and also requires research skills.

▪ How to Develop Effective Work Relationships

- These are seven ways you can play well with others at work. They form the basis for building effective interpersonal work relationships. These are the actions you want to take to create a positive, empowering, motivational work environment for people:
 1. **Bring Suggested Solutions to Problems to the Meeting Table** - Thoughtful solutions are the challenge that will earn respect and admiration from your coworkers and bosses.
 2. **Do not Ever Play the Blame Game**- it is not my fault and identifying and blaming others for failures will earn you enemies. Throwing other employees under the bus, either privately or publicly, will also create enemies. These enemies will, in turn, help you to fail.
 3. **Your Verbal and Nonverbal Communication Matters**- If you talk down to another employee, use sarcasm, or sound nasty, the other employee hears you. Humans are all radar machines that constantly scope out the environment. When you talk to another employee with a lack of respect, the message comes through loudly and clearly.
 4. **Never Blind Side a Coworker, Boss, or Reporting Staff Person**-If the first time a coworker hears about a problem is in a staff meeting, you have blindsided the coworker. Always discuss problems first, with the people directly involved who own the work system. You will never build effective work alliances unless your coworkers trust you. And without alliances, you will never accomplish the most important goals for your job and career.
 5. **Keep Your Commitments**- In an organization, work is interconnected. If you fail to meet deadlines and commitments, you affect the work of other employees. Always keep commitments, and if you can't, make sure all affected employees know what happened. Provide a new due date and make every possible effort to honor the new deadline.



- 6. **Share Credit for Accomplishments, Ideas, and Contributions-** Take the time, and expend the energy, to thank, reward, recognize and specify the contributions of the people who help you succeed. It is a no-fail approach to building effective work relationships. Share credit; deflect blame and failure.
- 7. **Help Other Employees Find Their Greatness-** Every employee in your organization has talents, skills, and experience. If you can help fellow employees harness their best abilities, you benefit the organization immeasurably. The growth of individual employees benefits the whole.

Information #14	Written test
-----------------	--------------

Direction: - say "True" or "False"

- 1. A network includes a group of people who cooperate with each other.
- 2. Effective Work Relationships is the actions you want to take to create a positive work environment for people

Note: satisfactory rating 2 point unsatisfactory below 2 point

You can ask you teacher for the copy of the correct answers

Answer Sheet

Score _____
Rating _____

Name: _____

Date: _____

Short Answer Question

1. _____

2. _____



This learning guide is developed to provide you the necessary information regarding the following content coverage and topics:

- Training of model families
- Planning and Undertake advocacy on identified health issues

This guide will also assist you to attain the learning outcome stated in the cover page. Specifically, **upon completion of this Learning Guide, you will be able to:**

- Train model families
- Plan and Undertake advocacy on identified health issues

Learning Instructions:

7. Read the specific objectives of this Learning Guide.
8. Follow the instructions described below 3 to 4.
9. Read the information written in the information “Sheet 1, Sheet 2.and,Sheet 3”
4. Accomplish the “Self-check 1, Self-check and self check 3 on **page 4, 5 & 14.**



Information Sheet-1	Applying Training Model Family
----------------------------	---------------------------------------

1.1 Concepts and principles of Women Health Development Army (WHDA)

Concepts and principles of Women Development Army

Health Extension Program (HEP) brings community participation through awareness creation, behavioral change communication, and planned and systematic community mobilization. Community engagement for improved lifestyle was initially based on innovation of diffusion theory, which focuses on model household graduation. Model households go through an intensive vetting for graduation and are publicly recognized by local leaders after completing key health extension practices at the household level. Model households also provide mentorship and act as role models for their neighbors. This has brought about impressive results concerning health outcomes resulting in significant reduction of harmful traditional practices, improved lifestyles and use of health services. However, there was a gap in quality and comprehensiveness. Hence, health development army was initiated in 2012 for engaging everyone in the community through an organized and inclusive manner, particularly the under-served and disadvantaged groups.

The Health Development Army as part of universal coverage for basic health services, a complimentary initiative undertaken by the Ethiopian Government is the establishment of the Health Development Army (HDA), and now renamed as Women Development Army (WDA). WDA is a systematic, organized, inclusive and collaborative movement of the neighboring Households through active participatory learning and actions to practice key health activities. WDA is designed to bring about transformational change in health outcomes and ensuring every household is reached. The WDA provides an effective platform to engage the community in the planning, implementation, monitoring, and evaluation of health and other programs. Women are organized into one to five household networks and groups of 25 to 30 families and are encouraged and engaged in learning, practicing and collaborating with each other to bring significant practical and attitudinal change. In one to five networks, six households are organized based on social and geographic proximity. Among five or six households one will be lead to advise/inform and counsel her team members. And recently, the new initiative called competency based training (CBT) with level I &II has been launched so as to enhance health extension program intervention by improving the skills of WDA one to five members through providing training on basic community health packages.



Self-Check -1	Written Test
----------------------	---------------------

Directions: Choose the best answers from the given alternative.

1. Concepts and principles of Women Development Army

- A. behavioral change communication B. planned and systematic community mobilization. C. Community engagement D.ALL

2. a systematic, organized, inclusive and collaborative movement of the neighboring Households through active participatory learning and actions to practice key health activities.

- A. WDA B.SMART C. Advocacy D.ALL

3. The WDA provides an effective platform to engage?

- A. the community in the planning implementation B. monitoring,
C. evaluation of health and other programs. D.ALL

Note: satisfactory rating 2 point unsatisfactory below 2 point

You can ask you teacher for the copy of the correct answers

Answer Sheet

Score _____
Rating _____

Name: _____

Date: _____

Short Answer Question

1. _____
2. _____
3. _____





Information Sheet-2	Identifying Better performing households (Recruitment)
----------------------------	---

2.1 Level 1 trainees will be selected from the 1 to 5 network leaders who are willing to attend the training given at the kebele level. And for recruiting level 2 trainees, a committee is led by woreda health office. The members of the committee include: women, youth and child affairs, community representatives, health extension workers, primary Health Care Unit Director, Kebele administrator/ manager. While recruiting the level 2 trainees, the committee has the following main criteria:-

- The most recent score of the WDA leader (“A” and “B” grade)
- Performance of WDA at level 1 may be measured using the WDA score card which includes various criteria– proper written plan, facilitating regular discussion with members, more number of graduated model households, regular participation and involvement in preventive and promotion during health campaigns and environmental hygiene, creating strong relationship among members, proper support and follow up of members.
- Willingness to attend the training and work as WDA
- Minimum educational qualification – basic education. Moreover, given the fact that, level 2 trainees need to pass through the level 1 examination, the eligible trainee for level 2 needs to pass the level 1 competence examination

Self-Check -2	Written Test
----------------------	---------------------

• **Directions: SAY TRUE OR FALSE**

1. Trainees will be selected from the 1 to 5 network leaders who are willing to attend the training given at the kebele level.
2. To identify better performing House Hold The members of the committee include, Women, youth and child affairs, community representatives, health extension workers.

Note: satisfactory rating 2 point unsatisfactory below 2 point

You can ask you teacher for the copy of the correct answers

Answer Sheet

Score _____
Rating _____

Name: _____

Date: _____

Short Answer Question

1. _____
2. _____



Information Sheet-3	Planning, Implementing and evaluating WHDA training
----------------------------	--

31-Space, time and modality for WDA training

	Level-1	Level-2
Venue	The training will be provided at the venue selected and prepared by the kebele administration and health extension worker. The venue can be farmers training centers, primary schools, Kebele meeting hall, or health posts depending on the convenience to provide the training.	The health centers at the woreda town will be prepared for the level-2 trainings.
Cohort of trainee	For easy management, training would be organized by batch. Each cohort needs to reside in one zone/cluster of Gotes/Kushets. The trainers would complete one after the other.	The trainees would be pulled from various kebles under each PHCU.
Training modality	Initial training: The class room sessions can be given for two to three days per week for four hours each. In addition, every week one day will be dedicated for cooperative training – an assignment would be given to a trainee to practice the competence in her 1 to 5 network. At the end of the class room training, 3 weeks (3 days/week) will be assigned for cooperative trainings. The trainees exit from the training program once they have completed the chart of competence.	Initial training: The class room sessions can be given for two days per week for four hours each. In addition, every week two days will be dedicated for cooperative training – an assignment would be given to a trainee to practice the competence at household and community levels. At the end of the class room training, 2 weeks (3 days/week) will be assigned for cooperative trainings. The trainees will exit from the training program once they have completed the chart of competence.
Community Attachment	Each attachment will be led by the Health Extension workers and health center staff assigned to each kebele. In addition, the trainees would practice by their own to complete specific assignments provided to them in the class room sessions. Any issues requiring clarification would be presented to the supervisors when they come to re-enforce the skills acquired at site level.	



Quality assurance

The quality assurance will be made at multiple stages. The curriculum will be piloted in the demonstration sites and assessed using standard measurement indicators. The feedbacks will be considered to finalize the implementation manual and training plan. Then, the content and modality of the training will be reviewed based on their relevance and lessons from field for the scale-up. In addition, the capacity of the trainers will be meticulously assessed after completion of the TOT and during the training and necessary action will be taken on the spot and the shortfalls and actions will be documented for future use. Using the checklist (---- Annex-1), the training Quality assurance will also be made by a core team comprising of MOH, RHB, TVET colleges and partners staff and Woreda Health Office.

Identify necessary resources

Depending on the responsibilities of each qualified WDA assumes, the supplies and materials required to carry out those responsibilities may vary. The following table provides the list, which may expand during implementation though.

Table--: list of supplies and materials required by Level-1 and Level-2 WDA

Level-1	Level-2
<ul style="list-style-type: none"> • Family health guide 	<ul style="list-style-type: none"> • Family health card
<ul style="list-style-type: none"> • Village map and d/t stickers– target identification 	<ul style="list-style-type: none"> • Field register book
<ul style="list-style-type: none"> • Maternal, neonatal, & Child health recording book 	
<ul style="list-style-type: none"> • Record note book 	<ul style="list-style-type: none"> • Demonstration sets (e. g., Nutrition, breast feeding)
<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Referral Slip
<ul style="list-style-type: none"> • Contraceptives – Condoms and Pills, Injectable, implants, IUCD, 	<ul style="list-style-type: none"> • Contraceptives – Condoms and Pills, Injectable, implants, IUCD,
<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Kit for simple First aid services
	<ul style="list-style-type: none"> • IEC/SBBC materials
<ul style="list-style-type: none"> • Digital scale, salter scale 	<ul style="list-style-type: none"> • MUAC, Digital scale, salter scale
<ul style="list-style-type: none"> • Aqua tab 	<ul style="list-style-type: none"> • Penile model

The list of materials required for the program are identified and included in the PHCU annual plan and procurement plan. The management would then follow the existing supplies chain management – Integrated Pharmaceutical Logistics System (IPLS) to manage supplies required for the Level I and Level 2 WDAs.

Competence assessment

Health Extension Service L- III	HLT HES3 TTLM 0919v1	Author/Copyright: Federal TVET Agency	Version -1 Sept. 2019	Page 72 of 87
---------------------------------	----------------------	---------------------------------------	--------------------------	---------------



The competence assessment guide and questions are prepared by the TVET agency in collaboration with Federal Ministry of Health and Partners. While preparing the assessment tools, necessary “material lists” were also identified. As Health extension workers will do the assessment, training on basic skills on assessment would be given to them and the Agency of Competence (AOC)/ Regional Center of Competence (COC) will certify them as an assessor.

After completion of all the competencies for each level, the trainees would be assessed by certified HEWs from other kebeles. While preparing for an assessment, it is the duty of the training facility/Woreda Health Office to prepare the required logistics/materials and expenses before the assessment.

Certification

When the trainee completes each unit of competence, the training institution/woreda health office will provide certificate for completion. But when the trainee completes chart of competences for each level, they are expected to take the qualification examination provided by Agency of Competence (AOC)/ Regional Center of Competence (COC). A copy of the certificate would be presented to the health extension workers and Keble Administration.

Deployment

Initial placement: Before the actual deployment, the kebele council members and HEWs will do a community sensitization and introduce the role level-1 and level-2 play in the community. Then, after completion of the training, the level-1 and Level-2 WDA will be deployed at their permanent residence. In the first week of their deployment, there will be an introduction session organized for their catchment population and the will be linked to the Health Extension workers and other development team and 1:5 leaders.

Key responsibilities/Service package:

The 18 health extension packages are going to be provided by both the Level-1 and Level-2 WDAs. The Key responsibilities of those trained are derived from the national qualification framework prepared.

Table ----- : Description of key responsibilities of Level 1 WDA interims of the Health Extension Package

Health Extension package	Unit of Competence for Level-1
Health Education	Facilitate Community Mobilization and Communication 1. Conduct communication Facilitate Community Mobilization
Environmental Hygiene and Sanitation	Promote Basic Hygiene and Environmental Health Services 1. Promote and implement hygiene and environmental health services 2. Promote basic hygiene and environmental health services
Family Health	Promote Family Planning Services 1. identify Family Planning Targets 2. Promote Family Planning Methods

Health Extension package

Unit of Competence for Level-1

	<p>Promote maternal, infant and young child nutrition (MIYCN)</p> <ol style="list-style-type: none"> 1. Preparation for message dissemination 2. Provide information on MIYCN for mothers <p>Promote key messages on child survival and growth</p> <ol style="list-style-type: none"> 1. identify target groups for the child survival interventions 2. Promote child survival and growth activities <p>Promote birth preparedness and complication readiness</p> <ol style="list-style-type: none"> 1. identify a skilled birth attendant and health facility 2. Prepare resources required for birth preparation and complication readiness <p>Promote Post-natal Care</p> <p>Provide information for women on post partum period.</p> <p>Pay a follow up home visits</p> <p>Promote Immunization Services</p> <ol style="list-style-type: none"> 1. Identify target groups and prepare plan 2. Facilitate the promotion
Communicable and non- disease	<p>Prevent Common Communicable Diseases</p> <ol style="list-style-type: none"> 1. Promote key messages to the community on prevention of communicable and non-communicable diseases 2. Identify suspected Cases

Table-----: Description of key responsibilities of Level-2 WDA interims of the Health Extension Package

Health Extension package	Unit of Competence for Level-2
Health Education	Perform Community Mobilization and Communication
Environmental Hygiene and Sanitation	Facilitate and Implement Basic Hygiene and Environmental Health Services
Family Health	<p>Promote Family Planning and Provide selected Family Planning Services</p> <p>Promote community based nutrition</p> <p>Identify and refer sick child</p> <p>Promote ANC services and referral of cases</p> <p>Promote Institutional Delivery services</p>

Health Extension package	Unit of Competence for Level-2
	Promote PNC and Provide selected PNC services
	Facilitate Immunization Services
Communicable disease	Facilitate common communicable diseases prevention and control

Follow up and monitoring

The monitoring and evaluation plan would utilize the existing arrangements and the supervisions made by the health extension workers and staff member of the health centers. However, this new inclusion might require revising the existing reporting tools and supervision checklist to accommodate the data needs of this program.

Table----: Indicator matrix

S.No	Indicator	Definition of Indicator	Method of Calculation		Data collection responsibility	Source of information	Frequency
			Numerator	Denominator			
1	Number of WDA trained by level	Number of WDA who have completed all the unit of competencies	Absolute number		Woreda Health Office	Attendance / List of graduates	Every six months
2	Proportion of WDA who Passed COC by level	Percentage of WDA who took COC and passed the exam out of those who completed trainings by level	Number of graduates who passed COC	Number of graduates	Woreda Health Office	Registers / Qualification Certificate	Every six months
3	Number of Kebeles for the with the program	Number of kebles who have started providing trainings	Absolute number		WOreda Health Office	Woreda Health Office reports	Every Quarter
4	Proportion of WDA who have all the necessary materials at the day of visit	Proportion of WDA who complete set of supplies at the day of visit out of those who have visited by supervisors	Number of WDA with complete set of supplies and materials at the day of visit	Number of Visited WDA at the same day by supervisors	Supervisor s	Field visit checklist/repor t	Monthly

S.No	Indicator	Definition of Indicator	Method of Calculation		Data collection responsibility	Source of information	Frequency
			Numerator	Denominator			
5	Frequency of meetings with HEWs within a month	Frequency of meetings with HEWs at each kebele by level	Absolute number		Health Extension Workers	Report/ Minutes	Monthly
6	Frequency of development team meetings within a month	Frequency of meetings with Level 2 WDA at each kebele	Absolute number		Level 2 WDAs	Report/ Registers	Monthly
7	Proportion of health issues raised during development team meetings within a month	Health related issues raised during development team meetings	Number of meetings on health related issues	Total number of meetings within a month	Level 2 WDAs	Reports/ Registers	Monthly
8	Updated Family Health Card at each household		Number of household with updated family health care	Number of households supervised	HEWs	Supervision report	Monthly
9	Proportion of model households graduated in a kebele	Households in a kebele which has done the following - 4 th ANC, Facility delivery, modern FP, EPI as per the schedule, Exclusive breast feeding, GMP under two, Latrine construction and Utilization, solid and liquid waste management, proper housing)	Total number of graduated household	Total number of households in each kebele	HEWs	Monthly Report	Monthly
10	Proportion of mothers or family members with appropriate birth preparation in a month	Mothers/ Family members with a knowledge and prepared all the items required as part of birth preparation which are included in the family health card	Number of households who listed and showed the prepared items	Number of households visited in a month	HEWs	Supervision checklists/ Monthly supervision summary sheet	Monthly

S.No	Indicator	Definition of Indicator	Method of Calculation		Data collection responsibility	Source of information	Frequency
			Numerator	Denominator			
11	Proportion of mothers who name all the danger signs pregnancy	Mothers/ Family members with a knowledge all the danger signs of pregnancy	Number of households who listed all the danger signs of pregnancy	Number of households visited in a month	HEWs	Supervision checklists/ Monthly supervision summary sheet	Monthly
12	Proportion of mothers who name all the danger signs labor	Mothers/ Family members with a knowledge all the danger signs of labor	Number of households who listed all the danger signs of labor	Number of households visited in a month	HEWs	Supervision checklists/ Monthly supervision summary sheet	Monthly
13	Proportion of mothers who name all the danger signs newborn	Mothers/ Family members with a knowledge all the danger signs of newborn	Number of households who listed all the danger signs of newborn	Number of households visited in a month	HEWs	Supervision checklists/ Monthly supervision summary sheet	Monthly
14	Households visited with 48 hours by the WDA members after birth in a month	Proportion of newborns visited within 48 hours in a month	Number of households who was visited by WDA with 48 hours	Number of expected births in a month	Level 2 WDA	Supervision checklists/ Monthly supervision summary sheet	Monthly



Self-Check -3	Written Test
---------------	--------------

Directions: Choose the best answers from the given alternative.

1. When the trainee completes each unit of competence, the training institution/woreda health office will provide for completion

A. Competence assessment Certification C. Deployment D.ALL

2. The kebele council members and HEWs will do a community sensitization and introduce the role level-1 and level-2 play in the community.

A. **Competence assessment** **Certification** C. Deployment D.NONE

3. Guide and questions are prepared by the TVET agency in collaboration with Federal Ministry of Health and Partners

A. **Competence assessment** **Certification** C. Deployment D.NONE

Note: satisfactory rating 2 point unsatisfactory below 2 point

You can ask you teacher for the copy of the correct answers

Answer Sheet

Score _____
Rating _____

Name: _____

Date: _____

Short Answer Question

1. _____

2. _____

3. _____

- Ramachandran L. and Dharmalingam. T. 1995. Health education's new approach.
- Randall R. Cottrell, James T. Girvan, James F. McKenzie 2006. Principles& foundations of health promotion and education. Third ed. USA



Instruction Sheet

LG15: Plan and Undertake advocacy on identified health issues

This learning guide is developed to provide you the necessary information regarding the following content coverage and topics:

- Introducing advocacy

This guide will also assist you to attain the learning outcome stated in the cover page. Specifically, **upon completion of this Learning Guide, you will be able to:**

- Introduction to advocacy

Learning Instructions:

10. Read the specific objectives of this Learning Guide.
11. Follow the instructions described below 3 to 4.
12. Read the information written in the information “Sheet 1”
13. Accomplish the “Self-check 1, **on page 7.**

1.1 Basic concept of advocacy in health

The word advocacy is difficult to understand. As a Health Extension Practitioner, you will be able to use some of the skills of advocacy during your routine work with people in your locality. Advocacy is the pursuit of influencing outcomes, including public policy and resource allocation decisions within political, economic, and social systems and institutions - that directly affect people's health status. Health status of community is directly or indirectly influenced by policy decision of different sectors. As an advocacy coordinator, you will need support and technical assistance, and possibly extra personnel to carry out your advocacy activities.

Health advocacy encompasses direct service to the individual or family as well as activities that promote health and access to health care in communities and the larger public. Advocates support and promote the rights of the patient in the health care arena, help build capacity to improve community health and enhance health policy initiatives focused on available, safe and quality care. Health Advocates are suited best to address challenge of patient-centered care in our complex healthcare system.

Health advocates work for positive change in the health care system, improved access to quality care, protection and enhancement of patient's rights. Competing health needs of diverse and ever shrinking resources available to support these needs often serve as the impetus for the initiation of advocacy efforts to improve community health. Most simply, community health advocacy entails advocacy by a community around issues related to health.

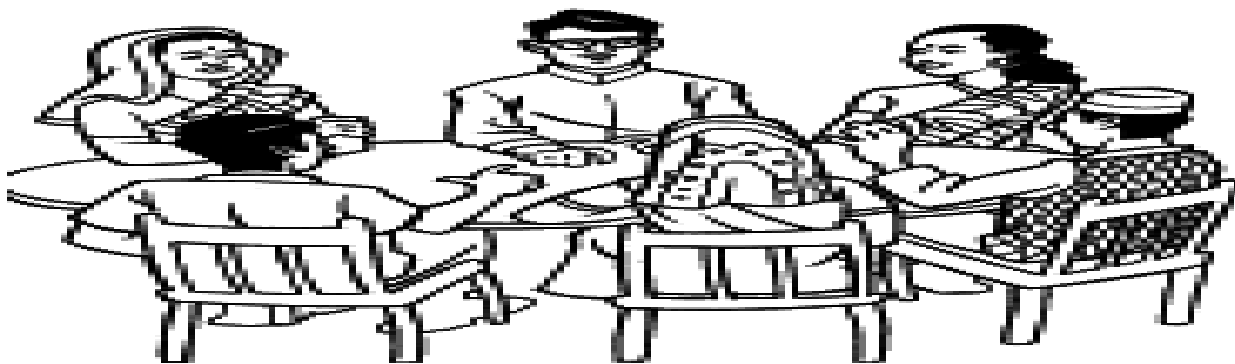


Fig-1.1- In every community there are issues that are larger than the individual that will require detailed advocacy work.

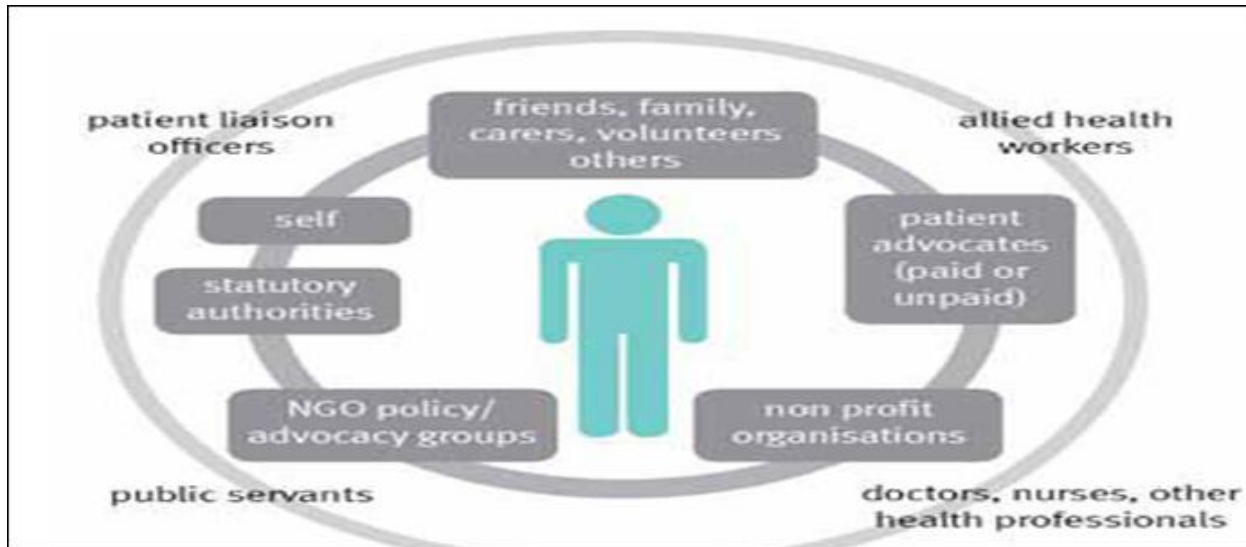
Health advocacy is integral to achieving better health outcomes for individuals and communities and to improving health services and systems. It empowers community and their advocates to actively participate in decision-making around their healthcare and the broader health system.

Effective health advocacy ensure people's needs to be addressed, increases the confidence of peoples on health system and increases accountability and responsibility.

Advocacy: refers to communication strategies focusing on policy makers, community leaders and opinion leaders to gain commitment and support. It is an appeal for a higher-level commitment, involvement and participation in fulfilling a set program agenda.

In simple term other define advocacy as ‘advocacy is speaking, acting and writing with minimal conflict of interest on behalf of the interests of a person or group in order to promote, protect and defend the welfare and justice for either the person or group’.

Fig 1.2- Health advocacy diagram



1.2-Purpose of advocacy

Promotion and protection of a community’s wellbeing and rights’ focuses on a core function of health advocacy. Advocacy is not just one thing or one way of doing things; it can be delivered through a variety of interpersonal and media channels. Advocacy also includes organizing and building alliances across a wide variety of stakeholders, are person, group or organization that has interest or concern in an organization. Stakeholders can affect or be affected by the organization's actions, objectives and policies. When we see the benefit of Health advocacy contributes to:

- Positive changes to legislation, policies, practices, service delivery and developments and community behavior and attitudes.
- Promotion of wellness and resilience in individuals, families and communities in conjunction with health literacy and patient activation strategies.
- Raised awareness of the significant impact on an individual’s health and wellbeing of broader social and environmental factors (such as housing, education, employment, and cultural identity, gender and sexuality identities), thereby enabling health advocacy to facilitate individual and systemic change in these areas.
- Empowering health consumers to become more involved in their healthcare decision-making and broader health policy and initiatives.
- Resolution of consumers’ issues as they arise, mitigating escalation and lengthy complaints processes.
- Consumer focused, affordable and responsive health services that are cost-effective

Advocacy builds support for a course of action, influences others to support it, and influences or reforms regulation that affects it. The outcomes of advocacy should influence policy, decision making, educate leaders and policy makers to reform existing policies/laws and budgets, assist in developing new programs, and create more democratic, open, accountable decision making structures and procedures

The advocacy approaches

Sometimes advocates find themselves working with peoples who are unable to work on advocacy because they cannot communicate in a meaningful way. The advocacy approach uses many different methods of reaching people. Inter-personal meetings or face-to-face approaches with the decision makers are the most effective advocacy approaches for those people.

The other approach is involving leader; leaders, refer to those who are extremely influential in facilitating changes in national or local issues of population and health. As a result of leaders are acceptable by many community members involving them will help you to get large support. Draw attention of the leaders to key population and health issues and to encourage them to take action. You can also use other channels for reaching the public, for example newsletters, flyers, booklets, fact sheets, posters video, dramas and folk media.

- Make a list from your initial thinking of organizations that may be able to help you with your advocacy work in the future
- You can get support for your advocacy activities by identifying the governmental and non-governmental agencies responsible for your locality, and building a good relationship with their officials
- You can get resources for your locality include the woreda Health Office, the nearby health centre, local NGOs and other governmental sectors such as the Departments of Agriculture and Education, as well as local women’s associations and kebele leaders.

Principles of effective advocacy

- You might already be involved in advocacy to improve the lives of your own community. For example, some cultures impose on their communities the practice of female circumcision or female genital mutilation. Principles of advocacy are designed to assess the current effectiveness of health advocacy approaches, in particular whether they are working well and whether they can be improved; and strengthen current and future health advocacy approaches to promote safe, quality healthcare and health systems. Six core principles for effective health advocacy are identified.

Table 1 below Show

S.no	Principles	Description
1.	Community	The community is at the centre of the interaction. Community is core
	centered	part of health advocacy.
2.	Opportunities	Stakeholders promote and support opportunities for both individual and systemic advocacy. Use several tools for advocacy to reach a wide audience.
3.	Recognition	Stakeholders recognize that advocacy is lawful and that it can take many forms.
4.	Relationships	All those involved work together with respect and recognize each other’s roles and contribution to the process. Have good relations with the private sector and all the NGOs working in the area around you.
5.	Response	Matters raised are acknowledged and responded to.
6.	Resolution	The aim of all participants is to find a solution which is acceptable by all community members. Have good strategic planning and effective monitoring tools



To be effective in advocacy remember to consider the above principles which can help you to get support for your advocacy activities. To get good support for advocacy campaigns you need to form a cooperative team for your advocacy activities, and you need to know the stages to go through in order to achieve the best results.

Goals and objectives of advocacy

It is vital to know what you are trying to do before you start your advocacy work. This involves developing a goal and objectives that applies to the situation that needs to change. The goals and objectives of advocacy are to facilitate change and the development of new areas of policy, in order to tackle unmet health needs or deal with emerging health needs in a given community.

An advocacy goal is the long-term result three to five years of your advocacy effort; it is your vision for change. The goal statement of an advocacy communicates the benefit that will be felt by those affected by an issue. A goal gives direction which helps you know where you are going. It needs an accompanying route map or strategy to show you how to get there. You can probably recognize them as the overall purpose of the sort of health education work that community health workers involved.

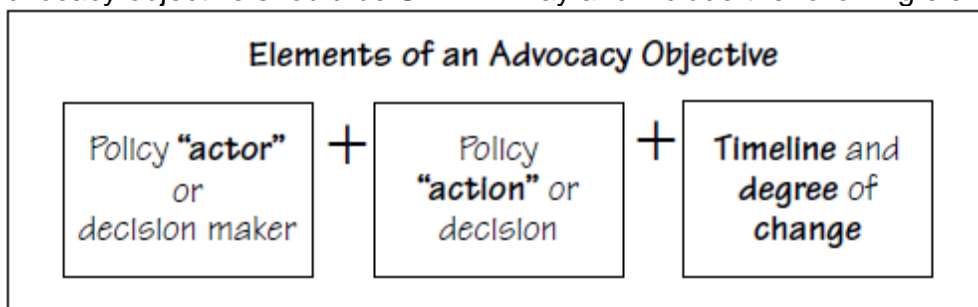
An advocacy objective is the short-term target one to two years that contributes toward your goal. They are specific activities derived from the major goal of advocacy. It refers to the desired changes in policy and practice that will be necessary to help you and your communities meet that goal. It should be achievable using available resource in a defined time bound. While seeing your objectives it should be “SMART”. This stands for

- **S-** Specific — by this we mean that you need to set a specific objective for each of your health programmes.
- **M-** Measurable — your objective should be measurable.
- **A-** Achievable — the objective should be attainable or practicable.
- **R-** Reliable — which also means credible.
- **T-** Time-bound — and should be accomplished and achieved within a certain amount of time.

For example, let see this objective according to SMART principle. You plan is to:- Increase the number of pregnant women taking antenatal care by 15% in one year. It is:-

- Specific - you plan to increase by 15%
- Measurable – number of pregnant women who follow antenatal care are known
- Achievable – if in previous time 10 pregnant are following antenatal care now it is to change from 10 to 12mothers.
- Reliable – because current utilization is very low.
- Timely bounded – it is accomplished in one year period of time.

Advocacy objective should be SMART may and include the following elements



Elements of advocacy objective

- **Policy actor** or decision maker is the individual with the power to convert the advocacy objective into action (i.e., Minister of Health, local health office, local administration etc.).
- **Policy action** or decision is the action required to achieve the objective (i.e., adopt a certain policy; allocate funds to support a specific program or initiative, etc.).
- **Timeline** describes when the objective will be achieved. Advocacy objectives should be achievable within one to two years. Some advocacy objectives also indicate the **degree of change**—or a quantitative measure of change—desired in the policy action. For example,



degree of change could be expressed as redirecting 25% of the health office family planning budget to target adolescent services.

Advocacy tools

In the previous section you have learned about developing SMART advocacy objectives. Now you will learn about tools that help to advocate health issues. Which are called advocacy tools. These are media advocacy, lobbying, meeting, project visit, and community organizing.

Media advocates design media campaigns around delivering messages to those (**secondary** targets) who can influence these people with the power (**primary** targets). Advocates want these

Health Extension Service L- III	HLT HES3 TTLM 0919v1	Author/Copyright: Federal TVET Agency	Version -1 Sept. 2019	Page 84 of 87
---------------------------------	----------------------	---------------------------------------	--------------------------	---------------



Influencers to act and communicate their messages to the authorities. It is not necessarily concerned about using national media.

- For example, think about campaign about traffic accidents around schools. You may identify the school’s administration as having the power to ask traffic slowing around the school.
- you can focus on student’s parents, teachers, and students ‘find their voice’ and deliver messages to school administration.

Lobbying is concerned primarily to directly influencing individuals who have the power to make the policy changes for which advocates are campaigning. It is influencing the policy process by working closely with key individuals in political and governmental decision making.

Another tool is the use of **meetings**, usually as part of a lobbying strategy or negotiation, to reach a common position. **Project visits** are another useful tool of advocacy to demonstrate good practice and information, education and communication as various means of sensitizing the decision makers

1.3 Planning, implementing, monitoring and evaluating advocacy

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

Planning advocacy is important because it gives sequence of steps to follow, use limited resources effectively, it easier to monitor and evaluate our plans and it helps to ensure public and stakeholders participation. The process of planning an advocacy initiative entails four crucial stages.

Identifying a problem

This is the first stage of advocacy which is about what you aim to do. You need to identify the problem that requires a policy action. You should discuss with the beneficiaries of the advocacy, the disadvantaged people like persons with disabilities, stakeholders and members of your group. You need to consult the people you represent to find out what is the most important problem or issue for them.

You need to make sure that this process is as **participatory** as possible. This means you should involve the persons with disabilities you represent in planning identifying what problems are most important for them, through discussions at a group meeting. But make sure everyone has the chance to participate. You can also do a ranking exercise where members vote on the problem which affects them most. You can also go out to talk to people with disabilities in their homes, at the market or at their place of work or you could send out a questionnaire to find out their concerns.

Identify targets

Target is an individual with decision maker power to respond to your advocacy demands. Nearly always you will have a **primary target**, policy maker to whom advocacy is targeted and **secondary targets** that have some influence over the primary target. This means you should decide which audience to target through advocacy, and you must carefully determine the advocacy goals and objectives

Build support

At this time you should also identify your **allies**, people and organizations that support your advocacy campaign and **opponent**; these are influential people and institutions who oppose your advocacy campaign. An advocacy will be effective when individuals and organizations join together in order to increase the strength of your advocacy efforts and when there are no or only small opponents.

Developing your message

An advocacy message is a central statement that is be communicated to different audiences. These messages define the issue, state solutions, and describe the actions that need to be taken. The types of message we develop also assist you in selection of appropriate communication channels. The message should clearly communicate the issue you want to advocate and suite to the channel.

Identifying the channels of communication

Communication channels are physical means by which a message s transferred to targets audiences. Identify the channels and the messages to be delivered to the various target audiences through radio, television, flyers, press conferences, or during meetings. The channels should be appropriate to the message and it should be familiar to the target audiences.

Health Extension Service L- III	HLT HES3 TTLM 0919v1	Author/Copyright: Federal TVET Agency	Version -1 Sept. 2019	Page 85 of 87
---------------------------------	----------------------	---------------------------------------	--------------------------	---------------



Resource mobilization

Advocacy needs resource. This means you need to identify and attract resources such as money, equipment, volunteers, supplies and space in order to carry out your advocacy campaign. You need to analyze your supporters who give helps resources to your advocacy campaign.

Advocacy activity

Once you have mobilized all necessary resources develop an action plan of your advocacy campaign activities in light of available recourse. Based on action plan developed you will be able to implement a set of planned activities to achieve your advocacy objectives.

1.4 Monitoring and evaluating the activities

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

Self-Check -1	Written Test
---------------	--------------

Directions: Choose the best answers from the given alternative

1. Refers to communication strategies focusing on policy makers, community leaders and opinion leaders to gain commitment and support
A. Advocacy B. Health Advocacy C .Community Mobilization D.ALL
2. Encompasses direct service to the individual or family as well as activities that promote health and access to health care in communities and the larger public.
A. Advocacy B. Health Advocacy C .Community Mobilization D.ALL
3. Purpose of Advocacy?
A. Promotion and protection. B. undermining Women C. Done only for Relatives D.None
- 4 Sometimes advocates find themselves working with peoples who are unable to work on advocacy because they cannot communicate in a meaningful way
A. Promotion and protection. B. undermining Women C. Advocacy approach D. None
5. Individual with decision maker power to respond to your advocacy demands
A. primary target B. secondary targets C. Target D .None

Note: satisfactory rating 2 point unsatisfactory below 2 point

You can ask you teacher for the copy of the correct answers

Health Extension Service L- III	HLT HES3 TTLM 0919v1	Author/Copyright: Federal TVET Agency	Version -1 Sept. 2019	Page 86 of 87
---------------------------------	----------------------	---------------------------------------	--------------------------	---------------



Reference

- Bruce G, Simons M, Walter H, Nell H. Introduction to health education and health promotion. Second edition, 1984
- Ramachandran L. and Dharmalingam. T. 1995. Health education's new approach.

Health Extension Service L- III	HLT HES3 TTLM 0919v1	Author/Copyright: Federal TVET Agency	Version -1 Sept. 2019	Page 87 of 87
---------------------------------	----------------------	---------------------------------------	--------------------------	---------------