

REFERENCE ONLY

A PROCESS AND OUTCOME EVALUATION OF THE
IN SERVICE TRAINING FOR JUNIOR SECONDARY
SCHOOL TEACHERS

IN THE USE OF

PARTICIPATORY HEALTH EDUCATION
TECHNIQUES

THE KUMASI HEALTH EDUCATION
PROJECT

AUGUST 1992

THE IN SERVICE TRAINING PROGRAMME FOR JSS TEACHERS.

INTRODUCTION

The following training programme for J.S.S. teachers is based on the findings of the process and outcome evaluations of in-service training workshops carried out by the Kumasi Health Education Project during 1991-1992. The findings of the evaluations are attached to the programme. The workshop programme forms part of the guidelines to strengthen health education services in Ghana. The workshops will be used to introduce a range of participatory health education techniques, distributed by the Ghana Education Service and M.O.H., to J.S.S. teachers. The materials will be used to enhance the ability of teachers to better enable them to plan and coordinate a school health programme. The workshops will be coordinated by selected members of the DHMT who will receive training in the Certificate in health education and who will be assisted by the Circuit Supervisors. The in-service training programme should be carried out in the form of two day workshops. Two teachers will be selected from each J.S.S. by the school Headmaster to attend the workshops and given the responsibility to coordinate health education activities in their school. Headmasters from each of the selected schools and the Circuit Organisers should also be included in the training programme to encourage their cooperation during implementation.

DURATION: 2 days

LENGTH: 8.30-12.30 and 1.30-3.00

PARTICIPANTS: 20 persons per workshop

OVERALL AIM OF THE WORKSHOP

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

OBJECTIVES OF THE WORKSHOP

1. To help participants to develop an overall understanding of the concept of a school health programme.
2. To help participants to develop an understanding of the participatory health education approach.
3. To provide participants with a range of participatory methods and materials to be used in school health education programmes.
4. To encourage participants to carry out follow-up activities using the knowledge and skills gained from the workshop.

METHODOLOGY. DAY 1.

INTRODUCTION

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

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participants will be encouraged to contribute through discussion and an 'ice-breaking' exercise.

ICE BREAKING EXERCISE; "PARTNERS"

PURPOSE OF THE EXERCISE

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

PROCEDURE

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

THE SCHOOL HEALTH PROGRAMME

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

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

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

MAP BUILDING EXERCISE

As part of the school health programme teachers will be introduced to a map building exercise designed to demonstrate a tool which can be used by children to gather information about a healthful environment.

METHOD

Each group is asked to discuss what a typical J.S.S. would look like and to plan its layout on a large sheet of paper using coloured crayons. The teachers are asked to add to their diagrammatical plan of the imaginary school the different aspects which create an unhealthy environment. The teachers are encouraged to give the school a name, population and note other basic information which should be written onto the sheet. The maps are displayed and each group provides a presentation of their unhealthy school. The groups should discuss how this exercise could be used by school children to develop a plan of their school to collect information about the healthy school environment.

PHOTO PARADE

PURPOSE OF THE EXERCISE

This exercise is intended as an introduction to the learner centred/participatory training methods. The exercise is to help participants to distinguish between didactic and participatory communication styles.

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

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

AN INTRODUCTION TO PARTICIPATORY METHODS AND MATERIALS

An introduction to a range of participatory methods and materials which have been used in the community and were found to be suitable for J.S.S. pupils and teachers during an evaluation by the Kumasi Health Education Project. The materials presented in the workshop will be un-serialised posters, flash cards, story with a gap and 3 pile sorting cards. Further materials which are specific to the existing J.S.S. curriculum will be developed in conjunction with the G.E.S. school health unit and will be introduced in subsequent workshops.

UN SERIALISED POSTERS.

A method to learn about the pertinent issues important to the children from the stories created which can be developed by the teacher into further discussion.

Each group is given a set of not less than 15 un-serialised posters and an explanation given about the exercise. Each poster depicts a dramatic human situation such as a dispute or accident. The pictures are open to many interpretations and are not in any set order. The participants are asked to choose 4 pictures and to weave them into a story giving names to characters and places. The story should have a beginning, middle and an ending. The story is presented by the group during a plenary session and the discussion which follows will include ways in which this method could be used to carry out health education activities.

METHODOLOGY DAY 2.

An introduction to the activities in day 2 followed by demonstration of the participatory material, story with a gap.

STORY WITH A GAP

A method to stimulate discussion with school children about the causes and solutions to many situations within the community.

Each group is given two large pictures one of which shows a 'before' scene (the problem) and the other an 'after' scene (the solution). The groups are asked to decide what steps had to be taken to effect the change illustrated from one picture to the other. The story will be presented by the groups in a plenary session. Discussion about the content of each story and about how this material can be used as part of a school health education programme will be held during the plenary session.

THREE PILE SORTING CARDS.

A method to assess the existing awareness levels of school children regarding certain subject areas which can be developed into discussion exercises by the teacher. The materials used will cover family planning, water supply, malaria control, immunisation and diarrhoeal disease control.

Each group will be given a set of 25 cards for one of the above subject areas and after examination of the cards will be asked to sort them into three categories; GOOD, BAD or INBETWEEN. There is no right or wrong answers and the pictures are intended to generate discussion amongst the groups. Each group will present their conclusions and defend them in a plenary session. Discussion about how this material could be used as part of a school health education programme will be held in the plenary session. The exercise is repeated for 3 pile sorting cards for each of the subject areas.

FLASH CARDS.

A material which can be used to present information and generate discussion on specific subject areas in a participatory manner.

Each group will be given a set of flash cards and after an explanation by one of the facilitators each person will be asked to present a card as if to the pupils, seeking answers from the group and explaining the meaning of each card.

THE GROUP TASK

The participants will be divided into two groups and asked to consider the following questions;

When you return to work how will you use the materials which you have received in the workshop?

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

When you return to work how can you coordinate the school health services?

What further resources do you have to help you do the above activities?

WORKSHOP EVALUATION METHODOLOGY

INTRODUCTION

The format and content (process evaluation) and the effectiveness of the workshops (outcome evaluation) can be evaluated using the following methodologies.

PROCESS EVALUATION

It is important to evaluate the effectiveness of the workshop programme to determine whether the format and content are suitable for this level of personnel. Workshop content and format can be assessed in the suggested ways;

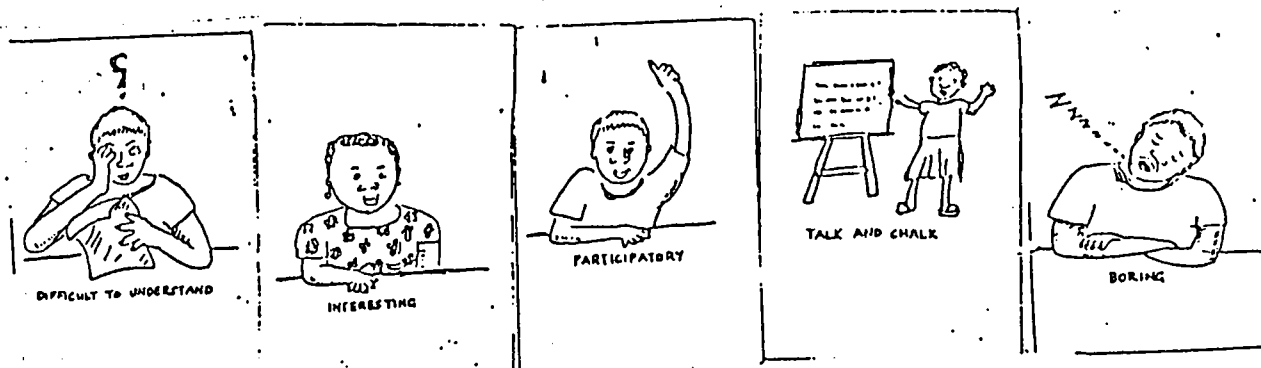
1. PARTICIPATORY TECHNIQUES

A. THE OVERALL DESIGN CHART

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

B. PICTURE CARD VOTING

At the end of each activity in the workshop the participants will be asked to vote using a series of small picture cards which each participant is given. The pictures denote the following ideas; boring, participatory, difficult to understand, interesting, chalk and talk (didactic). These words are also written on the bottom of each card. Each participant is asked to make one vote per activity according to which picture they felt most accurately represented what they felt about the activity. The following picture cards are used for this evaluation exercise;



2. THE WORKSHOP QUESTIONNAIRE

At the end of the workshop the participants will be asked to complete a confidential questionnaire regarding the format and content of the workshop. The questionnaire findings will be used to assess the suitability of the workshop in addition to the participatory technique. A copy of the questionnaire is provided in the process evaluation.

OUTCOME EVALUATION

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

A sample of the workshop participants will be randomly selected and interviewed three months after the last in-service training workshop. It is necessary to allow a reasonable time to elapse between the intervention and the post evaluation test. Testing immediately after the intervention will normally produce marked changes, either positive or negative. However, it is felt that after about three months any changes likely to be permanent or at least long lasting can be measured. The sample will be asked to complete a questionnaire and to take part in a focus group discussion to evaluate the workshop programme. A sample copy of the questionnaire and focus group guidelines are provided in the outcome evaluation.

WORKSHOP PROGRAMME

Day 1.

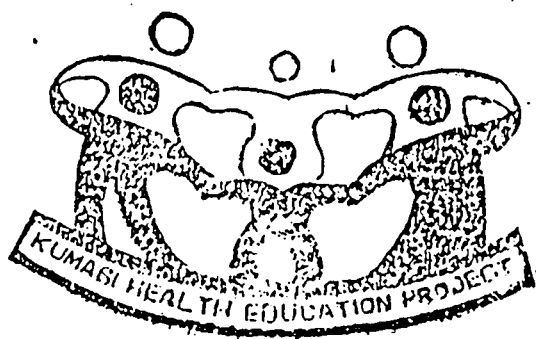
8.30-9.30	Introduction and 'ice-breaking' exercise.
9.30-11.15	The School Health Programme and map building exercise.
10.30-10.45	Tea will be served
11.15-12.00	Photo parade
12.00-12.30	Introduction to participatory materials
12.30-1.30	Lunch
1.30-2.30	The un-serialised posters
2.30	Close

DAY 2.

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

THE KUMASI HEALTH EDUCATION PROJECT

A PROCESS EVALUATION OF THE JUNIOR SECONDARY SCHOOL TEACHERS IN
SERVICE TRAINING WORKSHOPS



JANUARY 1992

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EVALUATION OF THE J.S.S. TEACHERS IN SERVICE TRAINING PROGRAMME
SUMMARY

The majority of participants gave a positive response to the workshops. The content of the workshop was found to be interesting and enjoyable to the participants. The workshop promoted learning through participatory exercises and the participants felt that there was a lot of sharing of experiences and the exercises allowed them to make decisions. The materials introduced in the workshop were felt to be informative and practical to the work of the participants.

The format and structure of the workshops were felt to be just right by most participants. The workshop structure was based on the health workers training programme which had been found to be satisfactory.

The J.S.S. teachers workshop provides a model which succeeds in promoting learning through participation and which was found to be suitable for J.S.S. teachers. The outcome will next be evaluated to determine if participants are using the health education materials and planning a school health programme in accordance with the information provided in the workshops.

INTRODUCTION

One function of the Kumasi Health Education Project will be to develop a workshop model to train Junior Secondary School (J.S.S.) teachers to coordinate a school health programme and carry out participatory health education activities. Two school health education coordinators will be selected for each J.S.S. and provided with training in the in-service training workshops. The format and content (process) and the effectiveness of the workshops (outcome) will be evaluated. The workshop model can be later replicated as part of other health education programmes.

PROCESS EVALUATION METHODOLOGY

The Kumasi Health Education Project aims to develop in-service training programmes for J.S.S. teachers. It is therefore important to evaluate the effectiveness of each workshop to determine whether the format and content are suitable for this level of personnel. Workshop content and format will be assessed in two ways;

1. THE OVERALL DESIGN CHART

A large chart will be displayed during Day 1 and Day 2 of the workshop and after each exercise, normally during breaks, the participants will be asked to give their responses about the content and format using the chart. The chart has two columns. The left hand side column lists the workshop activities in order of occurrence. The right hand column is headed with four positive responses (interesting, participatory, informative and practical) and four negative responses (uninteresting, non-participatory, un-informative and un-practical). Opposite each activity is a row of pockets below each response. Each participant will be given four voting cards for each activity and

asked to deposit one card per response of their choice. The choices can be carried out discretely to allow participants to freely make positive and negative responses.

2. THE WORKSHOP QUESTIONNAIRE

At the end of each day of the workshop the participants will be asked to complete a confidential questionnaire regarding the format and content of the workshop. The questionnaire findings will be used to assess the suitability of the workshop in addition to the overall design chart. Copy questionnaires are provided in appendices 1 and 2. Analysis of the questionnaire and overall design chart data was carried out using frequency analysis calculations to provide a simple percentage distribution of the responses.

THE FINDINGS: INTRODUCTION

There were 11 three day workshops which were attended by an average of 229 teachers, day 1 225 participants, day 2 232 participants and day 3 230 participants. Open ended questions were included in the questionnaire but these resulted in little response from the participants who preferred to respond using the multiple choices.

THE OVERALL DESIGN CHART

A summary of the findings for the overall design chart are provided in appendix 3. The findings show that for each of the exercises evaluated using the overall design chart there was a very positive response from the participants.

DAY 1. THE SCHOOL HEALTH PROGRAMME

Participants T=225.

93.9% of participants responded positively to the school health programme exercise which also included the map building exercise introduced in workshop 5. The positive responses consisted of four choices, each with a maximum possible group response of 25%: 24% of participants felt that the exercise was interesting, 23.6% felt that it was participatory, 23.8% felt it was informative and 22.5% felt that the information provided would be practical to their work. Only 6.1% of participants gave a negative response to this exercise.

DAY 1. UN SERIALISED POSTERS.

96.8% of participants responded positively to the un-serialised poster exercise. The positive responses consisted of: 24.7% felt that the exercise was interesting, 23.8% felt that it was participatory, 24.5% felt that it was informative and that it would be practical to their work (23.8%). Only 3.2% of participants gave a negative response to this exercise.

DAY 1. STORY WITH A GAP.

95.8% of participants responded positively to the story with a gap exercise. The positive responses consisted of: 24.4% felt that this exercise was interesting, 24.3% felt that it was participatory, 24.3% felt that it was informative and that it would be practical to their work (22.8%). Only 4.2% of participants gave a negative response to this exercise.

DAY 2. THREE PILE SORTING CARDS

Participants T=232

97% of participants responded positively to the three pile sorting

card exercise. The positive responses consisted of: 24.4% felt that the exercise was interesting, 24.2% felt that it was participatory, 24.6% felt that it was informative and that it would be practical to their work (23.9%). Only 3% of participants gave a negative response to this exercise.

DAY 2. FLASH CARDS

95% of participants responded positively to the flash card exercise. The positive responses consisted of: 23.7% felt that the exercise was interesting, 23.8% felt that it was participatory, 24.2% felt that it was informative and that it would be practical to their work (23.4%). Only 5% of participants gave a negative response to this exercise.

DAY 3. GROUP TASK

Participants T=230

Day 3 of the workshop consisted of a number of short exercises carried out in two groups. The aim of day 3 was to provide a plan of action and the day was evaluated as one exercise using the overall design chart and questionnaire. 93.6% of participants responded positively to the group consisting of: 23% felt that the exercises were interesting, 24% felt that they were participatory, 24% felt that they were informative and that the plan of action would be practical to their work (22.6%). Only 6.4% of participants gave a negative response to Day 3.

THE FINDINGS: THE WORKSHOP QUESTIONNAIRE

A summary of the findings are provided in appendices 4 and 5.

Day 1 of the workshop introduced the structure of a school health programme and a range of participatory methods and materials developed by the project and suitable for J.S.S. pupils. There were four

exercises in day 1, although the school health programme was also divided into four short exercises. 99.5% of participants felt that the exercises were either very or quite enjoyable, that they involved a lot of sharing of experiences (92.9%) and a lot of decision making (85.8%). Participants felt that the time allowed for each exercise presentation (87.5%) and discussion (92.4%) was just right. The number of exercises in day 1 was felt to be just right by 90.6% of participants.

Day 2 of the workshop continued with the introduction of participatory methods and materials suitable for J.S.S. pupils. The findings for day 2 were also very positive. 100% of participants felt that the exercises in day 2 were either very or quite enjoyable. 95.7% felt that the exercises involved a lot of the sharing of experiences and decision making (87.5%). Most of the participants felt that the time allowed for exercise presentation (94%) and discussion (91.8%) was just right. 90% of participants felt that the number of exercises in day 2 were just right.

Day 3 of the workshop was concerned with developing a plan of action for the J.S.S. teachers. There were 5 exercises in the group task in day 3 each addressed the question of how the participants would carry out a school health programme when they returned to work. 98% of participants felt that the group task was very or quite enjoyable. 95.6% felt that the task involved a lot of sharing of experiences and decision making (93%). The time allowed for the group task (85%) and presentation (90.8%) was felt to be just right. All the participants felt that the plan of action would be very or quite helpful to their work.

DISCUSSION OF THE FINDINGS

DAY 1 AND DAY 2 OF THE WORKSHOP

Both the overall design chart and the questionnaire show a very positive response from the participants to the content and format of days 1 and 2 of the workshop. The responses being consistently more positive for the teachers than for the previous health workers workshops.

Most participants felt that the exercises were interesting and enjoyable. It is important that the participants should feel relaxed and enjoy the activities to encourage participation. Most participants felt that the exercises were participatory, involved the sharing of experiences and decision making. Participants chose to use English in the workshop although Twi was occasionally used in group work. The workshop content is designed to promote learning through participation and the responses of the teachers suggests that this was achieved. The level of education, responsibility and relevance to their work may partly explain the better observed and reported level of participation and interest by teachers compared to community health workers. The materials introduced in the workshop were felt to be informative and practical to the work of J.S.S. teachers. The majority of participants felt that the time allowed for presentation and discussion of the exercises was just right. The format of the workshop was based on the health workers training programme which was found to be satisfactory. A small percentage of participants felt that the time allowed for discussion and presentation was too short. Facilitators found it difficult to focus group discussion on general principles and participants often discussed irrelevant topics. This was partly due to

the inexperience of the facilitators but may explain why the time was felt to be too short to discuss the workshop exercises. Most participants felt that the number of exercises in the workshop were just right. A small percentage felt that the number of exercises was too many. Exercises at the end of some days had to be hurried because of a lack of time resulting from overlong discussion sessions earlier in the day.

DAY 3 OF THE WORKSHOP.

The group task was evaluated using the questionnaire and the overall design chart at the end of day 3. The majority of participants found the task enjoyable and interesting. They felt that the exercises were participatory allowing a lot of sharing of experiences and involving a lot of decision making. Most participants felt that the time allowed for the group task and presentation was just right. The teachers felt that the development of a plan for a school health programme in their school was informative, practical and would be helpful to their work.

COMMENTS

Both methods of process evaluation were easily understood by the S.S. teachers and English as a written medium did not present any difficulties to the participants. It has been observed that the overall design chart does not allow individuals to vote in a confidential manner and this may have some effect on the responses. However, the responses have been consistently positive and any slight variation would not alter the overall findings of the process evaluation.

The J.S.S. teachers were a much more responsive group than health workers although at times the facilitators had difficulty in focussing group discussion. Practical aspects of the workshop such as duration, length, time allowed for breaks and number of participants were all satisfactory. The main expenditure for running the workshops were spent on refreshments which cost £1 per person per day.

The health education materials introduced during the workshop were distributed to the coordinators of each school at the end of day 3.

The opportunity to introduce teachers to the Resource Centre and to demonstrate materials and resources which are useful for J.S.S. pupils was taken at the end of the workshop. Many teachers requested that further workshops should be held to assist their work.

WORKSHOP QUESTIONNAIRE

Day 1 and Day 2.

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

1. Did you find the exercises enjoyable ?

Very	Quite	Slightly

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

A lot	A little	Slightly

3. How much did the exercise involve decision making ?

A lot	A little	Slightly

4. Was the time allowed for the exercise presentation

Too Long	Just Right	Too Short

5. Was the time allowed for the exercise discussion

Too long	Just Right	Too Short

6. Were the number of exercises in the workshop

Too Many	Just Right	Too Few

APPENDIX 2

WORKSHOP QUESTIONNAIRE

Day 3.

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

1. Did you find the group task enjoyable ?

Very	Quite	Slightly

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

ALOT	ALITTLE	NONE

3. How much did the task involve decision making?

ALOT	ALITTLE	NONE

4. Was the time allowed for group task presentation?

Too Long	Just Right	Too Short

5. Did find the task helpful to your work ?

Very	Quite	Slightly

6. Was the time allowed for the group task?

Too Long	Just Right	Too Short

APPENDIX 3 FINDINGS : OVERALL DESIGN CHART

RESPONSES (%)

1 = 900

2 = 928

3 = 920 Votes

POSITIVE

NEGATIVE

ACTIVITY	INTERESTING	PARTICIPATORY	INFORMATIVE	PRACTICAL	UN-INTERESTING	NON-PARTICIPATORY	UN-INFORMATIVE	UN-PRACTICAL
- DAY 1 SCHOOL HEALTH PROGRAMME INCLUDING MAP BUILDING	217 (24)	213 (23.6)	215 (23.8)	203 (22.5)	9 (1.0)	11 (1.2)	11 (1.2)	21 (2.7)
DAY 1 UNSERIALISED POSTERS	223 (24.7)	215 (23.8)	218 (24.5)	215 (23.8)	2 (0.2)	10 (1.1)	7 (0.8)	10 (1.1)
DAY 1 STORY WITH A GAP	220 (24.4)	219 (24.3)	219 (24.3)	206 (22.8)	8 (0.9)	9 (1.0)	9 (1.0)	10 (1.1)
DAY 2 3 PILE SORTING	227 (24.4)	225 (24.2)	229 (24.6)	222 (23.9)	6 (0.65)	6 (0.65)	4 (0.63)	9 (0.97)
DAY 2 FLASH CARDS	220 (23.7)	221 (23.8)	224 (24.2)	218 (23.4)	12 (1.3)	11 (1.2)	8 (1.0)	14 (1.5)
DAY 3 GROUP TASKS	212 (23)	223 (24)	224 (24)	208 (22.6)	17 (1.8)	8 (1.3)	7 (1.1)	21 (2.2)

APPENDIX 4

THE WORKSHOP QUESTIONNAIRE FINDINGS

(%)

DAY ONE AND DAY TWO

Q.1 Did you find the exercises enjoyable?

	Very	Quite	Slightly
Day 1	197 (87.5)	27 (12)	1 (0.5)
Day 2	196 (84.5)	36 (15.5)	0 (0)

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

	A Lot	A Little	Slightly
Day 1	209 (92.9)	15 (6.6)	1 (0.5)
Day 2	222 (95.7)	9 (3.9)	1 (0.4)

Q.3 How much did the exercise involve in decision making ?

	A Lot	A Little	Slightly
Day 1	192 (85.8)	31 (13.7)	1 (0.5)
Day 2	203 (87.5)	27 (11.6)	2 (0.9)

Q.4 Was the time allowed for the exercise presentation ?

	Too Long	Just Right	Too Short
Day 1	4 (1.9)	197 (87.5)	24 (10.6)
Day 2	4 (1.7)	218 (94)	10 (4.3)

Q.5 Was the time allowed for the exercise discussion

	Too Long	Just Right	Too Short
Day 1	2 (1.0)	208 (92.4)	15 (6.6)
Day 2	10 (4.3)	213 (91.8)	9 (3.9)

Q.6 Were the number of exercises in the workshop

	Too Many	Just Right	Too Few
Day 1	18 (8.0)	204 (90.6)	3 (1.4)
Day 2	17 (7.3)	209 (90)	6 (2.7)

APPENDIX 5

THE WORKSHOP QUESTIONNAIRE FINDINGS

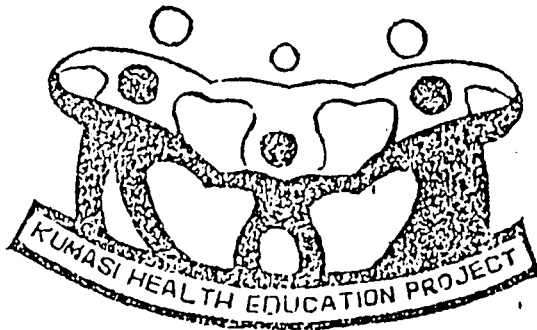
DAY 3 : THE GROUP TASK

(%).

- Q.1 Did you find the group task enjoyable ?
- | Very | Quite | Slightly |
|----------|---------|----------|
| 166 (72) | 60 (26) | 4 (2) |
- Q.2 How much did the task involve the sharing of experiences ?
- | A Lot | A Little | None |
|------------|----------|-------|
| 220 (95.6) | 10 (4.4) | 0 (0) |
- Q.3 How much did the task involve decision making ?
- | A Lot | A Little | None |
|----------|----------|---------|
| 214 (93) | 15 (6.5) | 1 (0.5) |
- Q.4 Was the time allowed for group task presentation
- | Too Long | Just Right | Too Short |
|----------|------------|-----------|
| 9 (4) | 209 (90.8) | 12 (5.2) |
- Q.5 Did you find the task helpful to your work ?
- | Very | Quite | Slightly |
|------------|-----------|----------|
| 174 (75.6) | 56 (24.4) | 0 (0) |
- Q.6 Was the time allowed for the group task
- | Too Long | Just Right | Too Short |
|----------|------------|-----------|
| 16 (6.9) | 196 (85) | 18 (8.1) |

THE KUMASI HEALTH EDUCATION PROJECT

AN OUTCOME EVALUATION OF THE JUNIOR SECONDARY SCHOOL TEACHERS
IN SERVICE TRAINING PROGRAMME.



JUNE 1992

SUMMARY

The evaluation shows that the J.S.S. teachers who attended the in-service training programme are using the health education materials to support their work. The flash cards and 3 pile sorting cards are the most frequently used materials. Un-serialised posters and the story with a gap are the least frequently used materials because they lack colour and have a limited content. Most teachers had received the materials through direct distribution from the Unit. The teachers suggested that materials are made to be more durable, larger, in colour, to include content specific to their lessons and designed to be used with larger groups.

The teachers used the materials to support their work but did not train many other teachers and did not try to evaluate the programmes. Headmasters and other teachers should be informed more carefully about further programmes to encourage their cooperation.

The content and methodologies of the materials were found to be appropriate for use with teachers and J.S.S. pupils. Teachers requested more materials to assist when teaching large groups. Some difficulty was experienced when using the un-serialised posters, however, this was found to be due to the use of english as the medium of expression. The evaluation has raised a number of points which are documented and will be implemented by the Unit.

OUTCOME EVALUATION OF THE JSS TEACHERS IN SERVICE TRAINING PROGRAMME

INTRODUCTION

A sample of the JSS teachers who attended the in-service training workshops will be asked to take part in a half day follow up evaluation exercise. This exercise will be used to obtain feedback from participants about the use of the materials and to suggest improvements to assist health education activities. The first part of the evaluation will assess whether one of the specific objectives of the workshop has been achieved;

'To provide JSS teachers with a range of participatory methods and materials to be used in school health education programmes'.

The exercise will also encourage the participants to continue with or else to commence with health education activities. The second part of the evaluation will assess whether JSS teachers have been able to plan, coordinate and evaluate a school health programme. It is necessary to allow a reasonable time to elapse between the intervention and the post evaluation test. Testing immediately after the intervention will normally produce marked changes, either positive or negative. However, it is felt that after a minimum of three months any changes likely to be permanent or at least long lasting can be measured. The evaluation will be carried out using a questionnaire (part I) and focus group discussions, (part II).

METHODOLOGY

THE SELECTION OF THE SAMPLE POPULATION

A stratified random sample of the sample population of 229 workshop participants will be carried out from each of the eleven in-service training workshops. A list of the participants which provides the attendance of each workshop will be used as the sampling framework. The estimated sample size for the evaluation was calculated as follows;

$$\text{Est sample size } (n) = 4 PQ/E^2$$

P is an estimate of the percentage of participants using the materials in the total sample population.

Q=100-P. E=margin of acceptable error.

P is estimated at between 30% and 60% of the participants who are using the materials giving a value of P=50%, Q=50%. An acceptable margin of error in either direction of 10% is used for the purposes of this evaluation.

Therefore;

$$n = 4 \times 2500/100 = 100$$

The stratified sample size was estimated as; sample size/No. of workshops = $100/11 = 9.09$ participants per workshop.

A random sample of 9 participants will be taken from each of the sub-group sampling frames, workshops 1 to 10, and a sample of 10 participants from workshop 11 to give a total sample size of 100 participants. Evaluation will be carried out using four half day exercises each attended by 25 participants. The actual evaluation was attended by 77% of the estimated sample.

THE QUESTIONNAIRE

THE PRE TEST

The questionnaire was pre-tested by a research team consisting of one coordinator and two assistants using a sample size equivalent to 11.7% of the actual sample population or 9 participants. Each participant was asked to complete one questionnaire. The pre-tested questionnaire was revised as follows:

1. The term 'double periods' was removed from Qs 2, 5, 6, 7, 8 and replaced with the options lifeskills, P.E., social studies and Agric.
2. Material types were written in capital letters and underlined.
3. The participants had not received flash cards on worms and dental hygiene and these were removed from the questionnaire.
4. Q9 was changed to read 'Did you find these materials to be useful'.
5. Q10 was changed to read 'Did you find these materials to be unuseful'.

A copy of the revised questionnaire is provided in appendix 1.

THE FOCUS GROUP DISCUSSIONS

The pre-test of the focus group discussion showed that participants were comfortable using either twi or english and that the script would have to be flexible. The responses were recorded and analysed from notes taken during the exercise. The focus group discussion will be carried out after completing the questionnaire when the participants will be divided into

two groups. This is the qualitative element of the evaluation to find out more about the school health programmes and the difficulties or successes the teachers encountered. A moderator will guide the session using a pre-determined script of open ended questions and will allow respondents to talk freely and spontaneously. The sessions will be recorded on cassettes for later documentation and analysis. A copy of the focus group guide is provided in appendix 2.

THE FINDINGS

The questionnaire findings are provided in appendix .

THE QUESTIONNAIRE (N=77)

All of the teachers considered health education to be a part of their work responsibility (100%). They felt that their best opportunity to carry out health education activities would be in free periods (58%), science lessons (52%) and lifeskills (48%). Other lessons such as Agric (38%) and english (30%) were also seen as good opportunities to carry out health education. Only social studies received a poor response.

Most teachers had received the health education materials which were distributed by the Unit; un-serialised posters (100%), story with a gap (91%), 3 pile sorting cards (average 95.4%) and flash cards for personal hygiene (93%) and malaria (79%) and diarrhoea control (24%). The teachers used all the materials as part of their work. The most frequently used materials were flash cards for personal hygiene (87%), 3 pile sorting cards on malaria (80%) and nutrition (74%) and un-serialised posters (76%). All the other materials were used but

to a lesser extent by the teachers. The flash cards on diarrhoea had not been distributed, however, of the teachers who had collected this material 70% were using it in the schools.

The un-serialised posters were mainly used during free periods (36%), science lessons (35%) and lifeskills lessons (25%). 3 pile sorting cards were mostly used in science and free periods (47%) and lifeskills lessons (36%). Story with a gap was used mainly in free periods (42%), science lessons (37%) and P.E.. Flash cards were used in schools mainly during free periods (51%), science lessons (38%), lifeskills and agric (25%). The teachers felt that the flash cards and 3 pile sorting cards (84%) were the most useful materials, however, both the un-serialised posters (74%) and the story with a gap (75%) were also felt to be useful.

However, teachers responded that the un-serialised posters and story with a gap were less useful than the other materials but the level of response was low (18%).

The materials used most often by the teachers were the flash cards on personal hygiene (43%) and the 3 pile sorting cards on malaria (30%) and sanitation (26%). However, most teachers felt that all the materials were useable and many were used in a variety of lessons. The materials used least often by the teachers were the 3 pile sorting cards on family planning (35%) the un-serialised posters and story with a gap (29%).

THE FINDINGS: FOCUS GROUP DISCUSSIONS.

The main points raised in the focus group discussion with the teachers supported the findings of the questionnaire and showed that the most popular materials were the flash cards and the 3 pile sorting cards. The teachers preferred to use these materials during free periods, in lifeskills and science lessons. The teachers used the materials to support the content of these lessons. The reasons given by teachers for not using the materials were because it was additional work and;

'The other teachers normally say that we went to the workshop and so we should handle the subject alone'.

In some schools the Headmaster had not been properly informed about the programme and did not support the use of the materials;

'Our Headmaster feels we are spoiling the children by introducing such topics as family planning'.

The teachers were asked to comment on the third day of the former workshop (Development of a workplan);

'It was an advantage because it helped us to know how to introduce the other teachers to the materials'.

Reasons given for not using the un-serialised posters were;

'The children find it difficult to form stories, I think this is because of the medium of expression (english)'.

3 pile sorting cards were felt to be popular with the pupils;

'The children are able to easily group the cards'.

Flash cards on personal hygiene were felt to be related to many subjects, especially in lifeskills lessons. These materials

were also used to educate food sellers in the school compound about hygiene.

The teachers were asked to make suggestions as to how the Unit could improve upon the materials;

'3 pile sorting cards should be enlarged and in colour'.

'Colour should be added to the story with a gap'.

'Durability of the pictures should be improved, such as production on card'.

'More materials are needed for larger classes such as posters to paste on the wall'.

Teachers were asked to suggest other subject areas that they would like the materials to cover;

1. Drug abuse

2. First Aid

3. Nutrition

4. Accidents in the home

DISCUSSION OF THE FINDINGS

All teachers considered health education to be part of their work responsibility and this attitude will assist the Unit to promote the materials. However, there was resistance from many other teachers and some Headmasters toward the use of the materials because the programme had not been carefully explained. Overall the teachers were willing to use the materials in a variety of lessons, mainly to support their work. The relevance of the material content to the subject of the lesson was an important factor for using the materials. Most of the materials had been received by the teachers through

direct distribution from the Unit. This was more efficient than distribution through the district office as was used with the health workers. The flash cards and 3 pile sorting cards were the most commonly used materials. Flash cards were found to have a simple methodology, to be durable and colourful. 3 pile sorting cards were easily understood by the pupils and the wide range of subjects allowed teachers to use this material in many lessons. Un-serialised posters and the story with a gap were less popular because they have no colour and a limited subject content. The methodology used in all the materials was found to be appropriate for use with J.S.S. children.

COMMENTS

The findings show that most teachers are using the materials to support their lessons and do not view the materials as additional work. The methodologies are understood by both the teachers and pupils, however, the use of english as a medium with un-serialised posters makes this exercise difficult.

The Headmasters and other teachers should be carefully informed about the programme to encourage their cooperation.

The overall aim of the workshops 'To provide J.S.S. teachers with the knowledge and skills to enable them to plan, coordinate and evaluate a school health programme' has only been partly achieved by the programme. Those teachers attending the workshops have retained the skills and knowledge to enable them to plan and coordinate health education activities.

However, few skills have been passed onto other teachers by the trained Health Education Coordinators for each school and

little indication of reporting has been identified. Feedback to Headmasters through reporting may have increased their cooperation in the programme.

Materials should be developed to support the content of lessons. Teachers have made suggestions about material content and design which can be used with large groups, in colour and which are durable. The evaluation has raised several points which will be addressed by the Unit and included in future school health programmes;

1. To retain the use of un-serialised posters in schools.
2. To further produce and distribute materials through the Unit to schools.
3. To develop materials for specific use in science lessons, lifeskills and free periods.
4. To develop materials for specific use with large classes.
5. To inform Headmasters about the programme.

QUESTIONNAIRE FOR THE SAMPLE POPULATION OF U.D.S. TEACHERS IN URBAN

TRAINING WORKSHOP EVALUATION

1. DO YOU CONSIDER HEALTH EDUCATION TO BE PART OF YOUR WORK RESPONSIBILITY ?

Y N

2. WHEN DO YOU HAVE THE BEST OPPORTUNITY TO CARRY OUT HEALTH EDUCATION

IN ENGLISH LESSONS Y N

IN SCIENCE LESSONS Y N

IN FREE PERIODS Y N

LIFE SKILLS Y N

P. E. Y N

SOCIAL STUDIES Y N

AGRIC Y N

3. WHICH OF THE HEALTH EDUCATION MATERIALS HAVE YOU RECEIVED ?

UN SERIALISED POSTERS Y N

3 PILE SORTING CARDS

malaria control Y N

nutrition Y N

immunisation Y N

water supply Y N

family planning Y N

sanitation Y N

STORY WITH A GAP Y N

FLASH CARDS

personal hygiene Y N

Malaria control Y N

diarrhoea control Y N

HAVE NOT RECEIVED ANY MATERIALSSTOP

4. WHICH OF THE HEALTH EDUCATION MATERIALS HAVE YOU USED AS PART OF YOUR WORK ?

UN SERIALISED POSTERS Y N

3 PILE SORTING CARDS

malaria control Y N

malnutrition Y N

immunisation Y N

water supply Y N

family planning Y N

sanitation Y N

STORY WITH A GAP Y N

FLASH CARDS

personal hygiene Y N

malaria control Y N

diarrhoea control Y N

5. WHERE DID YOU USE THE UN SERIALISED POSTERS ?

IN ENGLISH LESSONS Y N

IN SCIENCE LESSONS Y N

IN FREE PERIODS Y N

LIFE SKILLS Y N

P. E. Y N

SOCIAL STUDIES Y N

AGRIC Y N

6. WHERE DID YOU USE THE THREE PILE SORTING CARDS ?

IN ENGLISH LESSONS Y N

IN SCIENCE LESSONS Y N

IN FREE PERIODS Y N

LIFE SKILLS Y N

P. E. Y N

SOCIAL STUDIES Y N

AGRIC Y N

7. WHERE DID YOU USE THE STORY WITH A GAP ?

IN ENGLISH LESSONS	Y	N
IN SCIENCE LESSONS	Y	N
IN FREE PERIODS	Y	N
LIFE SKILLS	Y	N
P. E.	Y	N
SOCIAL STUDIES	Y	N
AGRIC	Y	N

8. WHERE DID YOU USE THE FLASH CARDS ?

IN ENGLISH LESSONS	Y	N
IN SCIENCE LESSONS	Y	N
IN FREE PERIODS	Y	N
LIFE SKILLS	Y	N
P. E.	Y	N
SOCIAL STUDIES	Y	N
AGRIC	Y	N

9. DID YOU FIND THESE MATERIALS TO BE USEFUL ?

un-serialised posters	Y	N
3 pile sorting cards	Y	N
story with a gap	Y	N
flash cards	Y	N

10. DID YOU FIND THESE MATERIALS TO BE UNUSEFUL ?

un-serialised posters	Y	N
3 pile sorting cards	Y	N
story with a gap	Y	N
flash cards	Y	N

11. WHICH MATERIALS DID YOU USE MOST OFTEN ?

UN-SERIALISED POSTERS

3PILE SORTING CARDS

malaria control	Y	N
nutrition	Y	N
immunisation	Y	N
water supply	Y	N
family planning	Y	N
sanitation	Y	N

STORY WITH A GAP

Y

N

FLASH CARDS

personal hygiene

Y

N

malaria control

Y

N

diarrhoea control

Y

N

12. WHICH MATERIALS DID YOU USE LEAST OFTEN ?

UN SERIALISED POSTERS

Y

N

3 PILE SORTING CARDS

malaria control

Y

N

nutrition

Y

N

immunisation

Y

N

water supply

Y

N

family planning

Y

N

sanitation

Y

N

STORY WITH A GAP

Y

N

FLASH CARDS

personnal hygiene

Y

N

malaria control

Y

N

diarrhoea control

Y

N

FOCUS GROUP DISCUSSION - OBJECTIVES

The focus group discussion will follow and supplement the questionnaire used to evaluate the Junior Secondary School inservice training workshops. In particular the focus group discussion will aim to;

1. Determine the areas of success when using the materials. Obtain examples.
2. Determine the problems encountered by J.S.S. teachers when using these materials - try to obtain examples.
3. Obtain suggestions from the J.S.S. teachers about the types of materials they require and only adaptations to the existing materials.
4. Obtain information about the response of the school children to the materials.

FOCUS GROUP DISCUSSION GUIDE FOR EVALUATION OF PARTICIPATORY HEALTH EDUCATION MATERIALS IN J.S.S.

1. Which areas or lessons have you been using the materials most often, i.e. flash cards, 3 pile sorting, un-serialised posters etc and why ?
2. How often, do you use the materials ?
3. Which of the materials do you use most often and why ?
4. Why do you use the materials in certain areas/lessons more than other lessons ?
5. Which other areas apart from the classroom teaching have you used the materials ?
6. Have you encountered any problems with their usage ? What are they ? Name them and give specific example.
7. What is the response of the school children to the material ?
8. What is the response of the other teachers to the materials ?
9. Which other subject areas apart from those already done would you like us to produce materials eg. flash cards, story with a gap etc. on ?
10. Suggestions and contributions as to how we can improve upon the materials.

QUESTIONNAIRE FOR THE SAMPLE POPULATION OF U.S.A. TEACHERS IN-SERVICE

TRAINING WORKSHOP EVALUATION TOTAL N = 77 (%)

1. DO YOU CONSIDER HEALTH EDUCATION TO BE PART OF YOUR WORK RESPONSIBILITY ?

Y	77 (100)	N	0 (0)
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2. WHEN DO YOU HAVE THE BEST OPPORTUNITY TO CARRY OUT HEALTH EDUCATION

IN ENGLISH LESSONS	Y	23 (30)	N	54 (70)
IN SCIENCE LESSONS	Y	40 (52)	N	37 (48)
IN FREE PERIODS	Y	45 (58)	N	32 (42)
LIFE SKILLS	Y	37 (48)	N	40 (52)
P. E.	Y	20 (26)	N	57 (74)
SOCIAL STUDIES	Y	7 (9)	N	70 (91)
AGRIC	Y	29 (38)	N	48 (62)

3. WHICH OF THE HEALTH EDUCATION MATERIALS HAVE YOU RECEIVED ?

UN SERIALISED POSTERS Y 77 (100) N 0 (0)

3 PILE SORTING CARDS

malaria control Y 77 (100) N 0 (0)

nutrition Y 74 (96) N 3 (4)

immunisation Y 75 (97) N 2 (3)

water supply Y 70 (91) N 7 (9)

family planning Y 74 (96) N 3 (4)

sanitation Y 75 (97) N 2 (3)

STORY WITH A GAP Y 70 (91) N 7 (9)

FLASH CARDS

personal hygiene Y 72 (93) N 5 (7)

Malaria control Y 61 (79) N 14 (21)

diarrhoea control Y 18 (24) N 59 (76)

HAVE NOT RECEIVED ANY MATERIALSSTOP

4. WHICH OF THE FOLLOWING EDUCATIONAL MATERIALS HAVE YOU USED AS PART OF YOUR WORK ?

UN SERIALISED POSTERS

Y 59 (76) N 18 (24)

3 PILE SORTING CARDS

malaria control Y 62 (80) N 15 (20)

nutrition Y 57 (74) N 20 (26)

immunisation Y 37 (48) N 40 (52)

water supply Y 42 (54) N 35 (36)

family planning Y 38 (49) N 39 (51)

sanitation Y 52 (67) N 25 (33)

STORY WITH A GAP

Y 49 (64) N 28 (36)

FLASH CARDS

personal hygiene Y 67 (87) N 10 (13)

malaria control Y 42 (54) N 35 (36)

diarrhoea control Y 13 (17) N 64 (83)

5. WHERE DID YOU USE THE UN SERIALISED POSTERS ?

IN ENGLISH LESSONS Y 8 (11) N 69 (89)

IN SCIENCE LESSONS Y 27 (35) N 50 (65)

IN FREE PERIODS Y 28 (36) N 49 (64)

LIFE SKILLS Y 19 (25) N 58 (75)

P. E. Y 13 (17) N 64 (83)

SOCIAL STUDIES Y 7 (9) N 70 (91)

AGRIC Y 14 (18) N 63 (82)

6. WHERE DID YOU USE THE THREE PILE SORTING CARDS ?

IN ENGLISH LESSONS Y 7 (9) N 70 (91)

IN SCIENCE LESSONS Y 36 (47) N 41 (53)

IN FREE PERIODS Y 36 (47) N 41 (53)

LIFE SKILLS Y 28 (36) N 49 (64)

P. E. Y 12 (16) N 65 (84)

SOCIAL STUDIES Y 8 (11) N 69 (89)

AGRIC Y 18 (24) N 59 (76)

7. WHERE DID YOU USE THE STORY WITH A GAP ?

IN ENGLISH LESSONS	Y 10 (13)	N 67 (87)
IN SCIENCE LESSONS	Y 36 (37)	N 41 (53)
IN FREE PERIODS	Y 31 (42)	N 46 (58)
LIFE SKILLS	Y 16 (21)	N 61 (79)
P. E.	Y 18 (24)	N 59 (76)
SOCIAL STUDIES	Y 11 (14)	N 66 (86)
AGRIC	Y 17 (22)	N 60 (78)

8. WHERE DID YOU USE THE FLASH CARDS ?

IN ENGLISH LESSONS	Y 15 (20)	N 62 (80)
IN SCIENCE LESSONS	Y 29 (38)	N 48 (62)
IN FREE PERIODS	Y 39 (51)	N 38 (49)
LIFE SKILLS	Y 19 (25)	N 58 (75)
P. E.	Y 11 (14)	N 66 (86)
SOCIAL STUDIES	Y 12 (16)	N 65 (84)
AGRIC	Y 19 (25)	N 58 (75)

9. DID YOU FIND THESE MATERIALS TO BE USEFUL ?

un-serialised posters	Y 57 (74)	N 20 (26)
3 pile sorting cards	Y 65 (84)	N 12 (16)
story with a gap	Y 58 (75)	N 19 (25)
flash cards	Y 65 (84)	N 12 (16)

10. DID YOU FIND THESE MATERIALS TO BE UNUSEFUL ?

un-serialised posters	Y 14 (18)	N 63 (82)
3 pile sorting cards	Y 8 (11)	N 69 (89)
story with a gap	Y 14 (18)	N 63 (82)
flash cards	Y 6 (8)	N 71 (92)

11. WHICH MATERIALS DID YOU USE MOST OFTEN ?

<u>UN-SERIALISED POSTERS</u>	Y 8 (11)	N 69 (89)
<u>3 PILE SORTING CARDS</u>		
malaria control	Y 23 (30)	N 54 (70)
nutrition	Y 20 (26)	N 57 (74)
immunisation	Y 11 (14)	N 66 (86)
water supply	Y 5 (7)	N 72 (93)
family planning	Y 12 (16)	N 65 (84)
sanitation	Y 28 (36)	N 49 (64)

<u>STORY WITH A GAP</u>	Y 14 (18)	N 63 (82)
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FLASH CARDS

personal hygiene	Y 33 (43)	N 44 (57)
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malaria control	Y 17 (22)	N 60 (78)
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diarrhoea control	Y 6 (8)	N 71 (92)
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12. WHICH MATERIALS DID YOU USE LEAST OFTEN ?

<u>UN SERIALISED POSTERS</u>	Y 22 (29)	N 55 (71)
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3 PILE SORTING CARDS

malaria control	Y 7 (9)	N 70 (91)
-----------------	---------	-----------

nutrition	Y 14 (18)	N 63 (82)
-----------	-----------	-----------

immunisation	Y 12 (16)	N 65 (84)
--------------	-----------	-----------

water supply	Y 19 (25)	N 58 (75)
--------------	-----------	-----------

family planning	Y 27 (35)	N 50 (65)
-----------------	-----------	-----------

sanitation	Y 17 (22)	N 60 (78)
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<u>STORY WITH A GAP</u>	Y 22 (29)	N 55 (71)
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FLASH CARDS

personal hygiene	Y 18 (24)	N 59 (76)
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malaria control	Y 17 (22)	N 60 (78)
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diarrhoea control	Y 20 (26)	N 57 (74)
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AN OUTCOME EVALUATION OF THE INSERVICE

TRAINING PROGRAMME FOR

PRIMARY SCHOOL TEACHERS

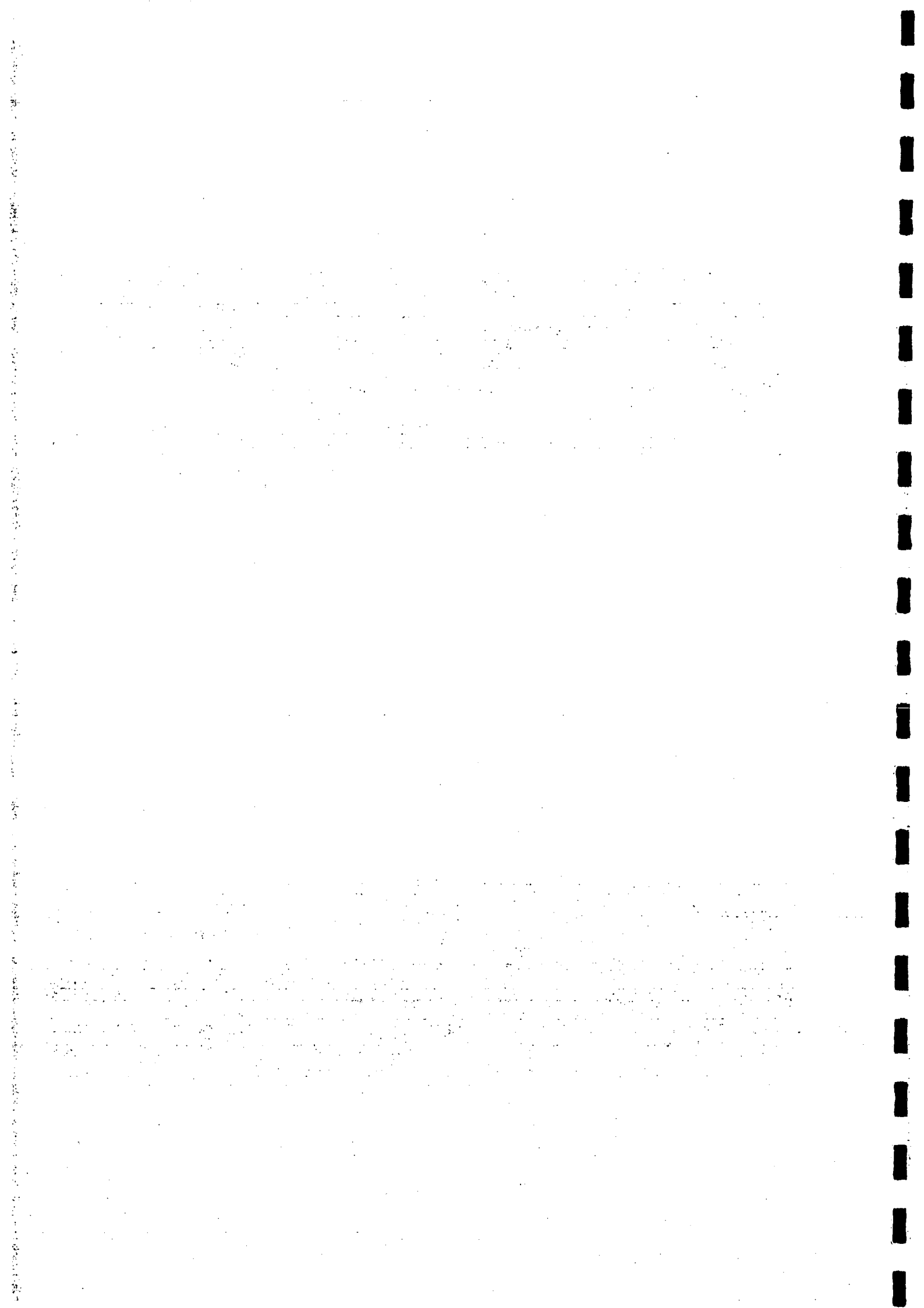
IN THE USE

PARTICIPATORY HEALTH EDUCATION

MATERIALS/TECHNIQUES

THE KUMASI HEALTH EDUCATION PROJECT

FEBRUARY 1993



SUMMARY

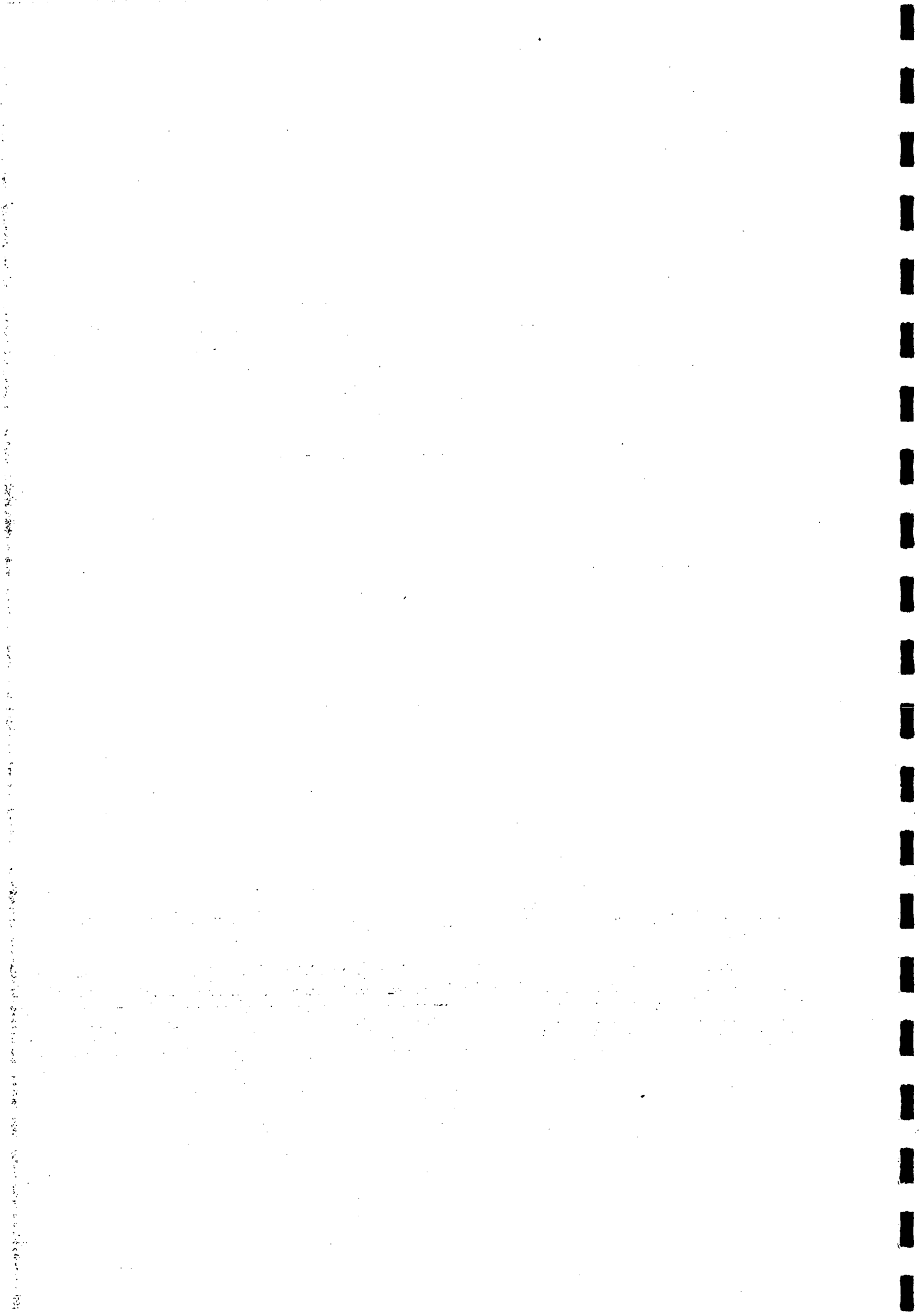
The evaluation clearly shows that the primary school teachers who attended the inservice training programme are using the materials to support their work.

The accident flipcharts, the the diarrhoea flipcharts, the dental health flash cards and the worm calendar are the most useful. The snakes and ladders was the least useful to the teachers, but mostly enjoyed by the pupils.

The teachers requested for more materials. They suggested an improvement be made to some of the materials by adding guidelines for easy use.

Other teachers in the various Primary schools have been involved in the programme. Headteachers should be involve in future programmes to encourage their full cooperation and participation.

The material could best be incorporated into subjects like life skills and science. A lot of changes have been made to the school environment since the workshop programme. The evaluation will help the unit during future material development and workshops.



THE THREE MONTH EVALUATION OF THE PRIMARY SCHOOL HEALTH PROGRAMME.

INTRODUCTION

A series of eight, two day, training workshops were carried out with primary school teachers from the public, primary schools in the district in March, April and June 1992. The workshop programme aimed to enable participants to carry out and coordinate health education activities and programmes in their respective schools. One school health education coordinator was selected for the workshop.

A process evaluation of the workshop programme was carried out during the workshop period and the purpose of this was to enable modifications and improvements to be made to the workshop programme in terms of the methods and content used and to enable those facilitating to improve and modify their performances accordingly.

A further evaluation has been done to examine to what extent the teachers have been able to implement the methodologies and materials promoted during the workshop programme in their respective schools, and activities carried out consistently with a broad school health programme that includes the school environment, health services and classroom teaching. The evaluation considered whether the school health programme is being implemented, how that implementation is being carried out, and how often and in what ways that materials are being used.

The six materials and methodologies that were promoted in the workshop included,

1. Dental Health Flashcards.
2. Diarrhoea Flipchart.
3. Accident Flipchart.
4. Snakes and Ladders.
5. Worms Calendar
6. Mapbuilding Exercise.

AIM OF THE THREE MONTH EVALUATION

To find out if the participants in the training workshop programme have been able to carry out and coordinate health education activities and programmes in their respective schools.

SPECIFIC OBJECTIVES

1. To find out if the materials promoted during the workshop programme are being used in the classroom.
2. To find out the variety of ways in which these materials are being used in the classroom.
3. To find out into which subjects the methods and materials are being integrated.
4. To find out if any of the follow up activities promoted in the original teachers guide are being carried out.
5. To identify any problems the teachers may have in using the materials and methodologies promoted in the workshop programme in the schools.
6. To find out if it has been possible to involve other teachers in the school in health related activities.
7. To find out if any changes have been made to the environment of the school as a result of what was learnt at the workshop.
8. To find out what the teachers feel would be appropriate topics for materials development in the future.

METHODOLOGY USED FOR THE EVALUATION

Both qualitative and quantitative data have been used for this kind of evaluation. Conversely it was more appropriate to discuss any of the problems the teachers may be having in implementing a school health programme with groups of teachers. Group discussions enable experiences to be shared and learning to occur from all members of the group. Group discussions which are well managed thus allow and encourage everyone to contribute and makes them feel they are making an active contribution to the evaluation.

Each of the materials introduced needed to be discussed. The appropriateness of the material in terms of colour, size and numbers or quantities supplied to the schools considered, whether there were enough written guidelines accompanying the materials, which were the most useful and why?, Which materials was difficult to use and why?, Which subjects could they use the materials in and how did people use them? (For example, individual pictures could be used for language work in English or a series of pictures to make up stories.)

a. Questionnaire

A half day evaluation exercise was held with a sample of 40 teachers selected from the schools involved in the workshop programme. Participants were asked to complete a questionnaire and this formed the quantitative aspect of the evaluation. A copy of the questionnaire is given in appendix 1.

b. Focus group discussion.

The second aspect of the evaluation took the form of a focus group discussion with the same samples of teachers who attended the half day workshops. It was suggested it might be appropriate to hold four focus group discussion with the sample of the forty teachers since the aim of this aspect of the evaluation was to provide more in-depth information than that obtained through the questionnaire.

(A focus group guide is attached see appendix 2.)

FINDINGS

The questionnaire findings are provided in appendix 3

QUESTIONNAIRE (N=77)

Use of Health Education Materials.

Almost all the teachers (98%) have used some or all of the health education materials provided for the schools. The teachers used the materials in teaching the following subjects; life skills (90) science (65) social studies (15). Others are cultural studies(2.5) English(2.5) Ghanaian Language(2.5) Mathematics(2.5) and during free periods(10). (see appendix 4)

The materials can best be use in the teaching of life skills and science.

70% have used the dental health flash cards

58% have used the Diarrhoea Flipchart.

53% have used the Accident Flipchart.

40% have used the Snakes and Ladders.

58% have used the Worms Calendar

5% have done the activity on the Map building Exercise.

(see appendix 5)

92% of the teachers have involved other teachers in the use of the materials and other health education activities in the schools.

All the materials were used but the most useful material to the teachers were ranked by this order;

Accident Flipchart	25%
Diarrhoea flipchart	23%
Dental Health Flashcard	20%
Worm calendar	20%

Snakes and Ladders	15%
Map building Exercise	2.5%

The most useful materials were the accident and diarrhoea flipcharts. (see appendix 6)

The least useful material also had this ranking;

Map building	23
Snakes and Ladders	10
Dental Health Flash Cards	3
Diarrhoea Flipchart	2
Accident Flipchart	2
Worm Calendar	0

The map building exercise was the least useful. This was a method to be used in the schools by the teachers themselves so no materials were produced on them. Most of the teachers did not carry out this activity because they did not have the materials for it.

93% of the teachers have a copy of the teachers guide and 83% have carried out at least one or more activities in the guide.

Activities carried out in the schools

83% of the teachers have carried out some activities in the teachers guide.

Below are what have been carried out.

<u>Activities carried out in the teachers guide</u>	<u>percentage of teachers (%)</u>
Map building Exercise	3
<u>Accident</u>	
An accident Survey	30
A road traffic Survey	30
The school rules	15
<u>Diarrhoea</u>	
Use of baby gourds	18
ORS Preparation	13
A cure for diarrhoea	8
Knowledge about diarrhoea	15

Nutrition

A weekly food diary	20
Estimating the cost of a balance meal	5
Food the body needs	38
A meal survey	3

Dental health

Record of teeth brushing	36
Observation of the no. of teeth in chn mouth	20
Experiment with old teeth	10
Dos and don'ts for teeth	23

Changes that have occurred after the workshop programme

98% of the teachers said there have been some changes made to their school environment, since the workshop programme was introduced, and below are details of what have been done.

Activities or changes that have been made since the workshop programme included the following;

35% of the schools who came for the evaluation have provided dustbins for their schools

78% of the schools have cleared overgrown weeds and continued with the clearing of the compound.

15% have planted trees and flowers, while 5% have rearrange stones and flowers in the schools.

25% of the schools who did not have toilet facilities have provided toilet facilities

13% have provided pipe borne water in their schools.

47% have provided first aid boxes and basic first aid drugs eg plaster, iodine for cuts etc.

8% of the school have re-painted the schools.

38% of the teachers have advised the food vendors who sell food in their schools to improve upon the quality of food sold to the pupils as well as improve the hygiene of the foods and cleanliness of their food premises. (see appendix 7)

Some of these food vendors have been asked to go for medical check-ups and now have certificate of fitness to sell food.

Those food vendors who were selling food without sieves have now provided sieves to protect their food against flies. Selling of sweets have been banned in some schools because of the effects of sugar on children teeth.

8% of them have done other activities like checking erosion in the schools, taking broken chairs out of the classroom.

Problems with the use of the materials

55% of the teachers have no problems using the materials but 45% admitted having problems.

FOCUS GROUP DISCUSSION FINDINGS

The main points raised in the focus group discussion supported the findings of the questionnaire and showed that the health education materials are being used by the primary school teachers and it is liked by both teachers and pupils. Though there were some problems that were discussed.

Below are some comments about the usefulness of the materials in teaching particular lessons.

"Worms flipchart is very useful because it has some explanatory guidelines"

"Diarrhoea flipchart because children now know the causes of diarrhoea and how to prevent it."

"Food sellers in my school have now improve upon their food hygiene practices because of the education we give from the diarrhoea flipchart"

"Snakes and ladders is highly enjoy by the children, it has been useful to them."

"The diarrhoea flip chart is more useful because we see the impact on the children."

"We see our children washing fruits before eating. "

"We can see a great impact on the children".

To others it is the worm calendar because children used to come to school barefooted but now they put on sandals and shoes to school. "Children have now put a stop to indiscriminate defecation around the school.

Others also thought the accident flipchart is useful.

"I found the accident flip chart very useful .There are some trees in my school and the pupils used to climb the trees but they have stopped"

Dental Health flash cards has helped in ensuring that pupils clean their teeth well. They now know how to clean and brush their teeth.

Discussions about the appropriateness of the materials in terms of colour, size, durability and quantity supplied to the schools revealed some of these findings,

The teachers preferred darker front covers to the white used.They suggested that the snakes and ladders should be printed using any dark colour eg brown instead of white as the white material becomes very dirty quickly.

The teachers also commented about the insufficient quantities of materials supplied to them.They suggested that if it could be possible each school should be given at least 4 copies of each material.

They also said the wording on the snakes and ladders were small and suggested that, it should be bolder and bigger.

Some said the size of the snakes and ladders was too big as they have small tables in their classrooms but others thought the size should be maintained as it is.

Almost all the teachers felt that there was not enough written guidelines accompanying some of the materials especially the accident and the diarrhoea flipcharts.

"We keep on guessing guessing" was a comment made by some of them.

" It is very difficult to talk about the pictures which are without guidelines, they generate a lot of different views"

"I think there should have been some guidelines beneath each picture like the worm calendar that will help us to teach effectively.

Majority of the teachers said they did not have problems with the use of the materials.

The snakes and ladders though enjoyed by the children a few said it was difficult to use because of the way it is done. They suggested it should be framed to prevent the cloth from being crumpled when playing the game thereby spoiling the whole exercise.

Likewise the accident flip chart, some mentioned the map building exercise as being difficult to use ,but it was explained that it was because there was no material produced on that method.

The teachers also admitted that the school children like the materials.

"Due to the materials the children like subjects like life skills, science etc."

"When it is time for break they won't go out, they prefer playing the snakes and ladders."

"The children found the materials interesting"

"They sometimes tease each other"

The subjects in which the materials could be used in, are mostly life skills, science and social studies which support the findings of the questionnaire.

Some teachers said they could use the materials in English lessons and during free periods. The material could also be used to educate food vendors and canteen operators in the schools.

Below are some of the details about the material that can be used to support various subjects.'

<u>SUBJECT</u>	<u>TOPIC</u>	<u>MATERIAL</u>
Life Skills	Food and nutrition Personal hygiene Balanced Diet Proper care of the teeth. Road crossing Prevention of accident	Worms flipchart Dental hygiene flashcard Diarrhoea flashcard Accident flipchart Teachers guide
Elementary science	Keeping healthy Balance diet	Dental health flashcard Teachers guide
Social studies	Harmful Insects (houseflies, cockroaches)	Diarrhoea flipchart

Most teachers have not encountered any problems involving other teachers in the implementation of the health programmes and with the use of the materials." The teachers in my school are really participating and we have even formed a health committee in the school".

A few said, the teachers in their schools are not interested, and as such are not using the materials.

"As for my school the teachers are not helping me."

All the teachers thought that it was necessary and would be useful if headteachers are also involved in such programmes.

"Some headteachers are not willing to help especially when it comes to finances"

Headteachers are necessary especially when it comes to the buying of dustbins.

Headteachers are important in such programmes because in the absence of a teacher they can teach the subjects using the materials.

Teachers thought the delay of the materials to the schools some months after the workshop, did not affect the implementation of the activities but others thought it did.

The findings of the focus group discussion confirmed the findings of the questionnaire about the changes made to the school environment after the workshop programme and this was made possible with the help of teachers, pupils and the parent teacher Associations(PTA) in the various schools.

The use of the materials in the classroom depended on the subject on the timetable. As the materials are supporting aids for teaching subjects especially life skills, science etc most of the teachers have no fixed time about how many times they use materials. despite the above explanation others have a fixed time - once a week and twice a week for using the materials.

DISCUSSION OF THE FINDINGS

Almost all the primary school teachers were using the health education materials to support their lessons especially in life skills and science. They also carried out other health education activities. The relevance of the material content to the subject of the lesson was an important factor for using the materials. This will also assist the unit to select appropriate teachers for future workshops and also encourage the promotion of the materials in the schools.

The accident flipchart, the worm calendar, the diarrhoea flipchart were the most commonly used materials. The worm calendar has guidelines to make it easier for teachers to use.

Though the accident and diarrhoea flipchart have no guidelines, they were the most useful materials. The primary school life skills curriculum has accident and diarrhoea related topics in it, so despite the fact that there were no guidelines, they were more frequently used.

Though teachers were using the materials, some of their colleagues who did not come for the workshop, thought it was additional work

so it would help the unit if future materials are developed with reference to the curriculum.

The teachers said they did not forget what they learnt in the workshop before the materials arrived and said it did not affect the programme implementation but a few said it did. Future programmes must go with materials production.

The findings of the questionnaire about changes made to the environment was confirmed by the findings of the focus group discussion. A lot of changes had been made to the school environment especially clearing the compound, provision of dustbins, washing basins, and the provision of toilet facilities.

All these changes have been made possible through efforts of teachers, pupils and the Parent Teacher Associations of the various schools. These are clear indications that the Unit could use teachers as agents of health education.

REVIEW OF SOME OF THE MATERIALS

General

All the cards/pages should be numbered.
There should be guidelines on each picture.

Diarrhoea flip chart

Picture 4

A boy eating food from a leaf

Comment:

The leaf should have the colour of a leaf (green) for easy identification.

Picture 5

3 boys washing fruits before eating

Comment:

The fruits should have a natural colour to make it look more like fruits than stones.

RECOMMENDATION

1. If possible, only Life skills / Science teachers should be invited to attend future workshops organised by the unit for the purpose of wanting teachers to incorporate health education into the curriculum.
2. All health education materials must have guidelines for easy use.
3. Enough quantities of the materials should be supplied to the schools for effective implementation of the programmes.
4. Materials to be used for education after workshop should be ready during workshop periods.
5. Teachers prefer using materials that are related to subjects in the school curriculum, material production should then be based on what is already in the curriculum.
6. Headteachers should be involved in future programmes.
7. Teachers can serve as agents of health education when given the adequate inservice training.

APPENDIX 1

QUESTIONNAIRE FOR PRIMARY SCHOOL TEACHERS

Date of interview

A. Background

Name of School.

Name of Teacher.

1. Have you been able to use the health education materials in the classroom?

1. YES

2. NO

2. If yes in which subjects?

a.

b.

c.

d.

e.

3. What kind of materials/methods have you used?

a. Dental Health Flashcards.

b. Diarrhoea Flipchart.

c. Accident Flipchart.

d. Snakes and Ladders

e. Worm Calendar

f. Map Building Exercise.

4. Which material was the most useful?

- a. Dental Health Flashcards.
- b. Diarrhoea Flipchart.
- c. Accident Flipchart.
- d. Snakes and Ladders
- e. Worm Calendar
- f. Map Building Exercise.

5. Which material was the least useful?

- a. Dental Health Flashcards.
- b. Diarrhoea Flipchart.
- c. Accident Flipchart..
- d. Snakes and Ladders
- e. Worm Calendar
- f. Map Building Exercise.

6. Do you have a copy of the teachers guide?

1. YES

2. NO

7. Have any of the activities promoted in the teachers guide been carried out?

1. YES

2. NO

8. Which of them have been carried out?

a. Map building Exercise

Accident

a. An accident Survey

b. A road traffic survey

c. Stories and plays

d. The school rules

Diarrhoea

a. Use of gourd babies

b. ORS preparation

c. A cure for diarrhoea

d. Knowledge about diarrhoea

Nutrition

a. A weekly food diary

b. Estimating the cost of a balance meal

c. Food the body needs

d. A meal survey

Dental health

a. Records of teeth brushing

b. Observation of the number of teeth in children's mouth

c. Experiment with old teeth

d. DO's and don'ts for teeth

9. Have any changes been made to the school environment since the workshop programme?

1. YES

2. NO

10. If yes say what had been done.

a. Provision of dust bins

b. Clearing of compound

c. Planting of trees and flowers

d. Provision of toilet facilities

e. Pipe borne water

f. First Aid Box

g. Others (specify)

11. Do you have any problems with the use of the materials/methods?

1. YES

2. NO

12. Have you involve others teachers in the school health activities?

1. YES

2. NO

APPENDIX 2

FOCUS GROUP DISCUSSION GUIDE FOR EVALUATION OF PRIMARY SCHOOL WORKSHOPS.

1. Were the health education materials appropriate in terms of colour, size, durability and number?
2. Were there enough written guidelines accompanying the materials?
3. Which was the most useful and why?
4. Which was difficult to use and why?
5. Which subjects/lessons could you use the materials in and how did you use them? (the variety of ways in which these are being used)
6. Which other teaching areas have you used the materials apart from the classroom teaching?
7. How often do you use them?
8. Have you carried out any of the activities promoted in the teachers guide?
9. How do you feel about the materials and about their usage in the schools?
10. Have you encountered any problems about their usage?
11. What is the response of the school children to the materials?
11. Have you been able to involve other teachers in the health activities in the schools? What is their response to the programme and the materials as a whole?
12. (Have you encountered any problems in involving these other teachers)
13. Should headteachers be involve in the workshop programme?
14. Did the time delay of the materials to the schools affect the programme of activities implementation?
15. Did you forget what you learnt you learnt in the workshop before the materials were delivered?

16. Have any changes been made to the school environment since the workshop?

16. How has it been possible to carry out these changes? (through student labour, PTA, etc)

17. Contributions or suggestions on any topic that may be useful for future material developments?

APPENDIX 3

1. USE OF HEALTH EDUCATION MATERIALS

RESPONSE	NUMBER	%
YES	39	97.5
NO	1	2.5

2. SUBJECTS IN WHICH MATERIALS WERE USED

	NUMBER	%
LIFE SKILLS	36	90
SCIENCE	26	65
ENGLISH	1	2.5
CULTURAL STUDIES	1	2.5
SOCIAL STUDIES	6	15
GHANAIAN LANGUAGE	1	2.5
GAMES	1	2.5
FREE PERIODS	4	10
MATHS	1	2.5

3. MATERIALS USED

	USED	%
a. DENTAL HEALTH FLASH CARDS	28	70
b. DIARRHOEA FLIP CHART	23	57.5
c. ACCIDENT FLIP CHART	21	52.5
d. SNAKES AND LADDERS	16	40
e. WORM CALENDER	23	58.5
f. MAP BUILDING EXERCISE	2	5

4. MOST USEFUL MATERIAL

	NUMBER	%
a. DENTAL HEALTH FLASH CARDS	8	20
b. DIARRHOEA FLIP CHART	9	22.5
c. ACCIDENT FLIP CHART	10	25
d. SNAKES AND LADDERS	6	15
e. WORM CALENDER	6	15
f. MAP BUILDING EXERCISE	1	2.5

5. LEAST USEFUL MATERIAL

	NUMBER	%
a. DENTAL HEALTH FLASH CARDS	3	7.5
b. DIARRHOEA FLIP CHART	2	5
c. ACCIDENT FLIP CHART	2	5
d. SNAKES AND LADDERS	10	25
e. WORM CALENDER	0	0
f. MAP BUILDING EXERCISE	23	57.5

6. HAVE COPIES OF TEACHERS GUIDE

	NUMBER		8
YES	39	97.5	
NO	1	2.5	

7. HAVE CARRIED OUT ACTIVITIES IN TEACHERS GUIDE

	NUMBER		8
YES	33		
NO	8		

8. ACTIVITIES CARRIED OUT IN TEACHERS GUIDE

	A	B	C	D
1. MAP BUILDING EXERCISE	1	0	0	0
2. ACCIDENT	12	12	6	7
3. DIARRHOEA	7	5	3	6
4. NUTRITION	8	2	15	1
5. DENTAL HEALTH	14	8	4	9

9. CHANGES MADE TO THE SCHOOL ENVIRONMENT

RESPONSE	NUMBER		8
YES	39	97.5	
NO	1	2.5	

10. ACTIVITIES CARRIED OUT IN THE SCHOOLS

	NUMBER	%
1. PROVISION OF DUST BINS	14	35
2. CLEARING OF COMPOUND	31	77.5
3. PLAITING OF TREES AND FLOWERS	11	27.5
4. PROVISION OF TOILET FACILITIES	10	25
5. PIPE BOUND WATER	5	12.5
6. FIRST AID BOX	19	47.5
7. PAINTING OF SCHOOL	3	7.5
8. FLOWER ARRANGEMENT	2	5
9. FOOD VENDORS	15	38
10. OTHERS	8	20

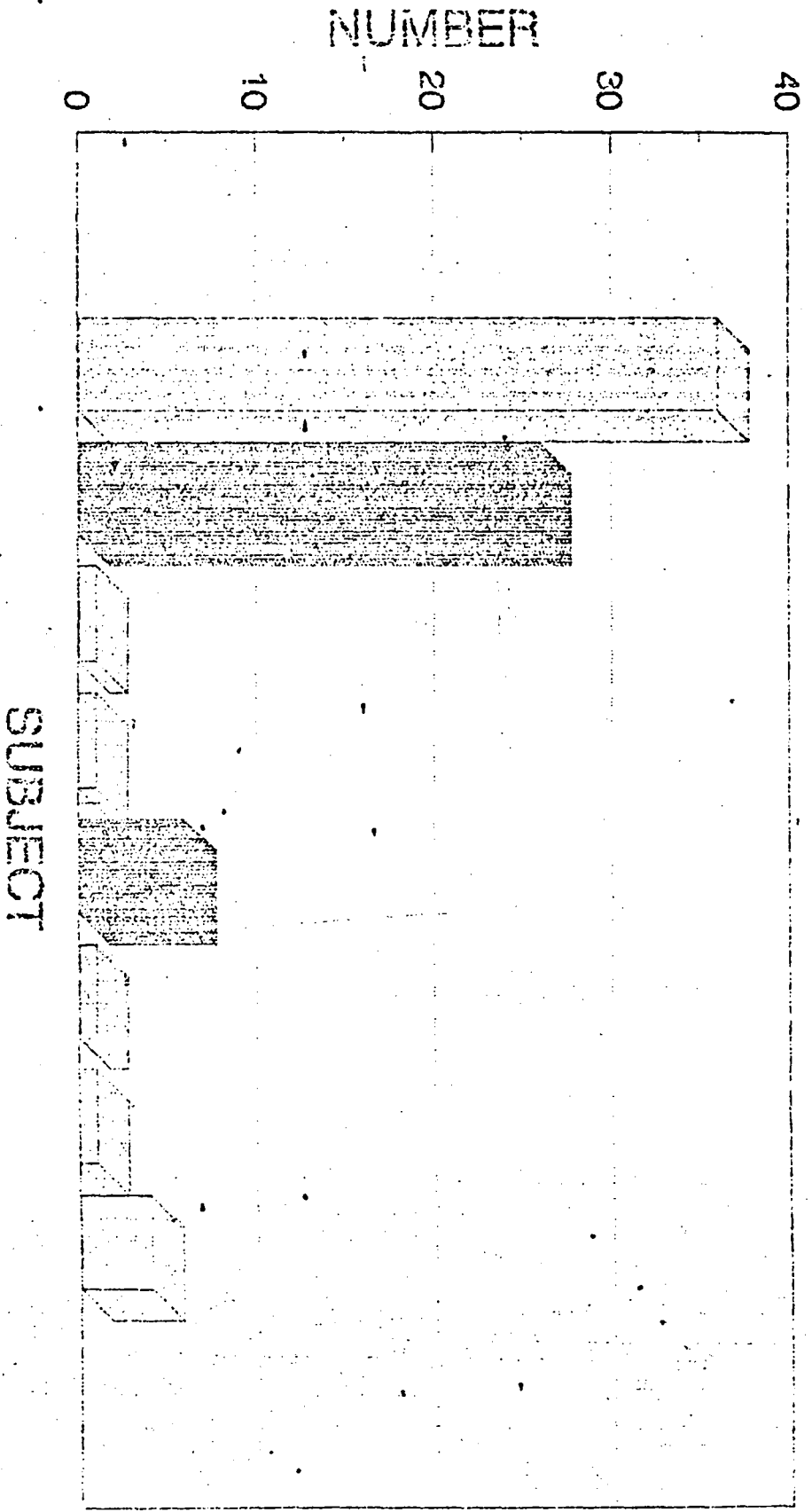
11. PROBLEMS WITH THE USE OF MATERIALS

	NUMBER	%
YES	18	45
NO	22	55

12. INVOLVE OTHER TEACHERS IN THE HEALTH PROGRAMME

RESPONSE	NUMBER	%
YES	37	92.5
NO	3	7.5

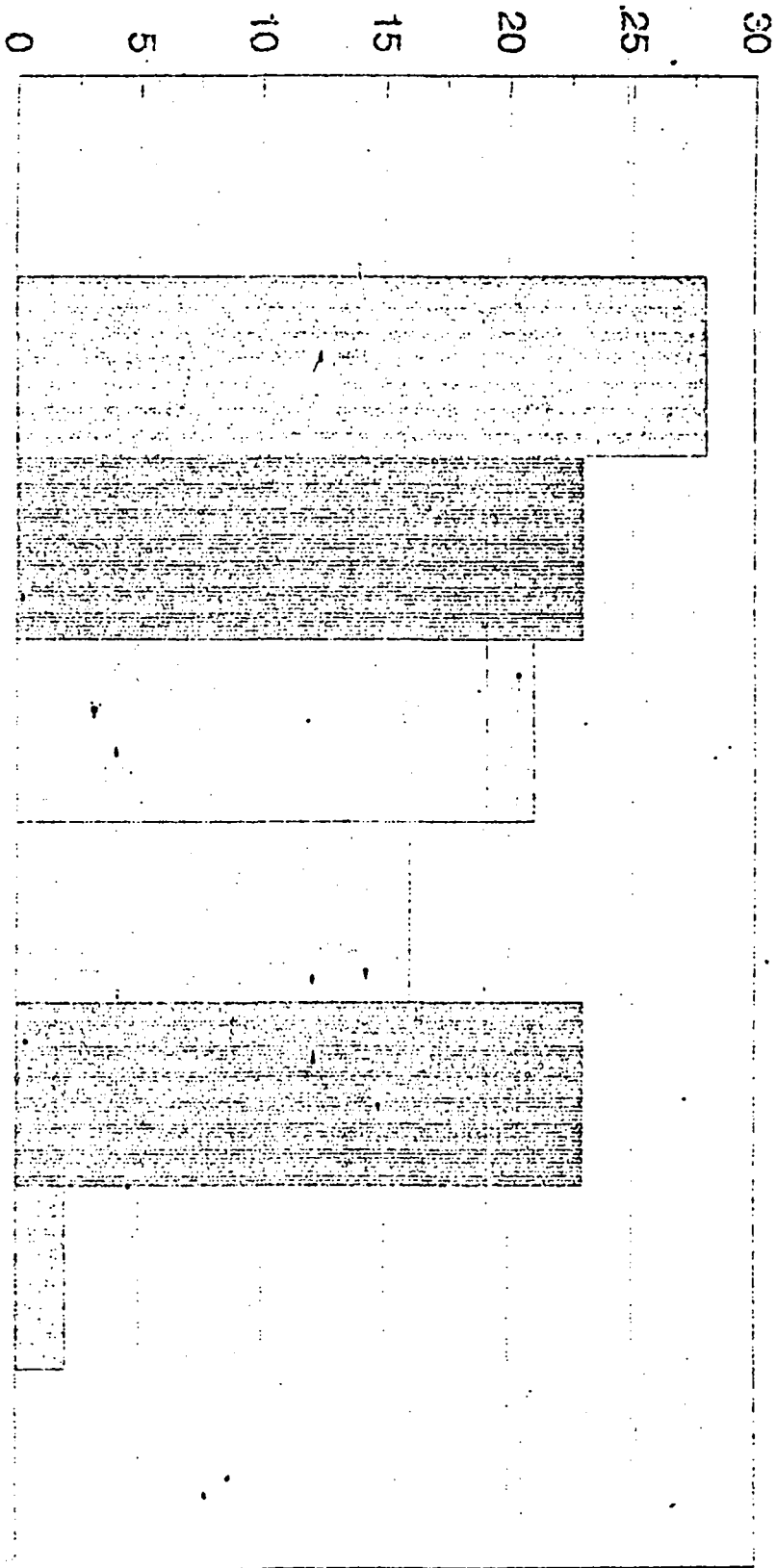
SUBJECTS IN WHICH MATERIALS WERE USED



- LIFE SKILLS
- SCIENCE
- ENGLISH
- CULTURAL STUDIES
- SOCIAL STUDIES
- GHANAIAN LANGUAGE
- GAMES
- FREE PERIODS

HEALTH EDUCATION MATERIALS

NUMBER USED

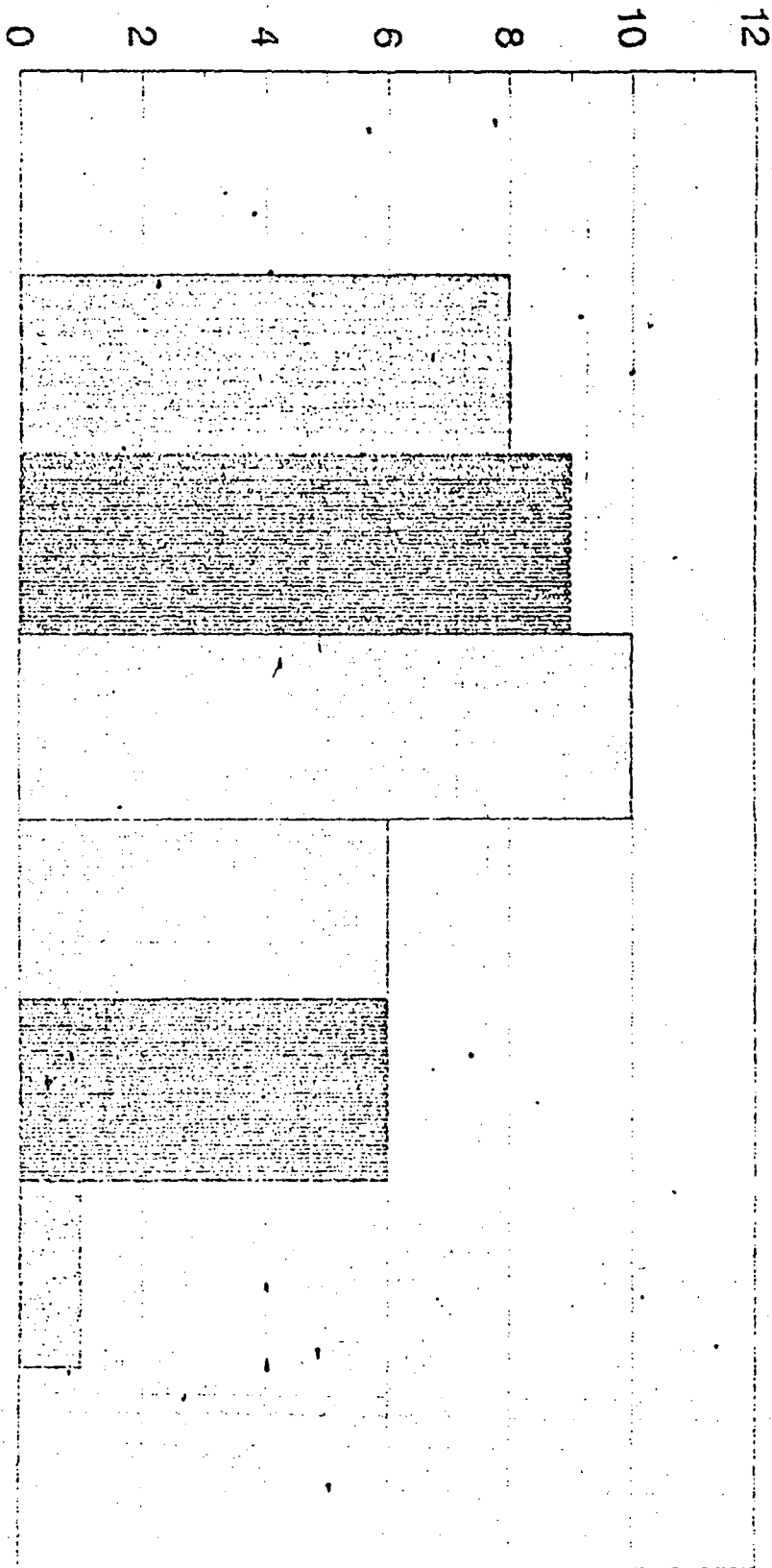


MATERIALS USED

- DENTAL HEALTH
- DIARRHOEA
- ACCIDENT
- SNAKES AND LADDERS
- WORM CALENDAR
- MAP BUILDING

HEALTH EDUCATION MATERIALS

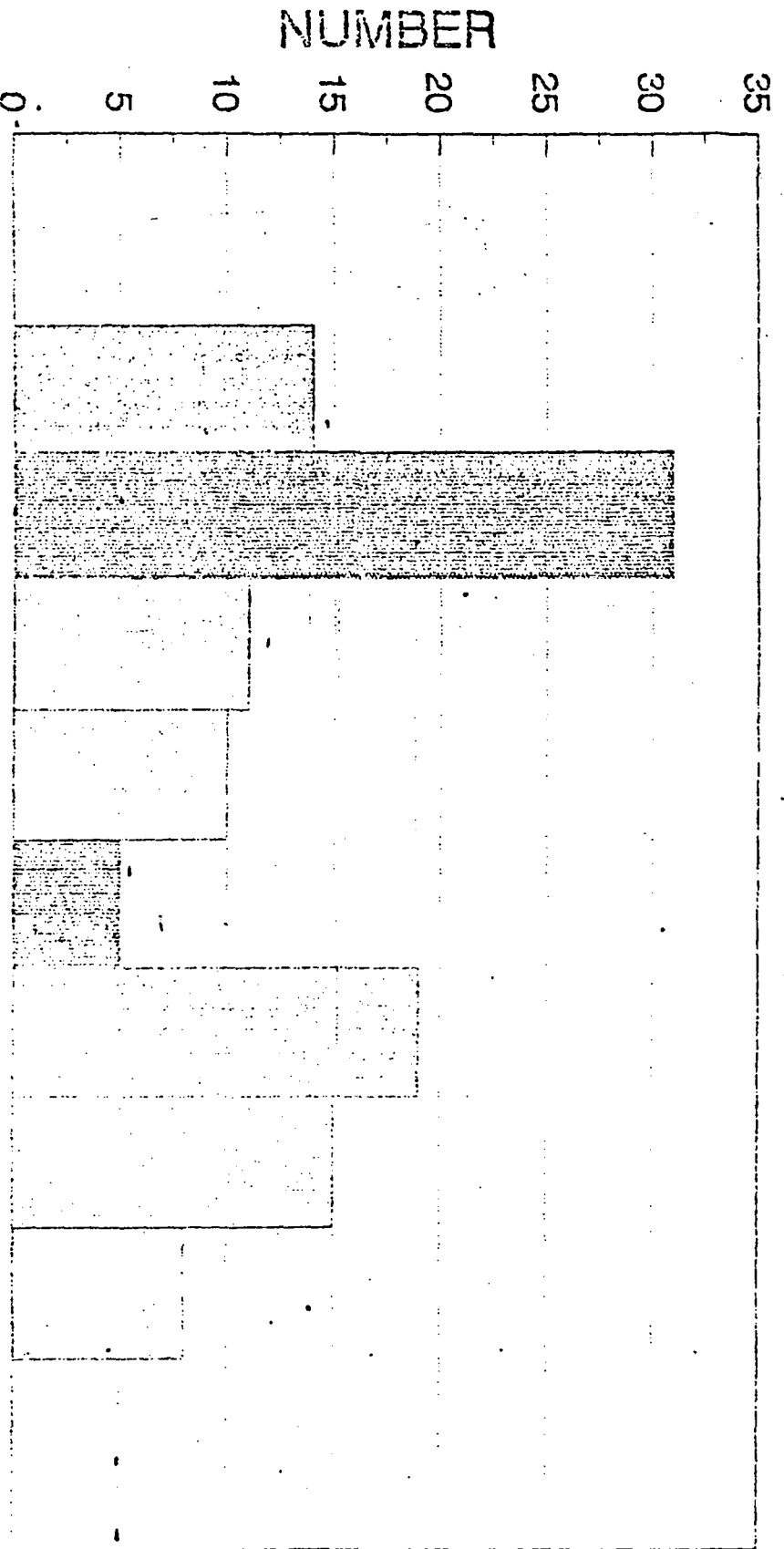
NUMBER USED



MOST USEFUL MATERIALS

- DENTAL HEALTH
- SNAKE AND LADDERS
- DIARRHOEA FLIP CHART
- WORM CALENDAR
- ACCIDENT FLIP CHART
- MAP BUILDING EXERCISE

ACTIVITIES CARRIED OUT IN THE SCHOOLS



VARIOUS ACTIVITIES

- PROVISION OF DUST BINS
- CLEARING OF COMPOUND
- PLANTING OF FLOWERS
- PROVISION OF TOILET FACILITIES
- PIPE BORNE WATER
- FIRST AID BOX
- FOOD VENDORS
- OTHERS



REFERENCE ONLY

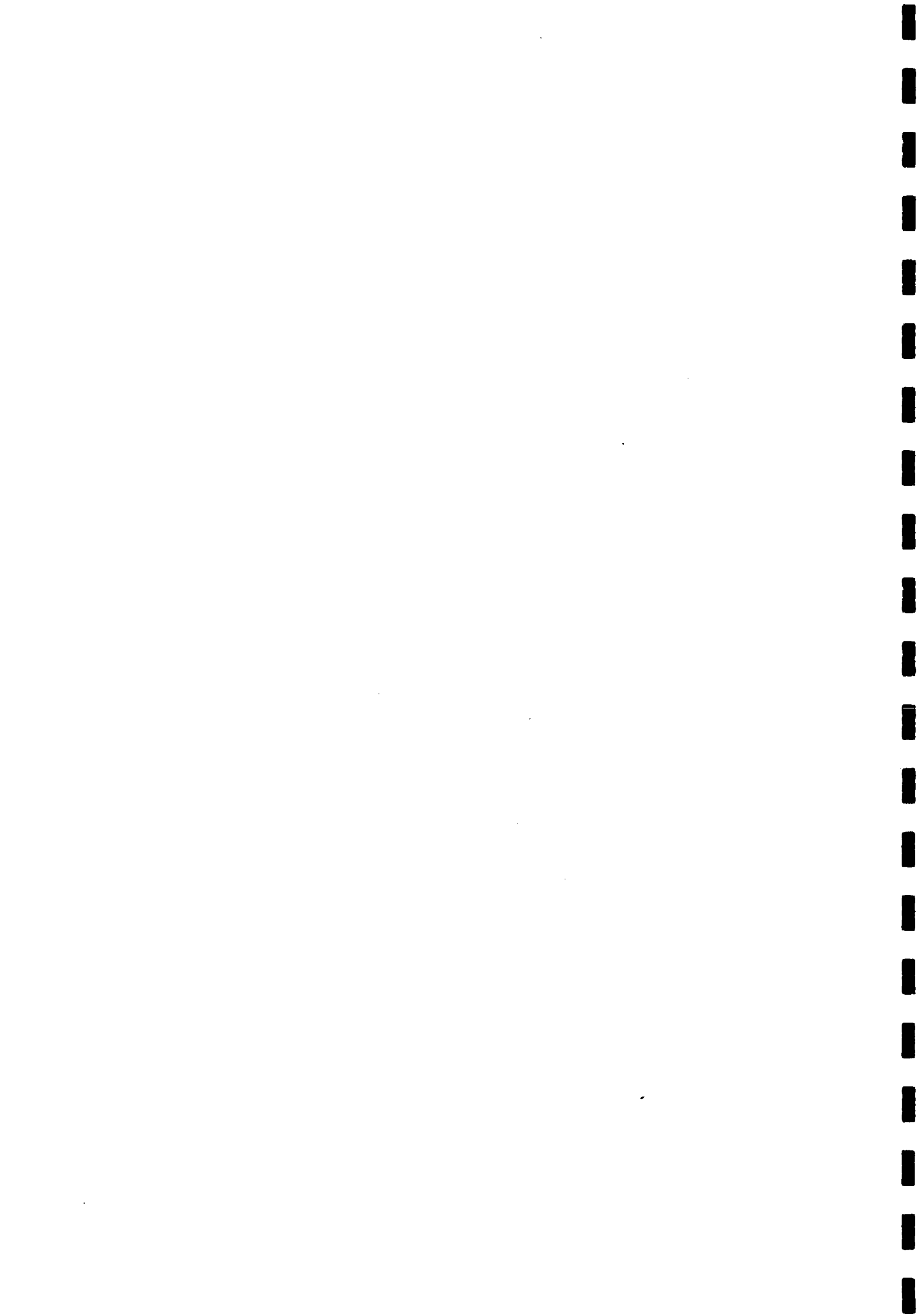
A PROCESS AND OUTCOME EVALUATION OF THE
IN SERVICE TRAINING FOR SELECTED
DISTRICT HEALTH WORKERS

IN THE USE OF

PARTICIPATORY HEALTH EDUCATION
TECHNIQUES

THE KUMASI HEALTH EDUCATION
PROJECT

AUGUST 1992



THE IN-SERVICE TRAINING PROGRAMME FOR DISTRICT HEALTH WORKERS

INTRODUCTION

The following training programme for district health workers is based on the findings of the process and outcome evaluations of in-service training workshops carried out by the Kumasi Health Education Project during 1991-1992. The workshop programme forms part of the guidelines to strengthen health education services in Ghana. The workshops will be used to introduce a range of participatory health education techniques, distributed by the M.O.H., to district health workers. The materials will be used to enhance the ability of district health workers to better enable them to carry out health education activities covering a range of subjects relevant to their work. The workshops will be coordinated by selected members of the DHMT and who will receive training in the Certificate in health education. The participants of these workshops will be health education agents at the district and sub-district levels such as Health Inspection Assistants and Community Health Nurses. Senior health workers will be included in the training programme to encourage their cooperation which is necessary for the implementation of the programme. A copy of the process and outcome evaluations of the in-service training programme for 157 district health workers in Kumasi is attached. A further evaluation of the following programme will be carried out in 1993.

DURATION: one day. 8.30-12.30. 1.30-4.30.

SIZE: Not more than 20 participants per workshop.

OVERALL AIM OF THE WORKSHOP

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

OBJECTIVES OF THE WORKSHOP

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

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

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

METHODOLOGY.

An introduction to the workshop aims and objectives and the programme will be explained. This is mainly an information giving session but participants will be encouraged to contribute through discussion and an 'ice breaking' exercise.

ICE BREAKING EXERCISE; "PARTNERS"

PURPOSE OF THE EXERCISE

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

PROCEDURE

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

PHOTO PARADE

PURPOSE OF THE EXERCISE

This exercise is intended as an introduction to the learner centred/participatory training methods. The exercise is to help participants to distinguish between didactic and participatory communication styles.

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

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

GROUP DISCUSSION ABOUT THE ADVANTAGES OF PARTICIPATORY HEALTH EDUCATION.

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

AN INTRODUCTION TO PARTICIPATORY METHODS AND MATERIALS

An introduction to a range of participatory methods and materials which were found to be suitable for this level of health worker during the outcome evaluations will be presented by the facilitator. The materials presented in the workshop will depend on the type of health

worker. Public health workers (Public Health Inspectors, Health Inspection Assistants) will be presented with three pile sorting cards, story with a gap and flash cards. Community health staff such as Public Health Nurses, Community Health Nurses and Midwives who work in clinics will be presented with flash cards, baby cloth posters and discussion posters.

FLASH CARDS.

To demonstrate to participants the use of a material which can present information and generate discussion about specific subject areas in a participatory manner.

Participants will be divided into two groups. Each group member will be given a set of flash cards. One facilitator per group will give an explanation about how to use this material in a participatory manner. Each person will be given 5 minutes to examine their set of cards and plan how they will present an explanation of one or more pictures. After the exercise the groups will exchange the flash cards and repeat the methodology. The groups will then discuss how this material can be used as part of their work and any problems they feel that they might encounter when using the material.

STORY WITH A GAP

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

Each group is given two large pictures one of which shows a 'before' scene (the problem) and the other an 'after' scene (the solution). The groups are asked to decide what steps had to be taken to effect the change illustrated from one picture to the other. The story will be presented by the groups in a plenary session. Discussion about the content of each story and about how this material can be used as part of their work will be held during the plenary session.

THREE PILE SORTING CARDS.

A method to assess the existing awareness levels of community members and increase knowledge levels regarding certain subject areas. The materials used will cover family planning, water supply, malaria control, immunisation and diarrhoeal disease control.

Each group will be given a set of 25 cards for one of the above subject areas and after examination of the cards will be asked to sort them into three categories; GOOD, BAD or INBETWEEN. There is no right or wrong answers and the pictures are intended to generate discussion amongst the groups. Each group will present their conclusions and defend them in a plenary session. Discussion about how this material could be used as part of a health education programme will be held in the plenary session. The exercise is repeated for 3 pile sorting cards for several of the subject areas to reinforce the methodology.

THE BABY POSTERS

The baby cloth posters are designed to be used with large groups such as well baby clinics. This material is used to increase the knowledge of groups about the early signs, symptoms and treatment of dehydration, acute respiratory infection, measles and other common childhood illnesses.

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

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

THE DISCUSSION POSTERS

The discussion posters are designed to be used in large groups such as at clinics to increase knowledge through open discussion about a range of health issues relevant to the work of nurses. The pictures are large and printed on cloth to increase durability. The material is used as a flip chart and following the discussion of one picture can be 'flipped over' to reveal another picture for discussion.

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

GROUP TASK

The participants will be divided into two groups and asked to consider the following questions. A presentation of their conclusions will be made by each group.

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

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

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

From where will you acquire these materials/resources?.

EVALUATION OF THE HEALTH WORKERS IN SERVICE TRAINING PROGRAMME

The format and content (process evaluation) and the effectiveness of the workshops (outcome evaluation) can be evaluated using the following methodologies.

PROCESS EVALUATION

It is important to evaluate the effectiveness of the workshop programme to determine whether the format and content are suitable for this level of personnel. Workshop content and format can be assessed in the suggested ways;

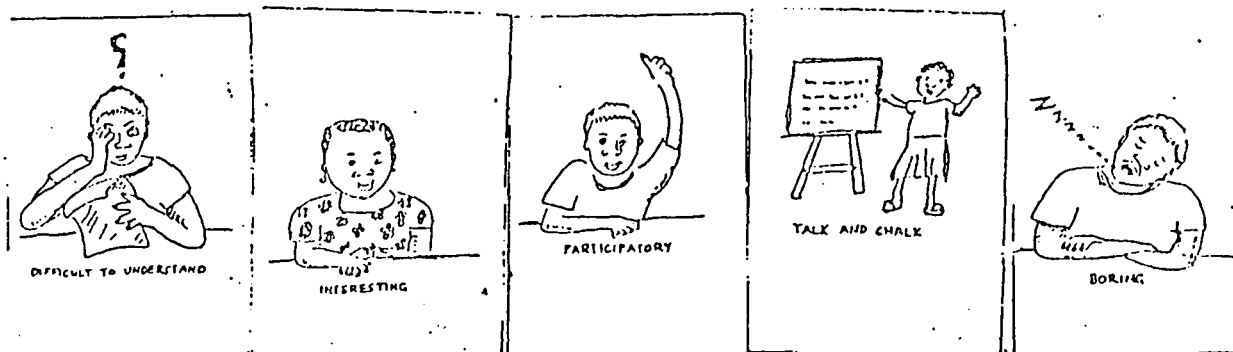
1. PARTICIPATORY TECHNIQUES

A. THE OVERALL DESIGN CHART

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

B. PICTURE CARD VOTING

At the end of each activity in the workshop the participants will be asked to vote using a series of small picture cards which each participant is given. The pictures denote the following ideas; boring, participatory, difficult to understand, interesting, chalk and talk (didactic). These words are also written on the bottom of each card. Each participant is asked to make one vote per activity according to which picture they felt most accurately represented what they felt about the activity. The following picture cards are used for this evaluation exercise;



2. THE WORKSHOP QUESTIONNAIRE

At the end of the workshop the participants will be asked to complete a confidential questionnaire regarding the format and content of the workshop. The questionnaire findings will be used to assess the suitability of the workshop in addition to the participatory technique. Copy of sample questionnaire attached.

OUTCOME EVALUATION

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

A sample of the workshop participants will be randomly selected and interviewed three months after the last in-service training workshop. It is necessary to allow a reasonable time to elapse between the intervention and the post evaluation test. Testing immediately after the intervention will normally produce marked changes, either positive or negative. However, it is felt that after about three months any changes likely to be permanent or at least long lasting can be measured. The sample will be asked to complete a questionnaire and to take part in a focus group discussion to evaluate the workshop programme. A sample copy of the questionnaire and focus group guidelines are provided.

DISTRICT HEALTH WORKERS IN SERVICE TRAINING PROGRAMME

WORKSHOP PROGRAMME: PUBLIC HEALTH STAFF.

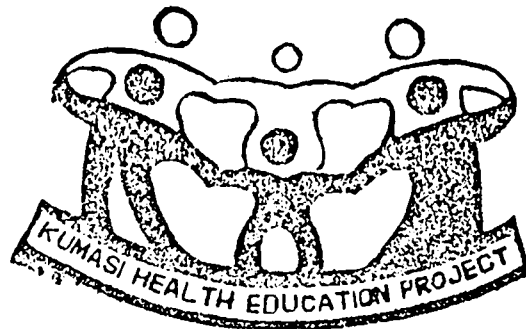
- 8.30 - 9.15 Introduction and ice breaking exercise.
- 9.15 - 10.15 Photo parade and brain storming on advantages of participatory methods.
- 10.15 - 10.30 Tea break.
- 10.30 - 11.30 Introduction to participatory health education materials and flash cards.
- 11.30 - 12.30 Story with a gap.
- 12.30 -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

WORKSHOP PROGRAMME: COMMUNITY HEALTH STAFF

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

THE KUMASI HEALTH EDUCATION PROJECT

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



SEPTEMBER 1991

EVALUATION OF THE HEALTH WORKERS IN SERVICE TRAINING PROGRAMME

SUMMARY

The content of the workshop was found to be interesting and enjoyable to the participants. There was a high level of participation throughout the workshop through the sharing of experiences and decision making exercises in groups. Participants felt that the content was informative and would be practical to their work.

The format and structure of the workshops were felt to be just right by most participants which included the time allowed for each exercise, the presentation and discussion. The workshop duration, length and organisational aspects of the programme were all found to be satisfactory.

The workshop provides a workable model which is popular with health workers and succeeds in promoting learning through participation. The outcome will next be evaluated to determine if participants carry out health education activities in accordance with their workplan and are using the health education materials introduced in the workshop.

INTRODUCTION

One function of the Kumasi Health Education Project will be to develop a workshop model to train community health workers to carry out participatory health education activities. The Project will identify those health personnel who are suitable for this type of training and those who can best carry out health education activities in the community. The format and content (process) and the effectiveness of the workshops (outcome) will be evaluated. The workshop model can be later replicated as part of other health education programmes.

PROCESS EVALUATION METHODOLOGY

The Kumasi Health Education Project aims to develop in-service training programmes for district health workers. It is therefore important to evaluate the effectiveness of each workshop to determine whether the format and content are suitable for this level of personnel. Workshop content and format will be assessed in two ways;

1. THE OVERALL DESIGN CHART

A large chart will be displayed during Day 1 and Day 2 of the workshop and after each exercise, normally during breaks, the participants will be asked to give their responses about the content and format using the chart. The chart has two columns. The left hand side column lists the workshop activities in order of occurrence. The right hand column is headed with four positive responses (interesting, participatory, informative and practical) and four negative responses (uninteresting, non-participatory, un-informative and un-practical). Opposite each activity is a row of pockets below each response. Each participant will be given four voting cards for each activity and asked to deposit one card per response of their choice. The choices

can be carried out discretely to allow participants to freely make positive and negative responses.

2. THE WORKSHOP QUESTIONNAIRE

At the end of each day of the workshop the participants will be asked to complete a confidential questionnaire regarding the format and content of the workshop. The questionnaire findings will be used to assess the suitability of the workshop in addition to the overall design chart. Copy questionnaires are provided in appendices 1 and 2.

Analysis of the questionnaire and overall design chart data was carried out using frequency analysis calculations to provide a simple percentage distribution of the responses.

THE FINDINGS: INTRODUCTION

There were 9 three day workshops which were attended by 157 health workers. 59.9% of the health workers were employed by the K.M.A. : Health Inspectors (2), Health Inspection Assistants (39) and Health Overseers (53). 40.1% of the health workers were employed by the District MoH: Nursing Officers (2), Public Health Nurses (2), Senior Community Health Nurse Midwives (21) and Community Health Nurses (38).

THE OVERALL DESIGN CHART

A summary of the findings for the overall design chart are provided in appendix 3. The findings show that for each of the workshop exercises there was a very positive response from the participants. 95.4% of participants responded positively to the photo parade exercise. 24.3% felt that the exercise was interesting and participatory and 23.2% felt that the exercise was informative. 96.6% responded positively to

the community mural exercise. 24.8% felt that the exercise was interesting and 24% felt that it was participatory. These exercises were used as an introduction to the concept of participation. The health education materials introduced during day 1 and day 2 of the workshop also received a very positive response. 97% of participants responded positively to the un-serialised posters, 23.5% felt that the material was practical to their work and informative, 25% felt that the material was participatory and interesting. 98.1% responded positively to the 3 pile sorting cards exercise. 24.5% felt that the material was informative and interesting, 24.5% felt that the material was practical for their work and 24.6% felt the exercise was participatory. 98.2% responded positively to the story with a gap exercise. 24.5% felt that the material would be practical for their work and informative, 24.6% felt that the material was interesting and participatory. 96.6% of participants responded positively to the flash card exercise. 24.3% felt that the cards would be practical and informative to their work, 24% felt that the exercise was interesting and participatory.

THE FINDINGS: THE WORKSHOP QUESTIONNAIRE.

A summary of the findings are provided in appendices 4 and 5.

Day 1 of the workshop introduced the concept of a participatory approach to health education. The use of participatory methods and materials were introduced including an exercise on the use of unserialised posters. There were four exercises during day 1. 96.8% of participants felt that the exercises were enjoyable, that they involved alot of sharing of experiences (86.4%) and alot of decision making (77%). Participants felt that the time allowed for each

exercise presentation (80.8%) and discussion (79.6%) was just right. 77% felt that the number of exercises in Day 1 were just right. Day 2 of the workshop introduced a range of participatory health education methods and materials in four exercises. The materials were 3 pile sorting cards, story with a gap and flash cards. The findings for Day 2 were also very positive. 84% of participants felt that the exercises were very enjoyable. 88.5% felt that the exercises involved alot of sharing of experiences and decision making (84%). 80.8% said that the time allowed for the presentation of exercises was just right, the remaining participants felt that the presentation was either too long (12.7%) or too short (10.1%). 82.1% said that the time allowed for exercise discussion was just right. 75.7% felt that the number of exercises was just right in Day 2.

Day 3 of the workshop was concerned with developing a plan of action for the health workers. There were three exercises in Day 3, each addressed the question of how the participants would carry out health education when they returned to work. 76.4% of the participants felt that the group task was very enjoyable. 88.5% felt that the task involved alot of sharing of experiences and decision making (89.8%). 85.3% felt that the time allowed for the task and that the time allowed for presentation (89.1%) was just right. The participants felt that the development of a workplan would be very helpful (71.3%) or quite helpful (23.4%) to their work.

DISCUSSION OF THE FINDINGS

DAY 1 AND DAY 2 OF THE WORKSHOP

Both the overall design chart and the questionnaire show a positive response from the participants to the content and format of the

workshop. Most participants felt that the exercises were interesting and enjoyable. It is important that participants should feel relaxed and enjoy the activities to encourage participation. Workshops were purposely conducted in twi to allow participants to contribute and articulate their ideas. Participation and decision making was felt to be high by the participants. The workshop content is designed to promote learning through participation, a sharing of experiences and decision making exercises within groups. A small percentage of the participants were observed to express little interest in the workshop activities and this was reflected in the evaluation findings.

Personnel such as the Health Overseers have a low educational and professional status and it is unlikely that they will be persuaded by attending the workshops to carry out health education activities.

However, the health education materials introduced in the workshop were felt to be informative and practical to the work of the other participants. The majority of participants felt that the time allowed for exercise discussion and presentation was just right. Presentation was used to discuss how the materials could be used in the community and although a small percentage of participants felt the time was too long, it is important to clarify the correct use of the materials during these sessions. Most participants felt that the number of exercises in Day 1 and Day 2 were just right.

DAY 3 OF THE WORKSHOP

The group task was evaluated using the questionnaire. The majority of participants found the task enjoyable and participatory through the sharing of experiences and the decision making exercises. Most participants felt that the time allowed for the group task and

presentation was just right. Most participants felt that the development of a plan of action for their sub-district would be helpful to their work. The participants from each sub-district met collectively to summarise their workplan in a $\frac{1}{2}$ day workshop.

COMMENTS

Practical aspects of the workshop such as duration, length, time allowed for breaks and workshop size were all satisfactory. The main expenditure for running the workshops were spent on refreshments which cost cedis 700 per person per day or cedis 35700 (£54) for an average three day workshop attended by 17 participants. Personnel, premises, equipment and resources were already available at the Health Education Unit.

Both methods of process evaluation were easily understood by most of the participants. Some of the Health Overseers had difficulty in understanding and this may have led to the findings being slightly unrepresentative from these participants copying or making random responses.

APPENDIX 1

WORKSHOP QUESTIONNAIRE

Day 1 and Day 2.

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

1. Did you find the exercises enjoyable ?

Very	Quite	Slightly

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

A lot	A little	Slightly

3. How much did the exercise involve decision making ?

A lot	A little	Slightly

4. Was the time allowed for the exercise presentation

Too Long	Just Right	Too Short

5. Was the time allowed for the exercise discussion

Too long	Just Right	Too Short

6. Were the number of exercises in the workshop

Too Many	Just Right	Too Few

APPENDIX 2

WORKSHOP QUESTIONNAIRE

Day 3.

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

1. Did you find the group task enjoyable ?

Very	Quite	Slightly

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

ALOT	ALITTLE	NONE

3. How much did the task involve decision making?

ALOT	ALITTLE	NONE

4. Was the time allowed for group task presentation?

Too Long	Just Right	Too Short

5. Did find the task helpful to your work ?

Very	Quite	Slightly

6. Was the time allowed for the group task?

Too Long	Just Right	Too Short

FINDINGS : OVERALL DESIGN CHART

RESPONSES (%)

ACTIVITY	POSITIVE					NEGATIVE				
	INTERESTING	PARTICIPATORY	INFORMATIVE	PRACTICAL	UN-INTERESTING	NON-PARTICIPATORY	UN-INFORMATIVE	UN-PRACTIC		
PHOTO PARADE DAY 1	153 (24.3)	153 (24.3)	146 (23.2)	147(23.4)	4.(0.6)	4(0.6)	11 (1.7)	10(1.5)		
COMMUNITY MURAL DAY 1	156 (24.8)	151 (24)	150 (23.8)	151 (24)	6 (0)	6(0.9)	8 (1.2)	6(0.9)		
UN-SERIALIZED POSTERS DAY 1	157 (25)	157 (25)	148 (23.5)	148 (23.5)	2 (.3)	1(0.1)	7 (1.1)	8(1.2)		
3 PILE SORTING CARDS DAY 2	154 (24.5)	155 (24.6)	154 (24.5)	150 (24.5)	4 (0.6)	3(0.4)	4 (0.6)	4(0.6)		
STORY WITH A GAP DAY 2	155 (24.6)	155 (24.6)	154 (24.5)	154(24.5)	2 (0.3)	2(0.3)	3 (0.4)	3(0.4)		
FLASH CARDS DAY 2	151 (24)	151 (24)	153 (24.3)	153(24.3)	6 (0.9)	7(1.1)	3 (0.4)	4(0.6)		

APPENDIX 4

THE WORKSHOP QUESTIONNAIRE FINDINGS

DAY ONE AND DAY TWO

Q.1 Did you find the exercises enjoyable ?

	Very	Quite	Slightly
Day 1	103(65.6)	49 (31.2)	5 (3.1)
Day 2	132 (84)	22 (14)	3 (1.9)

Q.2 How much did the exercises involve the sharing of experiences ?

	A Lot	A Little	Slightly
Day 1	132 (84)	22 (14)	3 (1.9)
Day 2	139 (88.5)	13 (8.2)	5 (3.1)

Q.3 How much did the exercises involve decision making ?

	A Lot	A Little	Slightly
Day 1	121 (77)	26 (16.5)	10 (6.3)
Day 2	132 (84)	18 (11.4)	7 (4.4)

Q.4 Was the time allowed for the exercise presentation ?

	Too Long	Just Right	Too Short
Day 1	19 (12.1)	127 (80.8)	11 (7)
Day 2	20 (12.7)	127 (80.8)	16(10.1)

Q.5 Was the time allowed for the exercise discussion

	Too Long	Just Right	Too Short
Day 1	23 (14.6)	125 (79.6)	9 (5.7)
Day 2	21 (13.3)	129 (82.1)	7 (4.4)

Q.6 Were the number of exercises in the workshop

	Too Many	Just Right	Too Few
Day 1	22 (14)	121 (77)	14 (8.9)
Day 2	24 (15.2)	119 (75.7)	14 (8.9)

APPENDIX 5

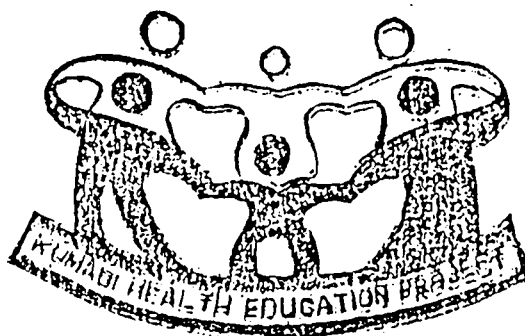
THE WORKSHOP QUESTIONNAIRE FINDINGS

DAY 3 : THE GROUP TASK

- Q.1 Did you find the group task enjoyable ?
- | | | |
|------------|-----------|----------|
| Very | Quite | Slightly |
| 120 (76.4) | 31 (19.7) | 6 (3.8) |
- Q.2 How much sharing did the task involve the sharing of experience ?
- | | | |
|------------|-----------|---------|
| A Lot | A Little | None |
| 139 (88.5) | 16 (10.2) | 2 (1.2) |
- Q.3 How much did the task involve decision making ?
- | | | |
|------------|----------|---------|
| A Lot | A Little | None |
| 141 (89.8) | 13 (8.2) | 3 (1.9) |
- Q.4 Was the time allowed for the group task presentation
- | | | |
|----------|------------|-----------|
| Too Long | Just Right | Too Short |
| 14 (8.9) | 140 (89.1) | 3 (1.9) |
- Q.5 Did you find the task helpful to your work ?
- | | | |
|------------|-----------|----------|
| Very | Quite | Slightly |
| 112 (71.3) | 40 (25.4) | 5 (3.1) |
- Q.6 Was the time allowed for the group task ?
- | | | |
|-----------|-------------|-----------|
| Too Long | Just, Right | Too Short |
| 17 (10.8) | 134 (85.3) | 6 (3.8) |

THE KUMASI HEALTH EDUCATION PROJECT

AN OUTCOME EVALUATION OF THE HEALTH WORKERS IN SERVICE TRAINING PROGRAMME.



MARCH 1992

SUMMARY

The evaluation shows that the K.M.A. and District M.O.H. health workers are using the materials to carry out health education activities introduced during the in-service training programme. The flash card series are the most frequently used material by the health workers. The un-serialised posters are the least frequently used material and although the 3 pile sorting cards and story with a gap are being used the health workers suggested improvements to the design of these materials. For example, the colour, size, durability and materials which are more subject specific.

Health workers incorporated the use of the materials as part of their normal duties. The Health Overseers lacked the ability and confidence to use the materials and their use as health education agents was found to be limited. The Health Inspectors are best suited to carry out health education in the community and Community Health Nurses are best suited to perform these activities in the clinics. J.S.S. and Primary teachers will be utilised to carry out health education in the schools.

Some health workers are incorrectly using the materials and further in-service training will be necessary. Materials will be designed which are more appropriate for use by health workers in the clinics, in the community and in schools. The evaluation has raised a number of points which are documented and will be implemented by the Project.

OUTCOME EVALUATION OF THE HEALTH WORKERS IN SERVICE TRAINING
PROGRAMME

INTRODUCTION

A sample of the health workers who attended the in-service training workshops will be asked to take part in a half day follow up evaluation exercise. This exercise will be used to obtain feedback from participants about the use of the materials and to suggest improvements to assist health education activities. The evaluation will also assess whether the overall aim of the workshop has been achieved;

'To enhance the ability of district K.M.A. and M.O.H. staff to better enable them to carry out participatory health education activities'.

The follow up exercise will also encourage the participants to continue with or else to commence with health education activities. It is necessary to allow a reasonable time to elapse between the intervention and the post evaluation test. Testing immediately after the intervention will normally produce marked changes, either positive or negative. However, it is felt that after about three months any changes likely to be permanent or at least long lasting can be measured. The evaluation will examine three groups of health workers who have different potentials for health education, Health Overseers, Community, Health Nurses and Health Inspectors/Assistants. The evaluation will be carried out using a questionnaire and focus group discussions.

METHODOLOGY

THE SELECTION OF THE SAMPLE POPULATION

A stratified random sample of the sample population of 157 workshop participants will be carried out from each of the nine in-service training workshops. A list of the participants which provides the attendance of each workshop will be used as the sampling framework.

The estimated sample size for the evaluation was calculated as follows;

$$\text{Est sample size } (n) = 4 \frac{PQ}{E^2}$$

P is an estimate of the percentage of participants using the materials in the total sample population.

$$Q = 100 - P$$

E = margin of acceptable error.

P is estimated at between 30% and 60% of the participants who are using the materials giving a value of P=50%, Q=50%. An acceptable margin of error in either direction of 10% is used for the purposes of this evaluation.

Therefore;

$$n = 4 \times \frac{2500}{100} = 100$$

The stratified sample size was estimated as; sample size/No. of workshops = $100/9 = 11$ participants per workshop.

A random sample of 11 participants will be taken from each of the sub-group sampling frames, workshops 1 to 8, and a sample of 12 participants from workshop 9 to give a total sample size of 100 participants. Evaluation will be carried out using four half day exercises each attended by 25 participants.

The deployment or transfer of many health workers who participated in the workshops resulted in only 52 out of 100 people from the sample being available to take part in the evaluation. It was therefore decided to take another random sample of the 57 participants remaining of which 23 took part in the second phase of evaluation. An actual sample of 75 participants took part in the evaluation (Health Inspectors/Assistants = 25, Health Overseers = 23 and Community Health Nurses = 27).

THE QUESTIONNAIRE

THE PRE TEST

The questionnaire was pre-tested by a research team consisting of one coordinator and two assistants using a sample size equivalent to 17% of the actual sample population or 13 participants (Health Overseers 5, Health Inspection Assistants 2, Community Health Nurses 3, Sr HIA 1, Sr CHN 2). Each participant was asked to complete one questionnaire. It was observed that some of the Health Overseers experienced difficulty in reading and therefore the research assistants will be available to help these participants complete the questionnaire. The pre-tested questionnaire was revised as follows:

1. Removal of Q.3. 'Which of the health education materials have you requested'. Most participants did not know that they had to request the materials.
2. Question 5 to include the response 'have not received any materials'. Q6 onwards would not be completed by the

respondents who reply 'yes' to this question.

3. Market place to be added to responses for Q8 to 11.

4. Q4 to include the response 'from other health worker'.

5. Only one option (yes) to be provided in Q11 and 12.

A copy of the revised questionnaire is provided in appendix 1.

THE FOCUS GROUP DISCUSSIONS

The pre-test of the focus group discussion showed that participants were more comfortable using twi and that the script would have to be flexible. The responses were recorded and analysed from notes taken during the exercise.

The focus group discussion will be carried out after completing the questionnaire when the participants will be divided into two groups. This is the qualitative element of the evaluation to find out more about why materials were used or not used and the difficulties or successes health workers encountered when using the materials. A moderator will guide the session using a pre-determined script of open ended questions and will allow respondents to talk freely and spontaneously. The sessions will be conducted in twi and recorded on cassettes for later documentation and analysis. It was observed during the workshops that participation by the Health Overseers was suppressed by health workers with higher qualifications. Health workers will be divided into groups of equal professional status to prevent respondents from being inhibited. A copy of the focus group guide is provided in appendix 2.

THE FINDINGS

THE HEALTH OVERSEERS (N=23)

The Health Overseers (HOs) are the least qualified of the public health community workers often possessing no qualifications and are mainly employed to assist the Health Inspectors with house to house and chop bar inspections. Many HOs have been made redundant by the K.M.A. after the in-service training workshops. The questionnaire findings are provided in appendix 3.

THE QUESTIONNAIRE

All of the HOs considered health education to be a part of their work responsibility. They felt that their best opportunity to carry out these activities would be in the community (96.6%) and the market (47.8%).

Most HOs had received the health education materials through the K.M.A. (95.6%). The materials received by the HOs were unserialised posters (65%), story with a gap (34.7%) and flash cards for personal hygiene (82.6%) and malaria (56.5%). Few HOs had received the 3 pile sorting cards and flash cards for worms. When asked the reason for not receiving materials most participants (78.2%) responded that it was because copies had not been available at the K.M.A. upon request.

The most frequently used materials by the HOs were flash cards for personal hygiene (82.6%) and malaria (56.6%) and to a lesser extent the un-serialised posters (30%) and story with a gap (39%). HOs used these materials almost exclusively in the market and community although a small percent also used them in

schools and the clinics. Un-serialised posters were mainly used by the HOs in community groups (30.4%), person to person activities (21.7%) and schools (13%). 3 pile sorting cards were used by the HOs in community groups and person to person (60.8%) and in the market (39%). Story with a gap was used in schools and clinics but was mainly used in community groups (34.7%), person to person (26%) and in the market (30.4%). Flash cards were used in schools but mainly in community groups (96.5%), person to person (91%) and the market (73.9%). The HOs felt that the flash cards were the most useful material (78.2%) and as a consequence used this material the most often in their work, for example personal hygiene cards used by 82.6% of HOs and malaria cards by 39%. The un-serialised posters was felt to be the least useful material (43%) and were used the least often by 56.5% of HOs.

THE HEALTH INSPECTORS AND HEALTH INSPECTION ASSISTANTS (N=25)

The Health Inspectors and Health Inspection Assistants (HIAs) are qualified with either a certificate or diploma in public health. They have broad duties and supervise the HOs. Their duties are mainly involved with food hygiene, pest control and eliminating public health nuisances. The questionnaire findings are provided in appendix 4.

THE QUESTIONNAIRE

All the HIAs felt that health education was part of their work responsibility and their best opportunity to carry out these activities was in the clinics (76%), the community (76%), the market (36%) and schools (24%).

Most HIAs had received the materials from the K.M.A. (96%). The materials received by the HIAs were un-serialised posters (72%), flash cards; personal hygiene (96%) and malaria (68%), story with a gap (52%) and 3 pile sorting cards (44%). Flash cards for worms had not been received. The main reason given for not receiving the materials was because they were not available on request from the K.M.A..

The HIAs had attempted to use all the materials as part of their work. 68% of HIAs had used the un-serialised posters, 80% had used the flash cards, 32% had used the story with a gap and 3 pile sorting cards had been used by 24%.

The 3 pile sorting cards and un-serialised posters were mainly used in community groups or person to person activities and in the market. The 3 pile sorting cards were used in community groups and in the market. The flash cards were used more widely in the schools, clinics, community groups (48%) and person to person activities (72%) and the market.

The flash cards were found to be the most useful material by 76% of HIAs and as a consequence the personal hygiene (80%) and malaria control (56%) cards were used most often by the HIAs. The unserialised posters were found to be the least useful material by 72% of HIAs and was used least often (64%) by the HIAs.

THE COMMUNITY HEALTH AND PUBLIC HEALTH NURSES (N=27)

Community Health and Public Health Nurses (CHNs) are qualified health workers with a wide range of duties in the clinics. The questionnaire findings are provided in appendix 5.

THE QUESTIONNAIRE

All CHNs felt that health education was part of their work responsibility and that their best opportunity to carry out these activities was in the clinics (96%), church groups (76.9%), schools (63%) and the community (57.6%). Most CHNs had received the materials from the M.O.H. office (92.5%) and also the Health Education Unit (40%). The materials received by the HIAs were un-serialised posters (40%), 3 pile sorting cards (48%), story with a gap (62.9%) and flash cards; personal hygiene (92.5%), malaria (62.9%) and worms (62.9%). When asked the reason for not having some of the materials most CHNs responded that it was because they did not receive the materials.

All the materials were used by the CHNs as part of their work. The un-serialised posters were used by 14.8% of CHNs, the story with a gap by 25%, 3 pile sorting cards by 25% and flash cards; personal hygiene by 88.8%, malaria by 55.5% and worms by 59%. The un-serialised were only used in the clinics and not used at all by 85% of CHNs. The 3 pile sorting cards were only used in the clinics and not at all by 48% of the CHNs. The story with a gap was only used in the clinics and a small percent in schools but 62.9% of CHNs did not use this material.

The flash cards were used more widely by the CHNs in the clinics (77.7%), schools (18.5%), community groups (11%) and person to person (14.8%).

The flash cards were found to be the most useful material by 92.5% of the CHNs who used the personal hygiene cards (85%),

malaria (62.9%) and worms (55%). The other materials were all felt to be less useful, un-serialised posters by 29.6%, story with a gap by 29.6% and 3 pile sorting cards by 33.3%. These materials were used least often by the CHNs.

THE FINDINGS: FOCUS GROUP DISCUSSIONS.

THE HEALTH OVERSEERS: SUMMARY OF DISCUSSION

The main points raised in the focus group discussion with the Health Overseers were that they preferred the flash cards because they were easy to use, had colour and were liked by the community. The other materials were time consuming and required more supervision by the HOs. The materials should be made more durable or a cover should be provided to contain the materials. Some HOs had noticed improvements in the attitude and activities of the community and attributed this to their health education activities. An example of some of the responses are given below;

The Health Overseers were asked why they used the flash cards more often than the other materials, they responded;

'Because the good practices the community are expected to copy have been drawn out categorically [in the flash cards], so this enhances easy learning'.

'The community members did not like the un-serialised posters. They find it difficult and time wasting'.

The HOs were asked if they felt that the materials are effective, they responded;

'I used the story with a gap and people liked it. I later saw that they had developed an interest in communal labour'

'I also use the story with a gap in the community and in fact I see drastic changes in the sanitary conditions'.

'I use the personal hygiene flash cards in the chopbars and I'm begining to see changes in most of the chopbars'.

'Formerly the people used to run away from fear of being summonsed, but now because of the educational aspects they welcome us readily'.

The HOs were asked to suggest ways in which the materials could be improved, they responded;

'The materials should be coloured'

'I would like more flash cards for chopbars and food hygiene'.

'The 3 pile sorting cards should be a little bigger'.

THE HEALTH INSPECTION ASSISTANTS: SUMMARY OF DISCUSSION.

The main points raised in the focus group discussions with the Health Inspection Assistants were that they felt the un-serialised posters were unpopular with the community and time consuming. The remaining materials should be enlarged and given colour and that they should be provided with a folder to protect the materials. They requested other materials on AIDS, food hygiene and family planning. Examples of responses are given below;

The HIAs were asked which materials they preferred to use, they responded;

'I use the flash cards and un-serialised posters but with the un-serialised posters I realised the people were not interested in it'.

'I always use the flash cards. I don't use the other materials.'

The HIAs were asked why they thought the community was not interested in the un-serialised posters, they responded;

'The community is interested in the flash cards and I'm sure it is because of the colour, the un-serialised posters should also be given colour'. Another responded, 'I don't think the problem is with colour, rather the people find it difficult to form stories'.

The HIAs were asked for suggestions to improve the materials, they responded;

'The 3 pile sorting cards are easily torn or get dirty, I suggest that we are provided with a folder to keep the materials in'.

'I think the materials would be better in colour'.

The HIAs were asked to comment on their observations of the community when using the materials, they responded;

'Someone told me, 'You are now educating us but formerly you were only prosecuting us, we shall now take the education and use it so that you cannot prosecute us again''.

'The responses of the community are encouraging because we are already seeing changes in the areas we have visited'.

THE COMMUNITY HEALTH NURSES: SUMMARY OF DISCUSSION.

The main points raised in the focus group discussion with the Community Health Nurses were that they preferred the flash cards because these were easy to use with large groups of mothers and were printed in colour. The other materials were too time consuming and required organisation of the mothers by the nurses in the clinics. The CHNs had only used the materials at

the clinics because their work schedule was too 'intensive' to allow visits to the community. The mothers enjoyed the health education activities which the CHNs felt were educational. Some of the responses are given below;

The CHNs were asked which materials they preferred to use, they responded;

'The flash cards are simple and straightforward and we don't have to talk as much'.

'The un-serialised posters are difficult to use as we do not have any tables at the clinic to display the materials'.

'The un-serialised posters waste time and the mothers find it difficult to appreciate the illustrations'.

The CHNs were asked if they have encountered any other problems when using the materials, they responded;

'The paper is too light, cardboard would be better for the story with a gap'.

'The pictures should be coloured'

The CHNs were asked to comment on the response of the mothers;

'Their response is good, they participate very well and because of the pictures they tend to remember everything afterwards'.

'The mothers are very happy with the materials because it marks a drastic change in our work. In the past we only used to talk'.

The CHNs requested materials on immunisation, breast feeding and the story with a gap on 'nutrition and oral rehydration.

DISCUSSION OF THE FINDINGS

The flash cards were the most frequently used materials by all

health workers in a variety of situations. The health workers felt that this material was simple to use, that it was made more interesting because of colour and could be used with large or small groups. However, some health workers may be using the material without explanation and without encouraging participation. The un-serialised posters were the least frequently used material and health workers felt that it was time consuming, many could not understand its relevance to health education and felt that members of the community had difficulty in forming stories. However, this was not found during pre-testing and the problems may lie more with incorrect methodology and the extra work needed to organise the participants into smaller groups. The 3 pile sorting cards and story with a gap were used more frequently by the health workers but many suggested that these materials could be improved through colour, increasing the size of pictures and making them more durable.

All health workers considered health education to be part of their work responsibility and this attitude will assist the Unit to promote the materials. The CHNs felt that they had many opportunities to use the materials but in practice they only used the flash cards at the clinics. The CHNs felt that their 'intensive' programme did not allow them sufficient time to visit the community to carry out health education. At pre and post natal clinics nurses are very busy and the mothers are often tired and want to leave as soon as possible. The health education must be carried out in brief but regular intervals

and use materials which will maintain the interest of the target group. CHNs feel that large coloured pictures on a variety of subjects relevant to the mothers would be most appropriate.

The HOs lacked confidence in using the participatory materials and primarily used the flash cards in the market and community where they perform their duties. The lack of professional confidence also discouraged them from visiting the schools and clinics and there is a need to support these health workers by increasing knowledge and further training in the use of health education materials. However, the K.M.A. will make many HOs redundant in 1992 and the usefulness of HOs as health educators must be reconsidered by the Unit.

The HIAs used all the materials in a wide range of situations although the un-serialised posters were used infrequently and this was attributed to the community not understanding the methodology of this material. The HIAs show more confidence and have expressed interest in using other materials such as flannelgraphs and pictorial charts. The story with a gap and 3 pile sorting cards were used during visits to compounds when household members can be called together to participate. Flash cards were used frequently in the markets and chop bars. Therefore, CHNs can be employed to carry out health education in the clinics and HIAs are best suited to perform this duty in the community. Flash cards on the prevention of worms and 3 pile sorting cards were slow to be distributed resulting in fewer health workers receiving these materials. The future

distribution of materials will be directly from the Unit to health workers in the field to prevent delays.

Many health workers commented that the response of the target population was positive towards the use of the materials and that they provided a welcome change from didactic styles of health education. The target groups appreciated the pictorial content and colour used in the materials. Some health workers commented that their health education activities had stimulated the community to organise communal labour to improve sanitary conditions and that mothers at clinics retained the information presented in the materials. The public health workers also felt that the use of the materials had improved their relationship with the community. Formerly they had only been associated with prosecution but through education the target group could see that the health workers were trying to help the community.

COMMENTS

The findings show that to a greater or lesser extent health workers are using the materials to carry out participatory health education activities. It can therefore be assessed that the overall aim of the workshops has been achieved, 'To enhance the ability of K.M.A. and district M.O.H. staff to better enable them to carry out participatory health education activities'. However, materials have to be developed which are more content specific and appropriate in methodology for CHNs and HIAs. The use of HOs for health education is limited because they lack ability and enthusiasm and will probably be removed from the K.M.A.. Some health workers are incorrectly

using the materials and will require further training. The existing materials can be improved and special emphasis should be given to durability. The outcome evaluation has raised a number of points which will be implemented by the Project;

1. To develop further flash cards on AIDS, Diarrhoeal disease and ORS, Waste management, dental hygiene and family planning.
2. To develop further materials based on the story with a gap in colour for CHNs on immunisation and ORS.
3. To develop further larger 3 pile sorting cards on food hygiene for HIAs.
4. To develop materials appropriate for use in clinics such as large coloured flip charts/discussion posters printed in colour on card or cloth for better durability, about AIDS, First AID, ORS, Breast feeding.
5. To carry out further in-service training workshops for health workers who did not attend the first programme or who require a refresher course.
6. To encourage health workers to consult the Resource Centre and utilise the equipment, materials and books.
7. To distribute materials directly from the Resource Centre to health workers in the field.
8. To cease distribution of un-serialised posters to health workers but retain this material for use in J.S.S. schools.

APPENDIX 1

QUESTIONNAIRE FOR THE SAMPLE POPULATION OF HEALTH WORKERS

IN-SERVICE TRAINING WORKSHOPS

POSITION:

1. DO YOU CONSIDER HEALTH EDUCATION TO BE PART OF YOUR WORK RESPONSIBILITY ?

Y N

2. WHEN DO YOU HAVE THE BEST OPPORTUNITY TO ACRRY OUT HEALTH EDUCATION ?.

In the market Y N

In the clinic Y N

In the school Y N

In the community Y N

In the church groups etc Y N

Other

3. WHICH OF THE HEALTH EDUCATION MATERIALS HAVE YOU RECEIVED ?.

Un-serialised posters Y N

3 pile sorting cards Y N

Malaria Control Y N

Nutrition Y N

Immunisation Y N

Water supply Y N

Family planning Y N

Sanitation Y N

Story with a gap Y N

Flash cards Y N

Personnel hygiene Y N

Malaria control Y N

Prevention of Worms Y N

HAVE NOT RECEIVED ANY MATERIALS Y.....STOP

4. FROM WHERE DID YOU RECEIVE THE HEALTH EDUCATION MATERIALS ? .

K.M.A. Y N

M.O.H. Y N

K.H.E.U. Y N

OTHER HEALTH WORKER Y N

5. IF YOU DO NOT HAVE SOME OF THE MATERIALS WHAT ARE THE REASONS ?

Did not receive	Y	N
Lost material	Y	N
Copies not available	Y	N
Copies spoilt	Y	N
Other		

6. WHICH OF THE HEALTH EDUCATION MATERIALS HAVE YOU USED AS PART OF YOUR WORK ?

Un-serialised posters	Y	N
3 pile sorting cards	Y	N
Malaria control	Y	N
Nutrition	Y	N
Immunisation	Y	N
Water supply	Y	N
Family planning	Y	N
Sanitation	Y	N
Story with a gap	Y	N
Flash cards	Y	N
Personnel hygiene	Y	N
Malaria control	Y	N
Prevention of Worms	Y	N

7. WHERE DID YOU USE THE UN-SERIALISED POSTERS ?

Clinic	Y	N
School	Y	N
Community (group)	Y	N
Community (person to person)	Y	N
Market	Y	N
Did not use	Y	N

8. WHERE DID YOU USE THE THREE PILE SORTING CARDS ?

Clinic	Y	N
School	Y	N
Community (group)	Y	N
Community (person to person)	Y	N
Market	Y	N
Did not use	Y	N

9. WITHIN THE YEAR HOW MANY TIMES WITH A GAP ?		
Clinic	Y	N
School	Y	N
Community (group)	Y	N
Community (person to person)	Y	N
Market	Y	N
Did not use	Y	N

10. WHERE DID YOU SEE THE FLASH CARDS ?		
Clinic	Y	N
School	Y	N
Community (group)	Y	N
Community (person to person)	Y	N
Market	Y	N
Did not use	Y	N

11. WHICH ONE OF THE FOLLOWING MATERIALS HAVE YOU FOUND TO BE MOST USEFUL ?		
Un-serialised posters	Y	
3 pile sorting cards	Y	
Story with a gap	Y	
Flash cards	Y	

12. WHICH OF THE FOLLOWING MATERIALS HAVE YOU FOUND TO BE THE LEAST USEFUL ?		
Un-serialised posters	Y	
3 pile sorting cards	Y	
Story with a gap	Y	
Flash cards	Y	

13. WHICH MATERIALS DO YOU USE THE MOST OFTEN ?		
Un-serialised posters	Y	N
3 pile sorting cards	Y	N
Malaria Control	Y	N
Nutrition	Y	N
Immunisation	Y	N
Water supply	Y	N
Family planning	Y	N
Sanitation	Y	N
Story with a gap	Y	N
Flash cards	Y	N
Personal hygiene	Y	N
Malaria contro.	Y	N
Prevention of worms	Y	N

14. WHICH OF THE MATERIALS DO YOU USE THE LEAST OFTEN ?

UN-serialised posters	Y	N
3 pile sorting cards	Y	N
Malaria control	Y	N
Nutrition	Y	N
Immunisation	Y	N
Water supply	Y	N
Family planning	Y	N
Sanitation	Y	N
Story with a gap	Y	N
Flash cards	Y	N
Personal hygiene	Y	N
Malaria control	Y	N
Prevention of Worms	Y	N

APPENDIX 2

FOCUS GROUP DISCUSSION - OBJECTIVES

The focus group discussion will follow and supplement the questionnaire used to evaluate the health workers in-service training workshops.

In particular the focus group discussion will aim to;

1. Determine the areas of success when using the materials. Obtain examples.
2. Determine the problems encountered by health workers when using these materials. Try to obtain examples.
3. Obtain suggestions from the health workers about the types of materials they require and only adaptations to existing materials.
4. Obtain information about the response of the target groups to the materials. Obtain examples.

FOCUS GROUP DISCUSSION GUIDE FOR EVALUATION OF PARTICIPATORY MATERIAL

1. Which areas have you been using the materials most often i.e. flash cards, 3 pile sorting cards etc. and why ?
2. How often do you use the materials ?
3. Which of the materials do you use most often ? and why ?
4. Why do you use the materials in certain areas (eg. clinics) than others (e.g. Community) ?
5. Which other places have you ever used the materials (e.g. Churches) ?
6. Have you encountered any problems with their usage ? What are they ? Name them and give specific examples.
7. What is the response of the community member/mothers to the materials ?
8. Which other subject areas apart from those already done would you like us to produce materials (flash cards/story with a gap) on ?
9. Suggestions and contributions as to how we can improve upon the materials.

APPENDIX 3

FINDINGS FOR THE SAMPLE POPULATION

OF HEALTH OVERSEERS (N = 23) (%)

1. DO YOU CONSIDER HEALTH EDUCATION TO BE PART OF YOUR WORK RESPONSIBILITY ?
 Y 23 (100) N 0 (0)

2. WHEN DO YOU HAVE THE BEST OPPORTUNITY TO CARRY OUT HEALTH EDUCATION ?.

In the market	Y 11 (47.9)	N 12 (52.1)
In the clinic	Y 2 (8.7)	N 21 (91.3)
In the school	Y 5 (21.8)	N 18 (78.2)
In the community	Y 22 (95.7)	N 1 (4.3)
In the church groups etc	Y 1 (4.3)	N 22 (95.7)
Other		

3. WHICH OF THE HEALTH EDUCATION MATERIALS HAVE YOU RECEIVED ?.

Un-serialised posters	Y 15 (65.2)	N 8 (34.8)
3 pile sorting cards	Y 2 (8.7)	N 21 (91.3)
Malaria Control	Y 4 (17.4)	N 19 (82.6)
Nutrition	Y 2 (8.7)	N 21 (91.3)
Immunisation	Y 2 (8.7)	N 21 (91.3)
Water supply	Y 2 (8.7)	N 21 (91.3)
Family planning	Y 2 (8.7)	N 21 (91.3)
Sanitation	Y 2 (8.7)	N 21 (91.3)
Story with a gap	Y 8 (34.8)	N 15 (65.2)
Flash cards	Y 19 (82.6)	N 4 (17.4)
Personnel hygiene	Y 19 (82.6)	N 4 (17.4)
Malaria control	Y 13 (56.5)	N 10 (43.5)
Prevention of Worms	Y 1 (4.3)	N 22 (95.7)
HAVE NOT RECEIVED ANY MATERIALS	Y.....	STOP

4. FROM WHERE DID YOU RECEIVE THE HEALTH EDUCATION MATERIALS ? .

K.M.A.	Y 22 (95.7)	N 1 (4.3)
M.O.H.	Y 0 (0)	N 23 (100)
K.H.E.U.	Y 1 (4.3)	N 22 (95.7)
OTHER HEALTH WORKER	Y 0 (0)	N 23 (100)

5. IF YOU DO NOT HAVE SOME OF THE MATERIALS WHAT ARE THE REASONS ?

Did not receive	Y	2 (8.7)	N	21 (91.3)
Lost material	Y	1 (4.3)	N	22 (95.7)
Copies not available	Y	18 (78.2)	N	5 (21.8)
Copies spoilt	Y	0 (0)	N	23 (100)
Other				

6. WHICH OF THE HEALTH EDUCATION MATERIALS HAVE YOU USED AS PART OF YOUR WORK ?

Un-serialised posters	Y	7 (30.5)	N	16 (69.5)
3 pile sorting cards	Y	1 (4.3)	N	22 (95.7)
Malaria control	Y	2 (8.7)	N	21 (91.3)
Nutrition	Y	1 (4.3)	N	22 (95.7)
Immunisation	Y	1 (4.3)	N	22 (95.7)
Water supply	Y	1 (4.3)	N	22 (95.7)
Family planning	Y	1 (4.3)	N	22 (95.7)
Sanitation	Y	1 (4.3)	N	22 (95.7)
Story with a gap	Y	9 (39.1)	N	14 (60.9)
Flash cards	Y	19 (82.6)	N	4 (17.4)
Personnel hygiene	Y	19 (82.6)	N	4 (17.4)
Malaria control	Y	13 (56.5)	N	10 (43.5)
Prevention of Worms	Y	1 (4.3)	N	22 (95.7)

7. WHERE DID YOU USE THE UN-SERIALISED POSTERS ?

Clinic	Y	0 (0)	N	23 (100)
School	Y	3 (13)	N	20 (87)
Community (group)	Y	7 (30.5)	N	16 (69.5)
Community (person to person)	Y	5 (21.8)	N	18 (78.2)
Market	Y	2 (8.7)	N	21 (91.3)
Did not use	Y	2 (8.7)	N	21 (91.3)

8. WHERE DID YOU USE THE THREE PILE SORTING CARDS ?

Clinic	Y	0 (0)	N	23 (100)
School	Y	0 (0)	N	23 (100)
Community (group)	Y	14 (60.9)	N	9 (39.1)
Community (person to person)	Y	14 (60.9)	N	9 (39.1)
Market	Y	9 (39.1)	N	14 (60.9)
Did not use	Y	6 (26)	N	17 (74)

9. WHERE DID YOU USE THE STORY WITH A GAP ?

Clinic	Y 2 (8.7)	N 21 (91.3)
School	Y 3 (13)	N 20 (87)
Community (group)	Y 8 (34.8)	N 15 (65.2)
Community (person to person)	Y 6 (26)	N 17 (74)
Market	Y 7 (30.5)	N 16 (69.5)
Did not use	Y 9 (39.1)	N 14 (60.9)

10. WHERE DID YOU SEE THE FLASH CARDS ?

Clinic	Y 0 (0)	N 23 (100)
School	Y 2 (8.7)	N 21 (91.3)
Community (group)	Y 22 (95.7)	N 1 (4.3)
Community (person to person)	Y 21 (91.3)	N 2 (8.7)
Market	Y 17 (74)	N 6 (26)
Did not use	Y 0 (0)	N 23 (100)

11. WHICH ONE OF THE FOLLOWING MATERIALS HAVE YOU FOUND TO BE MOST USEFUL ?

Un-serialised posters	Y 2 (8.7)
3 pile sorting cards	Y 1 (4.3)
Story with a gap	Y 0 (0)
Flash cards	Y 18 (78.2)

12. WHICH OF THE FOLLOWING MATERIALS HAVE YOU FOUND TO BE THE LEAST USEFUL ?

Un-serialised posters	Y 10 (43.5)
3 pile sorting cards	Y 5 (21.8)
Story with a gap	Y 2 (8.7)
Flash cards	Y 2 (8.7)

13. WHICH MATERIALS DO YOU USE THE MOST OFTEN ?

Un-serialised posters	Y 6 (26)	N 17 (74)
3 pile sorting cards	Y 0 (0)	N 23 (100)
Malaria Control	Y 1 (4.3)	N 22 (95.7)
Nutrition	Y 1 (4.3)	N 22 (95.7)
Immunisation	Y 0 (0)	N 23 (100)
Water supply	Y 0 (0)	N 23 (100)
Family planning	Y 1 (4.3)	N 22 (95.7)
Sanitation	Y 0 (0)	N 23 (100)
Story with a gap	Y 1 (4.3)	N 22 (95.7)
Flash cards	Y 13 (56.5)	N 10 (43.5)
Personal hygiene	Y 19 (82.6)	N 4 (17.4)
Malaria contro.	Y 9 (39.1)	N 14 (60.9)
Prevention of worms	Y 0 (0)	N 23 (100)

14. WHICH OF THE MATERIALS DO YOU USE THE LEAST OFTEN ?

UN-serialised posters	Y 13 (56.5)	N 10 (43.5)
3 pile sorting cards	Y 1 (4.3)	N 22 (95.7)
Malaria control	Y 1 (4.3)	N 22 (95.7)
Nutrition	Y 0	N 23 (100)
Immunisation	Y 0	N 23 (100)
Water supply	Y 0	N 23 (100)
Family planning	Y 0	N 23 (100)
Sanitation	Y 0	N 23 (100)
Story with a gap	Y 1 (4.3)	N 22 (95.7)
Flash cards	Y 2 (8.7)	N 21 (91.3)
Personal hygiene	Y 2 (8.7)	N 21 (91.3)
Malaria control	Y 1 (4.3)	N 22 (95.7)
Prevention of Worms	Y 0	N 23 (100)

APPENDIX 4

FINDINGS FOR THE SAMPLE POPULATION OF
HEALTH INSPECTION ASSISTANTS (N=25) (%)

1. DO YOU CONSIDER HEALTH EDUCATION TO BE PART OF YOUR WORK RESPONSIBILITY ?
Y 25 (100) N 0(0)

2. WHEN DO YOU HAVE THE BEST OPPORTUNITY TO **CARRY** OUT HEALTH EDUCATION ?.

In the market	Y 9 (36)	N 16 (64)
In the clinic	Y 19 (76)	N 6 (24)
In the school	Y 6 (24)	N 19 (76)
In the community	Y 19 (76)	N 6 (24)
In the church groups etc	Y 2 (8)	N 23 (92)
Other		

3. WHICH OF THE HEALTH EDUCATION MATERIALS HAVE YOU RECEIVED ?.

Un-serialised posters	Y 18 (72)	N 7 (28)
3 pile sorting cards	Y 11 (44)	N 14 (56)
Malaria Control	Y 9 (36)	N 16 (64)
Nutrition	Y 9 (36)	N 16 (64)
Immunisation	Y 9 (36)	N 16 (64)
Water supply	Y 9 (36)	N 16 (64)
Family planning	Y 9 (36)	N 16 (64)
Sanitation	Y 8 (32)	N 17 (68)
Story with a gap	Y 13 (52)	N 12 (48)
Flash cards .	Y 22 (88)	N 3 (12)
Personnel hygiene	Y 24 (96)	N 1 (4)
Malaria control	Y 17 (68)	N 8 (32)
Prevention of Worms	Y 1 (4)	N 24 (96)
HAVE NOT RECEIVED ANY MATERIALS		Y.....STOP

4. FROM WHERE DID YOU RECEIVE THE HEALTH EDUCATION MATERIALS ? .

K.M.A.	Y 24 (96)	N 1 (4)
M.O.H.	Y 0	N 25 (100)
K.H.E.U.	Y 0	N 25 (100)
OTHER HEALTH WORKER	Y 1(4)	N 24 (96)

5. IF YOU DO NOT HAVE SOME OF THE MATERIALS WHAT ARE THE REASONS ?

Did not receive	Y 5 (21)	N 19 (79)
Lost material	Y 0	N 24 (100)
Copies not available	Y 19(79)	N 5 (21)
Copies spoilt	Y	N 24 (100)
Other	Have all copies (1)	

6. WHICH OF THE HEALTH EDUCATION MATERIALS HAVE YOU USED AS PART OF YOUR WORK ?

Un-serialised posters	Y 17 (68)	N 8 (32)
3 pile sorting cards	Y 6 (24)	N 19(76)
Malaria control	Y 5 (20)	N 20(80)
Nutrition	Y 4 (16)	N 21 (84)
Immunisation	Y 4 (16)	N 21 (84)
Water supply	Y 4 (16)	N 21 (84)
Family planning	Y 4 (16)	N 21 (84)
Sanitation	Y 5 (20)	N 20 (80)
Story with a gap	Y 8 (32)	N 17 (68)
Flash cards	Y 20 (80)	N 5 (20)
Personnel hygiene	Y 22 (88)	N 3 (12)
Malaria control	Y 17 (68)	N 8 (32)
Prevention of Worms	Y 1 (4)	N 24 (96)

7. WHERE DID YOU USE THE UN-SERIALISED POSTERS ?

Clinic	Y 1 (4)	N 24 (96)
School	Y 0	N 25 (100)
Community (group)	Y 7 (28)	N 18 (72)
Community (person to person)	Y 4 (16)	N 21 (84)
Market	Y 3 (12)	N 22 (88)
Did not use	Y 4 (16)	N 21 (84)

8. WHERE DID YOU USE THE THREE PILE SORTING CARDS ?

Clinic	Y 0	N 25 (100)
School	Y 0	N 25 (100)
Community (group)	Y 9 (36)	N 16 (64)
Community (person to person)	Y 7 (28)	N 18 (72)
Market	Y 4 (16)	N 21 (84)
Did not use	Y 11 (44)	N 14 (56)

9. WHERE DID YOU USE THE STORY WITH A GAP ?

Clinic	Y 1 (4)	N 24 (96)
School	Y 0	N 25 (100)
Community (group)	Y 5 (20)	N 20 (80)
Community (person to person)	Y 0	N 25 (100)
Market	Y 5 (20)	N 20 (80)
Did not use	Y 4 (16)	N 21 (84)

10. WHERE DID YOU SEE THE FLASH CARDS ?

Clinic	Y 1 (4)	N 24 (96)
School	Y 1 (4)	N 24 (96)
Community (group)	Y 12 (48)	N 13 (52)
Community (person to person)	Y 18 (72)	N 7 (28)
Market	Y 6 (24)	N 19 (76)
Did not use	Y 3 (12)	N 22 (88)

11. WHICH ONE OF THE FOLLOWING MATERIALS HAVE YOU FOUND TO BE MOST USEFUL ?

Un-serialised posters	Y 1 (4)
3 pile sorting cards	Y 3 (12)
Story with a gap	Y 3 (12)
Flash cards	Y 19 (76)

12. WHICH OF THE FOLLOWING MATERIALS HAVE YOU FOUND TO BE THE LEAST USEFUL ?

Un-serialised posters	Y 18 (72)
3 pile sorting cards	Y 3 (12)
Story with a gap	Y 3 (12)
Flash cards	Y 0

13. WHICH MATERIALS DO YOU USE THE MOST OFTEN ?

Un-serialised posters	Y 2 (8)	N 23 (92)
3 pile sorting cards	Y 3 (12)	N 22 (88)
Malaria Control	Y 5 (20)	N 20 (80)
Nutrition	Y 4 (16)	N 21 (84)
Immunisation	Y 2 (8)	N 23 (92)
Water supply	Y 2 (8)	N 23 (92)
Family planning	Y 3 (12)	N 22 (88)
Sanitation	Y 5 (20)	N 20 (80)
Story with a gap	Y 4 (16)	N 21 (84)
Flash cards	Y 17 (68)	N 8 (32)
Personal hygiene	Y 20 (80)	N 5 (20)
Malaria contro.	Y 14 (56)	N 11 (44)
Prevention of worms	Y 3 (12)	N 22 (88)

14. WHICH OF THE MATERIALS DO YOU USE THE LEAST OFTEN ?

UN-serialised posters	Y 16 (64)	N 9 (36)
3 pile sorting cards	Y 1 (4)	N 24 (96)
Malaria control	Y 2 (8)	N 23 (92)
Nutrition	Y 2 (8)	N 23 (92)
Immunisation	Y 4 (16)	N 21 (84)
Water supply	Y 3 (12)	N 22 (88)
Family planning	Y 4 (16)	N 21 (84)
Sanitation	Y 1 (4)	N 24 (96)
Story with a gap	Y 6 (24)	N 19 (76)
Flash cards	Y 2 (8)	N 23 (92)
Personal hygiene	Y 2 (8)	N 23 (92)
Malaria control	Y 2 (8)	N 23 (92)
Prevention of Worms	Y 3 (12)	N 22 (88)

APPENDIX 5

FINDINGS FOR THE SAMPLE POPULATION OF
COMMUNITY HEALTH NURSES (N = 27) (%)

1. DO YOU CONSIDER HEALTH EDUCATION TO BE PART OF YOUR WORK RESPONSIBILITY ?
Y 27 (100) N 0 (0)

2. WHEN DO YOU HAVE THE BEST OPPORTUNITY TO **CARRY** OUT HEALTH EDUCATION ?.

In the market	Y	4 (14.8)	N	23 (85.2)
In the clinic	Y	26 (96.3)	N	1 (3.7)
In the school	Y	17 (62.9)	N	10 (37.1)
In the community	Y	15 (55.5)	N	12 (44.5)
In the church groups etc	Y	20 (74)	N	7 (26)
Other				

3. WHICH OF THE HEALTH EDUCATION MATERIALS HAVE YOU RECEIVED ?.

Un-serialised posters	Y	11 (40.8)	N	16 (59.2)
3 pile sorting cards	Y		N	
Malaria Control	Y	13 (48.2)	N	14 (51.8)
Nutrition	Y	14 (51.8)	N	13 (48.2)
Immunisation	Y	14 (51.8)	N	13 (48.2)
Water supply	Y	14 (51.8)	N	13 (48.2)
Family planning	Y	14 (51.8)	N	13 (48.2)
Sanitation	Y	14 (51.8)	N	13 (48.2)
Story with a gap	Y	17 (62.9)	N	10 (37.1)
Flash cards	Y		N	
Personnel hygiene	Y	25 (92.5)	N	2 (7.5)
Malaria control	Y	17 (62.9)	N	10 (37.1)
Prevention of Worms	Y	17 (62.9)	N	10 (37.1)
HAVE NOT RECEIVED ANY MATERIALS			Y.....	STOP

4. FROM WHERE DID YOU RECEIVE THE HEALTH EDUCATION MATERIALS ? .

K.M.A.	Y	0	N	27 (100)
M.O.H.	Y	25 (92.5)	N	2 (7.5)
K.H.E.U.	Y	11 (40.8)	N	16 (59.2)
OTHER HEALTH WORKER	Y	6 (22.2)	N	21 (77.8)

5. IF YOU DO NOT HAVE SOME OF THE MATERIALS WHAT ARE THE REASONS ?

Did not receive	Y 16 (59.2)	N 11 (40.8)
Lost material	Y 0	N 27 (100)
Copies not available	Y 0	N 27 (100)
Copies spoilt	Y 0	N 27 (100)
Other		

6. WHICH OF THE HEALTH EDUCATION MATERIALS HAVE YOU USED AS PART OF YOUR WORK ?

Un-serialised posters	Y 4 (14.8)	N 23 (85.2)
3 pile sorting cards	Y	N
Malaria control	Y 7 (26)	N 20 (74)
Nutrition	Y 5 (18.5)	N 22 (81.5)
Immunisation	Y 7 (26)	N 20 (74)
Water supply	Y 1 (3.7)	N 26 (96.3)
Family planning	Y 6 (22.2)	N 21 (77.8)
Sanitation	Y 4 (14.8)	N 23 (85.2)
Story with a gap	Y 7 (26)	N 20 (74)
Flash cards	Y	N
Personnel hygiene	Y 24 (88.9)	N 3 (11.1)
Malaria control	Y 15 (55.5)	N 12 (44.5)
Prevention of Worms	Y 16 (59.2)	N 11 (40.8)

7. WHERE DID YOU USE THE UN-SERIALISED POSTERS ?

Clinic	Y 5 (18.5)	N 22 (81.5)
School	Y 1 (3.7)	N 26 (96.3)
Community (group)	Y 0	N 27 (100)
Community (person to person)	Y 0	N 27 (100)
Market	Y 0	N 27 (100)
Did not use	Y 17 (62.9)	N 10 (37.1)

8. WHERE DID YOU USE THE THREE PILE SORTING CARDS ?

Clinic	Y 9 (33.3)	N 18 (66.7)
School	Y 1 (3.7)	N 26 (96.3)
Community (group)	Y 1 (3.7)	N 26 (96.3)
Community (person to person)	Y 0	N 27 (100)
Market	Y 0	N 27 (100)
Did not use	Y 13 (48.2)	N 14 (51.8)

9. WHERE DID YOU USE THE STORY WITH A GAP ?

Clinic	Y 17 (62.9)	N 10 (37.1)
School	Y 2 (7.5)	N 25 (92.5)
Community (group)	Y 0	N 27 (100)
Community (person to person)	Y 0	N 27 (100)
Market	Y 0	N 27 (100)
Did not use	Y 16 (59.2)	N 11 (40.8)

10. WHERE DID YOU SEE THE FLASH CARDS ?

Clinic	Y 21 (77.8)	N 6 (22.2)
School	Y 5 (18.5)	N 22 (81.5)
Community (group)	Y 3 (11.1)	N 24 (88.9)
Community (person to person)	Y 4 (14.8)	N 23 (85.2)
Market	Y 0	N 27 (100)
Did not use	Y 3 (11.1)	N 24 (88.9)

11. WHICH ONE OF THE FOLLOWING MATERIALS HAVE YOU FOUND TO BE MOST USEFUL ?

Un-serialised posters	Y
3 pile sorting cards	Y 2 (7.5)
Story with a gap	Y
Flash cards	Y 25 (92.5)

12. WHICH OF THE FOLLOWING MATERIALS HAVE YOU FOUND TO BE THE LEAST USEFUL ?

Un-serialised posters	Y 8 (29.6)
3 pile sorting cards	Y 9 (33.3)
Story with a gap	Y 8 (29.6)
Flash cards	Y 2 (7.5)

13. WHICH MATERIALS DO YOU USE THE MOST OFTEN ?

Un-serialised posters	Y 2 (7.5)	N 25 (92.5)
3 pile sorting cards	Y 4 (14.8)	N 23 (85.2)
Malaria Control	Y 3 (11.1)	N 24 (88.9)
Nutrition	Y 3 (11.1)	N 24 (88.9)
Immunisation	Y 5 (18.5)	N 22 (81.5)
Water supply	Y 0	N 27 (100)
Family planning	Y 4 (14.8)	N 23 (85.2)
Sanitation	Y 3 (11.1)	N 24 (88.9)
Story with a gap	Y 0	N 27 (100)
Flash cards	Y	N
Personal hygiene	Y 23 (85.2)	N 4 (14.8)
Malaria contro.	Y 17 (62.9)	N 10 (37.1)
Prevention of worms	Y 15 (55.5)	N 12 (44.5)

14. WHICH OF THE MATERIALS DO YOU USE AT LEAST OFTEN ?

UN-serialised posters	Y 13 (51.8)	N 13 (48.2)
3 pile sorting cards	Y 6 (22.2)	N 21 (77.8)
Malaria control	Y 9 (33.3)	N 18 (66.7)
Nutrition	Y 5 (18.5)	N 22 (81.5)
Immunisation	Y 5 (18.5)	N 22 (81.5)
Water supply	Y 8 (29.6)	N 19 (70.4)
Family planning	Y 8 (29.6)	N 19 (70.4)
Sanitation	Y 9 (33.3)	N 18 (66.7)
Story with a gap	Y 11 (40.8)	N 16 (59.2)
Flash cards	Y	N
Personal hygiene	Y 2 (7.5)	N 25 (92.5)
Malaria control	Y 2 (7.5)	N 25 (92.5)
Prevention of Worms	Y 2 (7.5)	N 25 (92.5)