

NURSING LEVEL-III

Based on January, 2022, Curriculum Version I



Module Title: Community Mobilization and Health Education

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LAP	Learning Activity Performance
SMART	Specific, Measurable, Achievable, Relevant, Time bound
MOH	Minister of Health
BCC	Behavior Change Communication
IEC	Information, Education and Communication
ITN	Insecticide Treated bed nets
PHC	Primary Health Care

Introduction to the module

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This learning guide introduces the fundamental concepts and skills necessary to Perform Community Mobilization and Provide Health Education. This module covers unit of competency of Performing Community Mobilization and Provide Health Education among the national occupational standard in the midwifery. It addresses conducting health education and communication, training model families, and Plan and Undertake advocacy on identified health issues. It addresses Knowledge and skill are separately discussed by using information sheet and operation sheet supplemented with self-check and LAP (Learning Activity Performance) test. The learning guide is prepared on self-contained methods of module preparation with minimal resource-based approach based on January 2021, version I OS and January 2022 version I curriculum. Information sheet, Self-check, Operation sheet and LAP Tests are the main components of this learning guide of this Learning guide..

Module units

- **Conduct health education and communication**
- **Train model families**
- **Plan and undertake advocacy on identified health issue**

Learning objectives of the Module

At the end of the module the learner will be able to:

- Conduct health education and communication
- Train model families
- Plan and undertake advocacy on identified health issues

Module Learning Instructions:

- ☞ Read the specific objectives of this Learning Guide.
- ☞ Follow the instructions described below.
- ☞ Read the information written in the information Sheets
- ☞ Accomplish the Self-checks
- ☞ Perform Operation Sheets, if any
- ☞ Do the “LAP test

Unit One: Conduct health education and communication

Instruction sheet

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

- Concept of health and health education
- Performing assessment and identify gaps
- Organize or mobilized community and available resources
- Target groups Identification
- Prepare health education plan
- Designing methods and approaches of health communication
- Provide Health education service
- Monitor service utilization and evaluation of behavioral change
- Develop, promote, implement and review strategies
- Maintain work related network and relationship
- Approaches to meet communication needs

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

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

- Describe approaches to meet communication needs

Learning Instructions:

- Read the specific objectives of this Learning Guide.
- Read the information written in the information Sheets
- Follow the instructions described below.
- Accomplish the Self-checks

1.1. Concept of health and health education

1.1.1. Introduction to Health education and Communication

Before discussing about health education, it is imperative to conceptualize what health itself means. Health is a highly subjective concept. Good health means different things to different people, and its meaning varies according to individual and community expectations and context. Many people consider themselves healthy if they are free of disease or disability. However, people who have a disease or disability may also see themselves as being in good health if they are able to manage their condition so that it does not impact greatly on their quality of life.

WHO defined health as “a state of complete physical, mental, and social wellbeing and not the mere absence of disease or infirmity.”

Physical health – refers to anatomical integrity and physiological functioning of the body. To say a person is physically healthy:

- ✓ All the body parts should be there.
- ✓ All of them are in their natural place and position.
- ✓ None of them has any pathology.
- ✓ All of them are doing their physiological functions properly.
- ✓ And they work with each other harmoniously.

Mental health - ability to learn and think clearly. A person with good mental health is able to handle day-to-day events and obstacles, work towards important goals, and function effectively in society.

Social health – ability to make and maintain acceptable interactions with other people. E.g.: To feel sad when somebody close to you passed away.

The absence of health is denoted by such terms as disease, illness and sickness, which usually mean the same thing though social scientists give them different meaning to each.

Disease is the existence of some pathology or abnormality of the body, which is capable of detection using, accepted investigation methods.

Illness is the subjective state of a person who feels aware of not being well.

Sickness is a state of social dysfunction: a role that an individual assumes when ill

While the history of health education as an emerging profession is only a little over one hundred years old, the concept of educating about health has been around since the dawn of humans. It does not stretch the imagination too far to begin to see how health education first took place

during pre-historic era. Someone may have eaten a particular plant or herb and become ill. That person would then warn (educate) others against eating the same substance. Conversely, someone may have ingested a plant or herb that produced a desired effect. That person would then encourage (educate) others to use this substance.

At the time of Alma Ata declaration of Primary Health Care in 1978, health education was put as one of the components of PHC and it was recognized as a fundamental tool to the attainment of health for all. Adopting this declaration, Ethiopia utilizes health education as a primary means of prevention of diseases and promotion of health. In view of this, the national health policy and Health Sector Development Program of Ethiopia have identified health education as a major component of program services.

Health education has been defined in many ways by different authors and experts. Lawrence Green defined it as “a combination of learning experiences designed to facilitate voluntary actions conducive to health.”

The terms “**combination**, designed, facilitate and voluntary action” have significant implications in this definition.

Combination: emphasizes the importance of matching the multiple determinants of behavior with multiple learning experiences or educational interventions.

Designed: distinguishes health education from incidental learning experiences as systematically planned activity. Facilitate means create favorable conditions for action.

Voluntary action means behavioral measures are undertaken by an individual, group or community to achieve an intended health effect without the use of force, i.e., with full understanding and acceptance of purposes.

Most people use the term health education and health promotion interchangeably. However, health promotion is defined as a combination of educational and environmental supports for actions and conditions of living conducive to health.

Information, Education and Communication (IEC) is a term originally from family planning and more recently HIV/AIDS control program in developing countries. It is increasingly being used as a general term for communication activities to promote health.

- **Information:** A collection of useful briefs or detailed ideas, processes, data and theories that can be used for a certain period of time.

- **Education:** A complex and planned learning experiences that aims to bring about changes in cognitive (knowledge), affective (attitude, belief, value) and psychomotor (skill) domains of behavior.
- **Communication:** the process of sharing ideas, information, knowledge, and experience among people using different channels.
- **Behavior Change Communication (BCC):** Is an interactive process aimed at changing individual and social behavior, using targeted, specific messages and different communication approaches, which are linked to services for effective outcomes.

1.1.2. Definition of terms

- **Health-** according to WHO is defined as a state of complete physical, mental and social well-being and not the mere absence of disease or infirmity.
- **Public Health-** is a science & art of promoting health, preventing diseases and protecting the health of the public through organized community effort
- **Health Promotion-** according to Green & Kreuter, is defined as any combination of educational, political, regulatory and organizational supports for action and condition of living conducive to health of individuals, groups & communities
- **Education-** according to Socrates, is defined as dispelling error and discovering truth
- **Health Education-** according to Green, is defined as any combination of learning opportunities and teaching activities designed to facilitate voluntary adaptation of behavior that is conducive to health.
- **Advocacy-** is simply defined as an act or process of supporting a cause or an issue to influence decision makers for program or policy change
- **Social Mobilization-** Social mobilization is the process of bringing together all feasible inter-sectorial partners and social allies to raise people's awareness and demand for particular development program to assist in the delivery of resources & services and to strengthen community participation for sustainability and self-reliance

Social Marketing- Social marketing is a process concerned with introducing and disseminating new or re branded marketable ideas and services; i.e. product (Material or idea), transaction (Mutual relationship where two parties benefit by exchange of product or service), and consumer(Client or partner which uses a product by buying it but based on his/her free will).

I.E.C- is a process which involves the provision of information, conduct of educational activities, and effective communication of health messages to enable individuals, families or communities to promote their health as well as to preserve their health.

B.C.C- is a process of changing social and individual attitudes and behaviors by providing relevant information, education and motivation through appropriate communication strategies.

1.1.3. Concepts and principles of health education and communications

▪ **Concepts of health education and communications**

When providing health education, it is crucial to know the aims of health education, approaches to health education, targets for health education, health education settings, the roles of health educator

Aims of health education

- ✓ Motivating people to adopt health-promoting behaviors by providing appropriate knowledge and helping to develop positive attitude.
- ✓ Helping people to make decisions about their health and acquire the necessary confidence and skills to put their decisions into practice.

Targets for health education

- ✓ Individuals such as clients of services, patients, healthy individuals
- ✓ Groups E.g. groups of students in a class, youth club
- ✓ Community E.g. people living in a village

Health education settings

Settings are used because interventions need to be planned in the light of the resources and organizational structures peculiar to each. Thus, health education and promotion takes place, amongst other locations, in:

- ✓ Communities
- ✓ Health care facilities
- ✓ Work sites
- ✓ Schools
- ✓ Prisons
- ✓ Refugee camps ...etc.

Roles of health educator

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- ✓ Talking to the people and listening of their problems
- ✓ Thinking of the behavior or action that could cause, cure and prevent these problems.
- ✓ Finding reasons for people's behaviors
- ✓ Helping people to see the reasons for their actions and health problems.
- ✓ Asking people to give their own ideas for solving the problems.
- ✓ Helping people to look at their ideas so that they could see which were the most useful and the simplest to put into practice.
- ✓ Encouraging people to choose the idea best suited to their circumstances.

Basic principles of health education and communications

- A. All health education should be need based. Therefore before involving any individual, group or the community in health education with a particular purpose or for a program the need should be ascertained. It has to be also specific and relevant to the problems and available solutions.
- B. Health education aims at change of behavior. Therefore multidisciplinary approach is necessary for understanding of human behavior as well as for effective teaching process.
- C. It is necessary to have a free flow of communication. The two way communication is particularly of importance in health education to help in getting proper feedback and get doubt cleared.
- D. The health educator has to adjust his talk and action to suit the group for whom he has to give health education. E.g. when the health educator has to deal with illiterates and poor people, he has to get down to their level of conversation and human relationships so as to reduce any social distance.
- E. Health Education should provide an opportunity for the clients to go through the stages of identification of problems, planning, implementation and evaluation. This is of special importance in the health education of the community where the identification of problems and planning, implementing and evaluating are to be done with full involvement of the community to make it the community's own program.
- F. Health Education is based on scientific findings and current knowledge. Therefore a health educator should have recent scientific knowledge to provide health education.
- G. The health educators have to make themselves acceptable. They should realize that they are enablers and not teachers. They have to win the confidence of clients.

- H. The health educators should not only have correct information with them on all matters that they have to discuss but also should themselves practice what they profess. Otherwise, they will not enjoy credibility.
- I. It must be remembered that people are not absolutely without any information or ideas. The health educators are not merely passing information but also give an opportunity for the clients to analyze fresh ideas with old ideas, compare with past experience and take decisions that are found favorable and beneficial.
- J. The grave danger with health education programs is the pumping of all bulk of information in one exposure or enthusiasm to give all possible information. Since it is essentially a learning process, the process of education should be done step-by-step and with due attention to the different principles of communication.
- K. The health educator should use terms that can be immediately understood. Highly scientific jargon should be avoided.
- L. Health Education should start from the existing indigenous knowledge and efforts should aim at small changes in a graded fashion and not be too ambitious. People will learn step by step and not everything together. For every change of behavior, a personal trail is required and therefore the health education should provide opportunities for trying out changed practices

1.2. Performing assessment and identify gaps

1.2.1. Assessment Techniques

Community's especially rural communities have limited resources to address many health-related needs. Conducting a community health needs assessment can help your program to determine where and how resources may best be targeted.

A community health needs assessment serves as the starting point to address a community's needs and advocate for improvement. The assessment identifies factors that impact a population's health and resources available to help resolve these issues. This assessment will help to identify topics and issues relevant to a community.

Data for determining community needs can be collected through surveys, questionnaires, focus groups, public meetings, direct observations, and interviews. Secondary data sources such as demographic data, vital statistics, hospital records, morbidity and mortality reports, and literature reviews also provide valuable information.

Community health needs assessment data can be collected from a variety of sources. It is important to talk to members of the community to understand the data. For example, data gathered across several years may show that there has been a notable change related to health outcomes, educational attainment, or employment. Conducting a focus group with community partners or community members can help to explain the reasons for why the changes have occurred. Combining quantitative and qualitative data can help to explain community trends.

1.3. Organizing community and all available resources

1.3.1. Community organizations

Community could be defined as organized groups of people who share a sense of belonging, beliefs, norms, and leadership and who usually interact within a defined geographical area. E.g. People living in a “Kebele” or Woreda”, People organized under one religion etc.

Community organizing is the process by which community groups are helped to identify common problems or goals, mobilize resources, and develop and implement strategies to reach goals they have set collectively. Community organization is important in health education, partially because it reflects one of the field’s most fundamental principles, that of “starting where the people are”. The health education professional who begins with the community’s felt needs is more likely to be successful in the change process and in fostering true community ownership of programs and actions. Community organizing also is important in light of evidence that social involvement and participation can themselves be significant factors in improving perceived control, empowerment, individual coping capacity, health behaviors, and health status. Finally, the heavy emphasis on community partnerships and community-based health initiatives by government agencies and foundations suggests the need for further refining theory, methods, and measurement techniques.

Although no single unified model of community organization or community building exists, some key concepts are central to the most often used models. These concepts are empowerment, critical consciousness, community capacity, issue selection, and participation and relevance.

Empowerment: Social action process for people to gain mastery over their lives and the lives of their communities. Community members assume greater power or expand their power from within to create desired changes.

Critical consciousness: A consciousness based on reflection and action in making change.

Engage people in dialogue that links root causes and community actions

Community capacity: Community characteristics affecting its ability to identify, mobilize, and address problems. Community members actively participate in identifying and solving their problems and become better able to address future problems collaboratively

Social capital: Relationships between community members including trust, reciprocity, and civic engagement

Application: Community members collectively improve leadership, social networks, and quality of neighborhood life

Issue selection: Identifying winnable and specific targets of change that unify and build community strength. Identify issues through community participation; decide targets as part of larger strategy

Participation and relevance: Community organizing should “start where the people are” and engage community members as equal. Community members create their own agenda based on felt needs, shared power, and awareness of resources.

Helping people to organize:

Success in community participation involves a series of overlapping stages. They include:

Knowing the community

- ✓ Learning about the community (its structure and pattern)
- ✓ Contacting with families, leaders and community groups.
- ✓ Discussing on concerns and felt needs.

Taking some actions

- ✓ Actions on achievable, short-term aims based on felt needs which bring the community together and build confidence.

Further activities and organization building

- ✓ Build up-on existing community organization or associations.
- ✓ Formation of committee e.g. Health committee
- ✓ Educational in-puts
- ✓ Select and train volunteers
- ✓ Decision making on priorities
- ✓ Further actions by the community themselves

1.3.2. Available resources

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For health education activities to reach the stated goals and objectives, they must be supported with appropriate resources. There are several different types of resources that may be used in health education activities. They can be broadly classified into three items:

- A. Personnel or labour power
- B. Material resources, including educational materials
- C. Financial resources

A. Personnel or labour power

The key to any successful health education activities will always be the individuals needed to carry them out. It is difficult to carry out every task individually. Identify volunteer individuals from the community, such as community leaders, Kebele leaders and possibly religious leaders. In addition, leaders of different community organizations such as idir, iquib and mehber may be very helpful. They may be able to assist in organizing the community, arranging schedules for health education, mobilizing the community for participation, and even possibly delivering health education sessions for their followers themselves. Other non-governmental organizations may be available in the community, and may be important sources of personnel for different activities. They may be able to assist in different ways. For example, they may help in providing training for peer educators or for households.

B. Material resources, including educational materials

Educational materials are crucial resources that will help to carry out health education activities. Some materials can help to take message to the community, and also support communication with all the people for whom you are responsible. It may be essential to use posters, leaflets, flip charts, cards, audio cassettes, videos, and other resources. In addition, one can prepare educational materials from locally available materials. For example: Preparing posters by working with people who are good at drawing pictures. Perhaps one can think of examples of materials that have already been able to use in his/her own work.

Knowing people in the community who have special skills at writing poems and songs, or who are good at drawing pictures, or who have other abilities could be important for creating health education materials. Knowing local materials that could be relevant for health education activities, such as audio-visual equipment or other relevant resources?

C. Financial resources

Financial resources are also very important to support health education activities. However, financial support is often difficult to find specifically for health education activities. To secure

money for these activities, trying a variety of different options may be needed. The first one is to request community contributions. This is not to suggest that they should necessarily pay money towards the activities. But they may be able to contribute locally available resources in kind. For example, they may be able to prepare coffee while the community members are gathered in the village for health education meetings.

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

1.4. Identifying target groups

Each individual and every community needs to think about what will bring them a healthy life. There are different risk factors in each locality that expose people to unhealthy conditions and lead to sickness and disease. Health education activities are expected to reduce these risk factors and maintain the health of your community.

Every stage of life, each and every individual or social group in the community and all occupations are appropriate targets of health education programs. The following sections cover the main target groups for health education programs. It is important to adapt health education methods and activities to fit the group or audience in which the health educations are targeting.

I. Individuals

Individuals include all health service users such as women receiving antenatal care, school children, adolescents and young children. Deliver health education messages at both household and at a community level.

For example, it is likely there will be TB patients in your community who are receiving anti-TB drugs. Health education for these individuals will include giving advice to cover their mouth while coughing, adhere to the full course of their treatment as well as a variety of other educational issues that will help them get better themselves — and protect the rest of the community from infection.

II. Groups

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Groups are gatherings of two or more people with a common interest; they are a good target for health education sessions. To understand the concept of group health education, imagine that there is a gathering of an HIV/AIDS peer educator group at the local secondary school. You may well be invited by the school administrator to deliver health messages on HIV/AIDS to help train groups such as these.

1.5. Preparing health education plan

1.5.1. Planning health education program

A health education plan outlines the work of a health department's health education staff over a certain period, for example, one year. A plan organizes the health education work and helps to prioritize it. It is a way of making health education understood by other staff, and of clarifying the department's health education commitments reflected in contract addenda and program guides or policies. It gives direction and sets limits on workload. The plan helps eliminate the danger of becoming overextended, superficial or unfocused. It helps the health educator to carry out planned rather than spontaneous reactive work. A plan provides the basis for documenting, reporting and monitoring progress

1.5.2. Planning process

There are six steps to completing health education plan:

- STEP 1: Identifying Public Health Program Goals and Primary Target Groups
- STEP 2: Identifying the Causes of the Health Problem
- STEP 3: Analyzing the Causes of the Health Problem
- STEP 4: Determining Health Education Objectives and Activities
- STEP 5: Determining Evaluation Measures and Procedures
- STEP 6: Determining Needed Resources

The first three steps provide direction and content; that is, they define the health education components of the program. Beginning with STEP 4, it describes the work that actually wishes to accomplish; that is, it will list specific educational objectives and the activities that will use to carry out these objectives. In STEP 5, developing an evaluation plan will proceed. It will outline how to monitor the program's quality and its effect on target group behavior. The concluding step, STEP 6 is reviewing the results of all the previous steps and prepare for implementation.

STEP 1: Identifying Public Health Program Goals and Primary Target Groups

The health education components of public health programs are developed within the context of program's goals, that is, their intended long-range outcomes. In consultation with the supervisors, the first task is to review the program(s) that will be working with and identify their long-range outcomes or goals. Public health programs are in place in response to identified public health issues, problems and opportunities, and their intention is to affect these issues and problems. Thus, public health program goals are typically aimed at changing a particular health status indicator. Examples of public health goal: Reducing overall injury mortality; increasing immunization levels, especially among younger children, persons at risk and older adults.

Public health problems are further analyzed for those who are at risk, for example, adolescent mothers, and preteen youth. These individuals are the target for and the beneficiaries of educational interventions, and thus are the primary target group. Information on this target group should be assembled and include:

- ✓ Geographical distribution
- ✓ Occupational, economic and educational status
- ✓ Age and sex composition
- ✓ Ethnicity; and
- ✓ Other appropriate health indicators such as age-specific morbidity and service-utilization patterns.

STEP 2: Identifying the Causes of the Health Problem

In this step, the causes of health problems will be identified. The causes of health problems that are changeable by educational interventions are behaviorally or environmentally based. In carrying out this diagnosis, do the following: Create a list of as many possible causes as you can imagine; conduct a review of evidence that the identified causes are amenable to change through educational interventions and that such change will improve the health problem in question. consult experts and review the literature!; and In consultation with other members of the health department as well as representatives of the target group, select the one or two causes that you feel you can most influence, for example, not smoking and using alcohol during pregnancy. Once selected, these causes become the target of your educational interventions.

When selecting causes for educational intervention, the two most important criteria are the evidence that:

- A. The prevention of the cause will reduce the health problem; and
- B. The cause is amenable to change.

Beyond these two criteria, the selection process is often influenced by policies governing the services, legal and economic factors, resources and expertise, the political viability of the educational interventions and the chance of continued funding.

STEP 3: Analyzing the Causes of the Health Problem

The next step is to analyze the causes of the behaviors or environmental conditions selected in STEP 2. This diagnosis will identify those factors that must be changed to initiate and sustain behavioral or environmental change; these factors will become the immediate targets or objectives of your program. It is at this point that the educational component of public health programs emerges as an entity distinct from other technologies and services

Consider the following factors when analyzing each behavior or environmental condition:

- **PREDISPOSING FACTORS** - (which include knowledge, attitudes, beliefs, values and perceived needs and abilities) - relate to the motivation of an individual or group to act. They include the cognitive and affective dimensions of knowing, feeling, believing, valuing, and having self-confidence or a sense of efficacy. Predisposing factors are the "personal" preferences that an individual or group brings to a behavioral or environmental choice, or to an educational or organizational experience.
- **ENABLING FACTORS** - (often conditions of the environment) facilitate the performance of an action by individuals or organizations. Enabling factors include the availability, accessibility and affordability of health-care and community services. Also included are conditions of living that act as barriers to action, such as the availability of transportation or work release to participate in a health program. Enabling factors also include new skills that a person, organization or community needs to carry out a behavioral or environmental change.
- **REINFORCING FACTORS** - (which include social support, peer influences, advice from health-care providers, recognition, and relief of discomfort or pain, economic benefits or avoidance of cost) follow the adoption of desired behavioral or environmental change and serve to strengthen the motivation for continued change.

STEP 4: Determining Health Education Objectives and Activities

Health educators aspire to bring about worthwhile changes in a program's target audience or in their environment through planned health education initiatives. These initiatives focus primarily on altering behaviors via the factors thought to contribute to behavior. Put most simply, an

educational objective for a health education program should describe the post program knowledge, attitudes, values, beliefs, skills, resources and environmental changes that the program seeks to promote.

Identifying a program's educational objectives can lead to identifying the decisions on which it will focus the evaluation. Having researched and identified predisposing, enabling and reinforcing factors, the next step is to word these factors as educational objectives. Remember, an objective should answer the questions: who is expected to achieve or become how much of what by when?

- ✓ WHO - the target group(s) or individual(s) expected to change;
- ✓ HOW MUCH - the extent of the condition to be achieved;
- ✓ WHAT - the action or change in behavior or health practice to be achieved; and
- ✓ WHEN - the time in which the change is expected to occur.

In preparing educational objectives, it is important to be guided by the principle that "using multiple interventions is more effective than using any one type of intervention alone." This means that to make health education programs more effective, a person should write educational objectives to cover all of the "causes of behavior and environmental conditions" (that is, predisposing, enabling and reinforcing factors).

The second task in STEP 4 is to identify the activities will be used to carry out your objectives. The selection of activities should be done with care and thoughtfulness. Representatives of the various segments and community who will be affected by the educational interventions should be consulted throughout this process. Further, you should select, if possible, those activities that have been tried and tested.

STEP 5: Determining Evaluation Measures and Procedures

There are, of course, any numbers of reasons that public health professionals might evaluate some or all aspects of the health education programs they carry out. Fundamentally, however, evaluation techniques and the resulting data are used to make decisions about program quality and program effectiveness.

Program Quality

The quality of educational interventions is best assured by a formal and periodic analysis of the following factors:

- ✓ The skill and performance of program providers;
- ✓ The adequacy of program resources;

- ✓ The appropriateness of the programs selected interventions,
- ✓ The degree to which the program's educational activities are being accomplished and the nature of the barriers to program implementation; and Adherence to health education standards of practice.

Program effectiveness

The effectiveness of educational interventions is best assured by a formal and periodic analysis of the following factors:

- ✓ Changes in behavior and environmental conditions (Impact Evaluation); and
- ✓ Changes in mortality, morbidity and disability (Outcome Evaluation)

STEP 6: Determining Needed Resources

- Step 6 consists of three tasks:
 - A. Task 1: Determining needed resources,
 - B. Task 2: Assessing available resources and
 - C. Task 3: Assessing the barriers to the implementation of your program.

A. Task 1: Determining needed resources

This first task consists of two parts: developing a timeframe and determining personnel requirements. First, you develop a timeframe to accomplish program's educational objectives. The first and most critical resource is time. Time has been stated as an integral part of educational objectives. It is a must to examine these educational objectives, identify the specific tasks required to accomplish the objectives and assess whether or not these tasks can be accomplished within the timeframe stated in the objective.

Second, determine the types and numbers of people needed to carry out the program. The next most critical resource is program personnel. Each month's tasks require certain types of skills, e.g., professional, technical, administrative and clerical. The estimate of personnel hours enables a cost analysis of personnel and permits the consideration of reassigning or hiring personnel.

B. Task 2: Assessing available resources

At this point, it is a must to look at resources in light of what needed and what's available. When reviewing the program costs, if the available resources are not sufficient, then consider these options: Seek part-time commitments from other department or unit personnel within your agency; Train staff to take on tasks outside their usual scope of responsibility; Recruit and use volunteers from the community; Seek cooperative agreements with other agencies or organizations in the community; Develop and submit grant proposals; or Seek cost-recovery via

charging fees to some or all users of program services. If sufficient resources cannot be found, it may need to modify program plan but not without considering the consequences for its integrity. When modifying program, certain basic tenets should not be compromised, such as providing multiple interventions that cover all the determinants of behavior (predisposing, enabling and reinforcing factors).

C. Task 3: Assessing the barriers to program implementation

Besides resource constraints, there will be other barriers to the smooth implementation of educational objectives. Having a realistic view of carrying out educational objectives requires assessing any factors that may interfere. These barriers can take several forms: Social, psychological and cultural barriers (for example, citizen and staff bias, prejudice, misunderstanding, taboos, unfavorable past experiences, values, norms, social relationships, official disapproval, rumors), Communication obstacles (for example, illiteracy, local vernacular, local radio/television policies and procedures), Economic and physical barriers (for example, low income, the inability to pay for or access services, or travel over long distances and difficult terrain for services at agency facilities), Legal and administrative barriers (for example, residence requirements to be eligible for services, existing agency policy and procedures, existing agency organization and allocation of resources)

1.6. Designing methods and approaches of health communication

Teaching methods range from what is heard to what is seen and done. They include modern methods and materials (teaching methods) and different combination of tools. In this context, methods refer to ways messages are conveyed. Teaching materials include all materials that are used as teaching aids to support the communication process and bring desired effects on the audience. The methods and the materials could be classified broadly as audio, written words, visuals, audio-visuals, direct experience, and multi-sensory modalities. These classifications, in turn, are categorized into three (3) general domains taking the desired and expected educational objectives into consideration, and these are discussed in the method part.

1.6.1. Health education methods

Methods of Health Education are simply strategies or approaches used by a health educator to deliver the health education program or session. Health education provides opportunity for

people to learn, practice and experience health and health related behaviors. It has a large element of education of individuals and groups to acquire information, to identify problems, and to adapt new behavior and to realize better ways of living and so on. It should be noted that for any change of behavior to be sustained and purposeful, there a need for proper internalization of ideas and formation of favorable attitude.

Learning is, therefore, a totality of change of behavior through acquisition of knowledge; a subtle difference between education and learning is that learning can be passive or incidental while education is a deliberate effort. A properly motivated person may learn by his/her own effort. Learning, in general, is a process by which individuals acquire information and idea which may latter result in change in attitude and behavior. Education can be, simply, taken as a process by which learning is facilitated.

Note: The three most important factors that affect learning in general are: teaching-Learning methods employed motivation of the learner and differences in individual learner's background, intelligence quotient (IQ) and sex.

Domains of learning

Domain of learning is one of the important factors that affect health education method choice. Bloom has identified three domains of or areas of learning: Cognitive, affective and psychomotor domains. Each of these domains has a well-developed hierarchical classification systems and health educators should include each of these domains in their audience/client teaching plan.

A. Cognitive domain

This is an educational objective which is concerned with all knowledge (cognition, mental) creation processes, and teaching method; appropriate for this domain includes lecture (talks), discursion, etc. The hierarchical classifications are: knowledge, comprehension, application, analysis, synthesis and evaluation:

- **Knowledge:** refers to remembering previously learnt materials; for example, recalling name of a person, defining a certain term, listing a sort of learnt materials, etc.
- **Comprehension:** refers to the ability to grasp the meaning of some learnt materials. For example, translation of graphs, providing examples after definition of terms, etc.
- **Application:** refers to the ability to use learnt materials in a new or unfamiliar situation ; for example, calculating area of a plot of land, developing a tailored bill board which influence attitude of the public after a certain lesson ,etc.

- **Analysis:** refers to the ability to break down learnt materials into its component parts so that its organizational structure may be understood. It is a bit complicated level ; for example, analyzing the relationship that exists, identifying what may be relevant and irrelevant, stating the difference between components ,etc.
- **Synthesis:** refers to the ability to put parts together to form a new whole(summarizing) ; for example, Producing a new idea, formulating a procedure or principle, summarizing learnt material in few words as possible ,etc.
- **Evaluation:** refers to the ability to judge the value of something ; for example, presentation of some material, statement making such as poems, research, preposition, novels, decoding the precise standard , evaluating materials ,etc.

Lecture method

The most natural way of communicating with people is to talk with them. A spoken word is a symbol standing for an object or covering an idea, when talks are on health agenda, we call them health talks. Health talks are the most common ways of sharing health information and knowledge. The word “Lecture” is driven from a Greek word called “lecare” which means “speaking louder”

When preparing a talk (lecture), you should consider the following important points:

Make sure whether you speak the local language or find a good interpreter.

- ✓ Words may not mean the same for all people
- ✓ Know about the listeners
- ✓ Build on what the listeners know.
- ✓ Encourage listeners to challenge, raise questions and comments
- ✓ Choose the appropriate time
- ✓ Pay attention to both verbal and non-verbal communication
- ✓ Know that some error is inevitable and admit
- ✓ Lack of understanding is not because of stupidity of audience

Note: Talks (lecture) become effective when combined or supported by teaching aids.

In addition to the above considerations, health educators should also pay attention for the following issues:

- ✓ Know the group: find out their needs and interests

- ✓ Select an appropriate topic, should be single, simple topic
- ✓ Have correct and up-to- date information: look for sources of facts and recent information
- ✓ List the points you make: prepare only few main points
- ✓ Write down what you will say: If you don't like writing, think carefully about what to include in your talk. Think of examples and proverbs and stories to emphasize your points.
- ✓ Think of visual aids; well-chosen posters, photos, etc. will help people learn
- ✓ Practice your whole talk; this should include telling of stories and showing of posters and pictures.
- ✓ Determine the amount of time you need; the talk, including visual aids, should take about 15-20 minutes. Allow 15 minutes or more for question and discussion. It shouldn't be a long talk.

Group Discussion method

Discussion is exchange of ideas among many individuals (group members) to reach at agreement or consensus, whereas meetings is conducted to discuss and solve problems. In meeting, the purpose is to gather information, share ideas, make decision and plans.

In discussion, learning takes place among learners partly as receptive and partly as productive the educator leads the process through questions, impulses and answers. The process has three functions:

- ✓ The educator asks and the learner answers and this form are used to check learners' memory of the previously learnt materials /matters/ points.
- ✓ The educator asks and learner's answer but finally the educator summarizes, and this form is used to make learners get new idea/knowledge.
- ✓ The educator asks and the learners answer. Then the educator asks opinion on the answers given, finally the learners themselves summarize, and this form is used to make learners gain new knowledge and form attitude and argument skill.



Figure 1.1: Group discussions

B. Affective Domain

This is the second category of educational objective which is related to attitude, feeling, appreciation, interest and other emotional acts. Methods appropriate for this domain include drama, experience sharing, etc. The hierarchical classifications are: Receiving, responding, valuing, organization of value & characterization by a value:

- **Receiving:** refers to the willingness to attend a certain session or information or phenomena ; for example, Giving attention to a given session ,etc.
- **Responding:** refers to the willingness to actively participate or interact in a certain session or information or phenomena ; for example, participating or involving a given session ,etc.
- **Valuing:** refers to displaying a behavior that is consistent with a particular issue or value that a person or a community holds ; for example, value of helping or supporting poor people ,etc.
- **Organization:** refers to the state of bringing together different extreme values resolving the conflict between them(harmonizing conflicting values) ; for example, Value of helping or supporting poor people even at times of shortage of money to oneself(at times of difficulty) ,etc.

Drama: In drama, ideas, feelings, beliefs and values are communicated by participants to spectators. They are very valuable in subjects when personal and social relationships are often more important than detailed appearance. Basic ideas like health can be communicated to people of different ages, education, and experience. They are suitable teaching methods specially for people who can't read because they often present ideas dramatically.

The duration of the drama can be short or long, and drama could be used during training of CHWs, special meetings, festivals, teachings of school children, for people in a village, etc. guide line for drama include: choosing an appropriate theme, identifying an appropriate place, preparing for the drama and practicing, using health team as a main character, making sure that everybody hears, presentation should be based on local culture, language, dressing style, etc., mixing the serious with the funny, including songs and teaching the song to the audience (if possible), conducting discussion after the drama and planning to repeat the drama in other community.

Role play: Role play is a type of drama but in a simplified manner. It portrays behavior of people and, it is unrehearsed acting out of real- life situation; a script is not necessary. Here, an

individual takes the part of some other character; and also can explore one's own emotions and reactions in specific situation.

Experience sharing method: This method focuses on sharing experiences of a behavior change or experience which leads to a behavior change; usually, inviting known and respected people to explain their previous hardships and ups and downs and successes to share to people of the same back ground or exposure helps a lot in the attitude and behavior change process.

C. Psychomotor Domain

This an educational objective which is concerned with skill or practice development, performance ability of the learner, and methods appropriate for this domain are demonstration and re-demonstration. The hierarchical classifications are: Perception, set, Imitation, manipulation, precision, articulation and naturalization:

Perception: refers to the use of sense organs to obtain cues that guides to motor activity(here there is no activity but simply observation) ; for example, closely observing at a computer key board ,etc.

- **Set:** refers to readiness to take a particular action. This could be mental or physical or emotional set ; for example, properly positioning fingers on a computer key board ,etc.
- **Guide Response/Imitation:** refers to earlier stage of learning complex skills ; for example, initiation, trial and error of typing on a computer key board ,etc.
- **Manipulation/Mechanism:** refers to acting when learning responses become habitual and movements can be performed with some sort of confidence and proficiency ; for example, exhibition of a given skill to mass of people ,etc.
- **Precision/Complex Overt:** refers to skill full performance of motor function or acts that involve complex movements. It is higher in degree of performance than mechanism level ; for example, very proficient & synchronorized motor activity in performance, etc.
- **Articulation/Adaptation:** refers to well-developed skill level where the learner can modify movement patterns to fit special requirements or problem situations ; for example, developing one's own style of doing things ,etc.
- **Naturalization/Organization:** refers to creating entirely new pattern of movement to fit a particular situation or a specific problem ; for example, performing the activity even with sub-conscious mental status ,etc.

Demonstration Method

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A demonstration is a pleasant way of sharing skills and knowledge .Although it basically focuses on practice, it additionally involves both theoretical and practical teaching (showing how!!!) Recall the Chinese proverb for better explanation: “When I hear, I forget; when I see, I remember, and when I do, I know!!

Note: For effective demonstration, demonstration should fit in the local culture must be realistic, use materials and objects that are familiar to the people, have enough materials for everyone to use during the practice, and finally make the learners re-demonstrate. Learners should get enough time and adequate place to demonstrate and re-demonstrate.



Figure 1.2:- Demonstrations how use bed net

Other Methods of Health Education

Other methods of health education are Symposium, panel discussion, forum, workshop, conference, brain storming, buzz session, and colloquy. The major similarities and differences these methods are briefly described here under:

- **Symposium:** is a formal presentation method of health education, and it is a type of lecture in which different speakers are asked to give lecture on the same subject. The speakers, here, prepare the talk in such a manner that each of them presents a particular aspect of a subject which ultimately makes the audience get the benefit of understanding the subject with its different aspects dealt by different speakers separately. In symposium, we don't expect the audience to be allowed to participate and give feedback.
- **Panel discussion:** is a formal presentation method of health education, where a small group of people get around a table in the presence of audience and discuss among them on the subject or subject which is relevant to the audience and in which the panel members (panelists) have specialized knowledge. Like symposium, panel discussion also doesn't allow audiences to participate and give feedback normally.

- **Forum:** is a formal presentation method of health education where opportunity is given to audience to participate by raising questions and doubts at the end of a lecture, panel discussion or symposium.
- **Workshop:** is a group discussion method of health education where a large number of people belonging to a particular discipline or allied discipline are collected together to take up specific issues and problems for making recommendation for future action. It usually lasts for 3 days to 3 weeks.
- **Seminar:** is a group discussion method of health education where large groups are convened amongst persons with common discipline and interest , with reference to learning or academic institution to come together to exchange views on current problem or to share experience from one another; pooling experiences.
- **Conference:** is a type of seminar which can be held around a big table with reference to other institutions including religious institutions that are still used to exchange views and pool experience.
- **Brain storming:** is a modern method of eliciting from the participants their ideas and solution on debatable issues or current problems.
- **Buzz session:** is group discussion method of health education where a large group is divided into smaller groups of not more than 10-12 people in each small group that will be given time to discuss a problem. Finally, the whole large is reconvened and the reporters of the large group will report their findings & recommendation.
- **Colloquy:** is a formal presentation method of health education where a few members from the audience made to stimulate discussion by presenting problems or raising questions to group of experts on the stage and the experts give their comments and answers on the various aspects. If the problems raised are controversial in nature, the experts would be able to pinpoint solution with in the available time for discussion.

Selection of methods and materials

For any teaching learning process, methods and supporting materials should be selected, and the selection depends on:

- ✓ The type of the message
- ✓ The purpose of the teaching
- ✓ The people addressed

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- ✓ The circumstance
- ✓ Availability of resources
- ✓ Availability of skills

1.6.2. Health education approaches

The persuasion approach –deliberate attempt to influence the other persons to do what we want them to do (DIRECTIVE APPROACH)

The informed decision making approach- giving people information, problem solving and decision making skills to make decisions but leaving the actual choice to the people. E.g. family planning methods.

Many health educators feel that instead of using persuasion it is better to work with communities to develop their problem solving skills and provide the information to help them make informed choices. However in situations where there is serious threat such as an epidemic, and the actions needed are clear cut, it might be considered justified to persuade people to adopt specific behavior changes.

1.6.3. Health education materials

Health education materials include all materials that are used as teaching aids to support the communication process and bring desired effect on the audience. The following are some selected teaching aids that are commonly used in health education programs:

I. Audios: Audios include anything heard such as spoken-word (talk), music or any other sounds. Talks are the most commonly used audio teaching methods.

Characteristics of audios:

- ✓ Effective when based on similar or known experience
- ✓ Could be distorted or misunderstood when translated
- ✓ Easily forgotten

Health talks: The most natural way of communicating with people is to talk with them. In health education, this could be done with one person, a family, or with groups (small or large). Health talks have been, and remain, the most common way to share health knowledge and facts. However, we need to make it more than advice and make effective by combining it with other methods, especially visual aids, such as posters, slides, demonstrations, video show etc. In principle, it should be given to smaller group (5 to 10 people) though it could be given for larger group like radio talk. In health talks, unclear points could be asked and discussed.

In preparing a talk, consider the following points:

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- ✓ Know the group: their interests and needs
- ✓ Select single and simple topic: e.g. Nutrition is too big as a topic. Thus, select subtopic such as breast-feeding, weaning diet etc.
- ✓ Have corrected and up-to- date information.
- ✓ Limit the points to only main once.
- ✓ Write down what you will say, use examples, proverbs and stories to help emphasize points.
- ✓ Make use of visual aids.
- ✓ Practice your whole talk
- ✓ Make the talk as short as possible - usually 15-20 minutes talk and 15 minutes discussion.

2. Visual aids

Visuals are objects that are seen. They are one of the strongest methods of communicating messages; particularly when accompanied with interactive methods.

Advantages

- ✓ They can easily arouse interest
- ✓ Provide a clear mental picture of the message
- ✓ Speed up and enhance understanding
- ✓ Can stimulate active thinking
- ✓ Create opportunities for active learning
- ✓ Help memory and provide shared experience.

Visuals are more effective than words alone, and it will be rather more effective when extended to practice (action). It is a common understanding that you remember 20% of what you hear, 50% of what you hear and see, and 90% of what you hear, see and do. With repetition close to 100% is remembered.

Non-projected materials (aids) or graphics

They are shown or displayed and do not necessarily depend on any projected equipment.

I. Leaflet

Leaflets are unfolded sheet of printed material. Leaflets can be very appealing if their message is simple and clear, and if the language is understood by the reader. In preparing them, short sentences and paragraphs should be used, illustrated with simple drawings or pictures that are easily understood. They need to be pre-tested before distributed to the villagers.

II. Newspapers/Newsletters

Newspapers might be of some help in reaching the villagers. Very often, though, the national or regional newspapers do not reach smaller communities, or the people are unable to read them. In this case, newsletters, written by the villagers themselves, teachers and extension workers can become the communities' newspaper. Place copies on a bulletin board or wall in a public meeting places (market, well, bar).

III. Photographs

Photographs can be used to show people new ideas or new skills being practiced. They can also be used to support and encourage new behavior. They are best used with individuals and small groups. People can compare photos taken of malnourished children in the village before and after receiving treatment.

Advantages

- ✓ They can be photographed in the town where you work thus assuring familiarity and recognition by the people.
- ✓ They are relatively inexpensive and reproducible for different uses (posters, flipcharts)
- ✓ You can make them yourself

IV. Posters

A poster is a large sheet of paper, often about 60 cm wide by 90cm high with words and pictures or symbols that put across a message. It is widely used by commercial firms for advertising products, but can also be used for preventive purposes.

Advantages

- ✓ Give information and advice, e.g. beware of HIV/AIDS!
- ✓ Give directions and instructions, e.g. how to prevent HIV / AIDS
- ✓ Announce important events and programmers, e.g. World AIDS day

Standard rules in making posters:

- ✓ All words should be in the local language
- ✓ Words should be limited and simple
- ✓ Symbols that illiterate people will also understand should be used
- ✓ Mix of colors should be used to attract attention
- ✓ Only put one idea on a poster.

General principles:

- ✓ They should contain the name of the event, date, time, and place

- ✓ They should be large enough to be seen from some distance;
- ✓ They could be used for small or larger groups
- ✓ Should be placed where many people are likely to pass
- ✓ Do not leave them up for more than one month, to avoid boredom
- ✓ Never use them before pre-testing.

V. Flipchart

A flipchart is made up of a number of posters that are meant to be shown one after the other. In this way, several steps or aspects of a central topic can be presented such as about family planning. Their purpose is to give information and instructions, or record information when prepared with blank pieces of paper.

VI. Flannel graphs

A flannel graph is a board covered with flannel cloth. The flannel graph is one of the most effective and easily used teaching aids because it is cheap and portable. Pictures and words can be placed on the board to reinforce or illustrate your message. It is very useful with people who do not read and in groups of less 30 people.

VII. Displays

A display is an arrangement of real objects, models, pictures, poster, and other items, which people can look at and learn from. Like a poster, it provides ideas and information but whereas a poster contains only one idea, a display has many. E.g. how a child develops and grows

Projected aids: Projected materials are simply educational materials that are shown to people using a projector. They are used to facilitate lectures or seminars/trainings. The group should not be more than 30. The commonly utilized once are slide projectors (color pictures on a transparent object), overhead projectors (display written or drawn materials on a transparency), and power point projectors. They are expensive, requires expertise and electric power. They are useful to underline the most important points in a talk or lecture.

Mass Media: It is one way of giving health education. The communication that is aimed to reach the masses or the people at large is called mass communication. The media that are generally used for mass communication go by the name of mass media. The commonly used mass media are microphones or public address system, radio, television, cinema, newsprints, posters, exhibitions.

Mass media are the best methods for rapid spread of simple information and facts to a large population at low cost. However, the major concerns with this method of communication are availability, accessibility and popularity in a given community.

Selection of Teaching Methods and Materials

The selection of the teaching methods and aids depends on:

- ✓ The type of the message
- ✓ The purpose
- ✓ The people addressed
- ✓ Availability of resources
- ✓ Availability of skills.

1.6.4. Effective communication skills

For effective communication, the following five general points should be considered; we should communicate when we have to communicate; communication is purposeful; it is not important to communicate unless there is a need and a purpose behind it.

Ideas must be clear to one self before communicating to others; if we are communicating ideas in which we are not clear, it will be very difficult to create understanding. Thinking of the behavior, its calluses and effects will be helpful. We have to also try to find out the most important reason (s) for the behavior to happen.

Get prepared first

Preparation is one quality of effective communication, and this should include knowing the purpose or objective or relevance of the ideas, identifying the targets, assessing the extent and scope of the idea to be communicated, the place where the communication takes place, and how best the idea could be communicated, making it clear and brief, and making presentation short and clear as this facilitates easy and more capturing of ideas than long and complex presentation- [The issue of KISS!]

Develop natural style: Although we can learn how to present, each person has his/her own natural way of presenting ideas. Some communities commonly understand most reactions in similar way. Therefore, expression of emotions should be natural and understandable.

Check whether you are understood or not: The communicator (sender) should develop a mechanism of checking that he/she is being understood by the audience for effectiveness, and this is usually done by getting feedback! Posing questions and listening to the audience.

Use simple straight forward language: Remember that your audience could be of different background. Even with the same background, people understand things not the same way; simple language helps communicate the ideas in understandable way.

Listen to ideas of people: Careful listening to the problems and talking to people is important as it helps to identify their feelings and establish good rapport.

Note: The 5Cs of effective communication are Clear, Concise (Brief), Complete, Convincing and Capable of being duplicated.

1.7. Providing health education service

Health education is regarded as an instrument for health promotion. It is critical for bringing about improvements in the health of the populations and promotion in health capital. It has not received the attention of the individuals, when required. The reason being, the individuals still lack the information and understanding of health education. The health educators experience problems and challenges in demonstrating efficiency and showing tangible outcomes in the implementation of this area.

Health education is primarily aimed to generate awareness among the masses in terms of methods and approaches to promote good health and well-being. To promote good health and lead to well-being, one of the factors that is of utmost significance for the individuals is to augment their understanding and put into operation the measures and strategies in a well-organized manner. Health education is concerned with establishing or inducing changes in personal and group attitudes and behavior to promote a healthier lifestyle. It is the sum of experiences, which influences the habits, attitudes and knowledge of the individuals. These are related to individual, community and social health. When the individuals generate adequate awareness in terms of measures and strategies to promote good health and well-being and implement them in a well-organized manner, they will be able to render a significant contribution in promoting good health and enrich their lives.

In providing health education it is very important to Provide Information in terms of Health as Community Asset; maintain norms of good health and developing a sense of civic responsibility.

1.8. Monitoring of service utilization and evaluation of behavioural change

1.8.1. Health education models

Models: are generalized hypothetical concepts that directly or indirectly interact one another in an organized manner. Models are important to propose a working set of determinants or factors

in situations where there are too many determinants or factors, which differ by various characteristics, so that different scholars can have a certain workable guideline.

Theories: are explanations or accounts of some phenomenon, a way of making sense out of things. When trying to understand a given health behavior or design a certain program to change behavior (health behavior), the behavior change models such as Health Belief Model, help to organize thinking, prioritize Issues, prevent planners from overlooking important factors, and guide the development and enforcement of health education.

- **Health Belief model (HBM)**

Health Belief model is a behavior change model which has been developed by a group of psychologists in the 1950s to help explain “why people would or would not use health services”. It is one of the most frequently used and being used in health behavior applications of health. The theory has helped explain different behaviors related to health.

This model has four well formulated components known as perceived susceptibility or risk, perceived severity, perceived benefit and perceived barrier, and two being evaluated components known as cues to action and self-efficacy.

Perceived susceptibility (risk) refers to the individual’s perception of the risk of contracting a health problem, which may, finally, lead the individual to examine his own behavior.

Perceived severity refers to an individual’s perception on the potential seriousness of the condition (a health or health related problem) in terms of pain or discomfort, disability, economic difficulties, death, etc. which help the individual seriously consider his behavior and its consequences.

Perceived benefit includes the perceived benefits of taking health action and its helpfulness which lead the individual to maintain the act and raise his/her confidence.

Perceived Barriers are events which may act as obstacle in adopting the recommended behavior leading the individual not attaining the behavior. For a health action to take place, therefore, barriers should be either removed or reduced to the minimum. Some of the barriers could be cost, side effects, cultural influences, inconvenience, etc.

Cues to Action are Events, either bodily (e.g., physical symptoms of a health condition) or environmental (e.g., media publicity) that motivate people to take action.

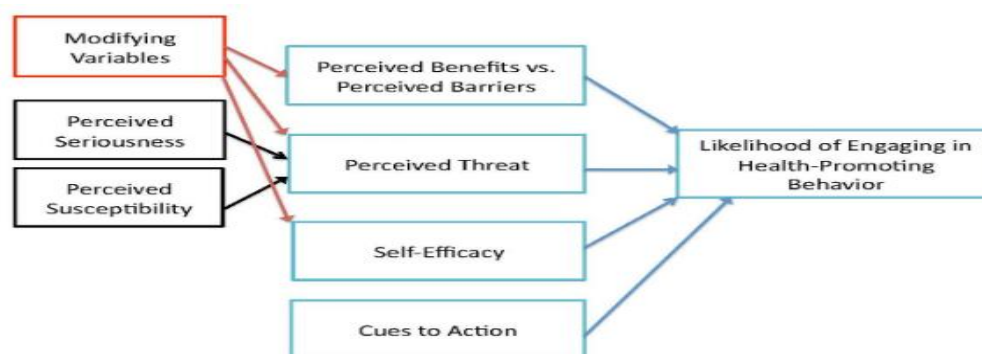


Figure 1.3: Health Belief model

▪ Theory of Reasoned Action

This theory is also called behavioral intention, and assumes that behavioral intention is a basis for a behavior to be adapted. Reasons or intentions behind an action determine the practice. The intention comes from the values attached to the behavior.

Behavior performance is a function of attitude towards behavior and perception of social or subjective norms favorable to the behavior.

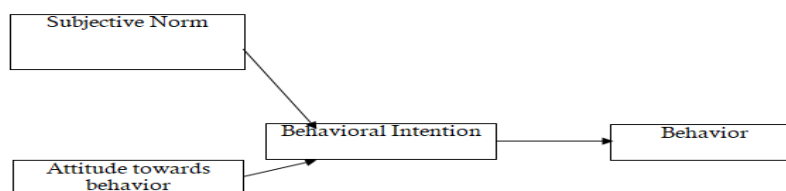


Figure2: Theory of

reasoned action model

Note: It would be very important to note that for a behavior change to be sustainable, the change in behavior should necessarily come after change in attitude; a behavior change without change in attitude is less likely to be sustainable

▪ Social learning (Cognitive) Theory

Unlike the two theories explained above, the Social learning (Cognitive) theory examines behavior in relation to the environment. Social learning theory (SLT) believes in that behavior is dynamic. It emphasizes that people self-regulate their environments and actions. The interaction of people with their environment is multilateral (environment, people, and behavior) interaction. Self-efficacy is the core concept in Social learning theory (SLT). Self-efficacy is a perception of one's own capacity for success in organizing and implementing a pattern of behavior that is new,

based largely on experience with similar action or circumstances encountered or observed in the past. According to this theory, learning takes place through the following ways:

- ✓ Direct experience; learning through doing
- ✓ Indirect experience; learning through observing others doing the job
- ✓ Cognitive learning; storing and processing of complex information (evidence based).

Trans theoretical model

This model critically assumes that behavior change is Complex and a process that involves sequences of change. The stages are both stable and open to change. The stages are both stable & open.

The model has two dimensions: stage of change and process of change. The constructs of the model are stage of change, process of change, decisional balance and self-efficacy.

The stage of change includes:

- ✓ Pre contemplation stage: Force able, resistance to change
- ✓ Contemplation stage: Willing but poor commitment
- ✓ Preparation stage: Intending change(in one month)
- ✓ Action Stage: Overt modification of behavior(For greater than six months)
- ✓ Maintenance stage: Sustainable behavior change

1.8.2. Monitoring of service utilization

It is said that human being is a social animal because people live in social groups in need of security. Human being is also called a social animal that actually thinks and acts logically

The issue of accessibility, affordability, and acceptability health service doesn't guarantee health care service utilization for the social aspects of human life is equally important factor in this regard. The community, itself, cares for its members in all cases where there is acceptable and proper social intercalation.

Behavioral sciences such as psychology, anthropology, sociology, etc are highly related to health education in one or another way; a group has a behavioral pattern which is called human behavior. Social sciences and medicine are concerned with their own ways with human behavior; social science is applied to disciplines like sociology, anthropology, psychology, economics, politics, etc., and these influence medical practices, and the influence can clearly be illustrated as follows:

1.8.3. Evaluation of behavior change

Change in behavior could be natural or planned in its nature based on natural events or based on plan respectively.

- ✓ Natural change in behavior-people's behavior changes all the time; some changes take place because of natural events or processes such as age and sex related behaviors.
- ✓ Planned change in behavior – people make plans to improve their life or to survive, for that matter, and they act accordingly. Planned change in behavior can be faster or slower depending on the response of the adapter or acceptor.
- ✓ Readiness to change behavior- is experienced after the stages of unawareness, awareness, concern, acquisition of knowledge and skill, and motivation are attained one after the other or overlapping one over the other. Readiness to behavior change, usually, is followed by stages known as trial. Helping people change their lifestyle will be effective and efficient when done in accordance with the behavior change stage processes attained by the individual or group of individuals. Therefore, it is very important to identify the level of behavior stage attained by individual or group of individuals before a giving behavior change intonation is implemented for effectiveness and efficiency of the program.

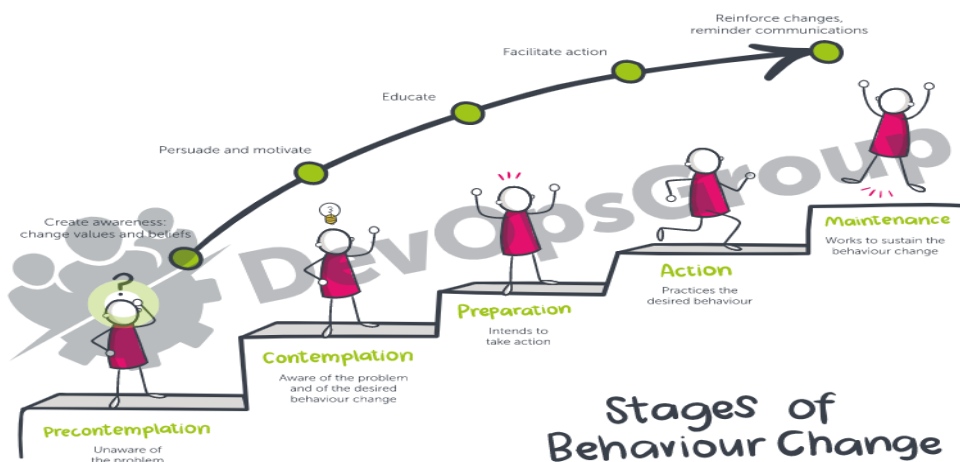


Figure1.4: Stages of behavior change process

1.9. Developing, promoting, implementing and reviewing strategies for internal and external dissemination of information

1.9.1. Disseminate relevant information

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The process of information dissemination is a strategic study in information and communication science since a successful information dissemination process will enable to provide significant multiplying effects. The goal of information dissemination is to share knowledge and information on program implementation, sustainability, and evaluation. Sharing best practices can help other programs to be successful. It also helps improve the program’s chances of long-term sustainability.

It is important to consider the target audience when developing a plan to disseminate information about the program. For example, flyers or handouts can be useful to share at a regional meeting or conference, but they may not be a good way to share information with a funder who is interested in learning more about program outcomes. It is also important to consider who will be a trusted messenger for the information being disseminated. For example, a former program participant or patient may be able to share a compelling and meaningful story about their experience with the program, which would convey the value they see in the program easier than written reports.

Common methods for sharing and disseminating information include:

- ✓ Participation at local, state, or national conferences and workshops
- ✓ Publications
- ✓ Presentations at provider or hospital staff meetings
- ✓ Social media
- ✓ Virtual meetings such as webinars, teleconferences, and expert panels
- ✓ Local, state, or national peer network groups
- ✓ Community outreach activities
- ✓ Word of mouth

1.9.2. Relevant, policies and regulations

Ethiopia’s Information Revolution is an example of a national, system-wide digital health transformation. It addresses multiple building blocks of sustainable, impactful digital health systems, and demonstrates how a holistic, systematic approach to digital health can strengthen a health system. In 2015, Ethiopia’s Ministry of Health introduced the Information Revolution in the country’s Health Sector Transformation Plan. The Information Revolution prioritizes two pillars of actionable and measurable interventions to develop better, more accessible health services, strengthen health systems, and improve health outcomes. The initiative focuses on digital transformation of the country’s health system in service of the goal to “ensure high

quality, equitable, sustainable, adaptive, and efficient health services to meet the health needs of a changing population”. It is widely acknowledged that government ownership over digital transformation is critical for sustainability and long-term success. The Information Revolution entails a radical shift from traditional ways of data utilization to a systematic information management approach powered by corresponding levels of technology... it is also about bringing fundamental cultural and attitudinal change regarding perceived value and practical use of information.

By centering the digitalization process on government priorities, donors and supporting partners have greater clarity and accountability. This approach also increases buy-in from government stakeholders and promotes engagement from stakeholders of all types. The Information Revolution Roadmap is a strong example of how digital transformation can support broad health system goals while also defining near-term digital priorities. Both are necessary for success, but the importance of near-term priorities is less often recognized. Digital transformation is a significant undertaking that requires years of large-scale effort and change. To make this feasible, government and their partners should establish shorter-term strategies or work plans with prioritized activities. The Information Revolution Roadmap continues to guide Ethiopia’s digital transformation, ensuring that all efforts to digitize health systems contribute to the country’s long-term vision.

1.10. Maintaining work related network and relationship

Networking isn't merely the exchange of information with others — and it's certainly not about begging for favors. Networking is about establishing, building, and nurturing long-term, mutually beneficial relationships with the people you meet, whether you're waiting to order your morning coffee, participating in an intramural sports league, or attending a work conference. You don't have to join several professional associations and attend every networking event that comes your way in order to be a successful networker. In fact, if you take your eyes off your smart phone when you're out in public, you'll see that networking opportunities are all around you every day. Experts agree that the most connected people are often the most successful. When you invest in your relationships — professional and personal — it can pay you back in dividends throughout the course of your career. Networking is essential since it will help you develop and improve your skill set

1.11. Approaches to meet communication needs

Communication is the process of exchanging of ideas, messages and information between two or more than two people with the help of any means or channel. But, just knowing the definition only is not enough, rather, the cause of defining communication in a particular way (approach) should also be known. There are four models of communications approach:

- **Communication as transmission:** This approach defines communication as the process of transmission of message as intended by the source. Here, initiation of the communication is considered as an important factor for the communication to take place. Those adopting this view define communication by various terms: imparting, sending, transmitting or giving information. The center of this idea of communication is the transmission of signals or messages over distance for the purpose of control. This model is termed as engineering model because the medium plays central role in communication according to this approach and sender is highly emphasized in comparison to receiver. It is in line with linear models.
- **Communication as Ritual:** This approach defines communication as participation. The communication is defined in the terms such as sharing, participation, association, fellowship and the possession of common faith. The ritual model is referred as expressive model. This view sees communication in terms of the representation of shared beliefs. Ritual view of communication is not directed towards the extension of message in space but the maintenance of society in time. In other words, ritual view does not confine communication to mechanistic understanding of transmission of information from one geographical point to the other. Both sender and receiver has active role in the communication process as the culture is important in the communication. It does not exclude the process of information transmission. Rather, all engaged in communication gains something more than information.
- **Communication as publicity:** This approach defines communication as the process of influencing the mind of others through messages. It is called audience-capturing or display-attention model because it looks communication from the viewpoint of catching visual or aural attention of the users. It acknowledges the significance of audience in the process and considers that audiences can be manipulated. Grabbing the attention is crucial in this approach.
- **Communication as reception:** This view has its root in critical theory and reception analysis where the approach has shifted the importance from technical to semiotic approach. The

communication is defined from the perspective of receiver. Audience is highly emphasized because it is audience who gives meaning to the message. Encoding and decoding are considered as the crucial moment in communication. It is not necessary that audience receive message or understand it as intended. Rather, messages are polysomic and it is receiver who draws meaning that depends upon his/her cultural and context

Self-check -1	Written test
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Test 1: True or False

Direction: Say true if the statement is correct and false if the statement is incorrect

1. Mass media is one way of giving health education.
2. Synthesis refers to the ability to put parts together to form a new whole or summarizing

Test 2: Multiple choice

Direction: - Choose the correct answer from the given alternatives

1. From level of community participation Local people work together with outsiders to determine realities; responsibility remains with outsiders for directing the process.
 - A. Compliance
 - B. Consultation
 - C. Cooperation
 - D. Collective action
2. Stage you will learn about the communities in which they will work and the key issues health problem.
 - A. Prepare to mobilize
 - B. Organizing community
 - C. Plan with the community
 - D. None
3. Steps in community mobilization:-
 - A. Create awareness
 - B. Motivate the community
 - C. Share information
 - D. All
4. A systematic process for determining gaps between current conditions and desired conditions or "wants"
 - A. Objective
 - B. Need assessment
 - C. Prioritization
 - D. None
5. Action plan contain.
 - A. list of activities
 - B. Resources
 - C. Timing
 - D. All
6. objectives are related with what the community need to do or how should they act in order to prevent and control diseases
 - A. Health Objectives
 - B. Behavioral objectives
 - C. Educational objectives
 - D. Resource object

Test 3: Matching

Direction: Match Terms in column A with its meanings in column B

Column “A”

1. Posters
2. Visual aids
3. Leaflet
4. Photographs
5. Flannel graphs

Column “B”

- A. Objects that are seen eyes
- B. large sheet of paper, often about 60 cm wide by 90cm high with words
- C. Unfolded sheet of printed material
- D. Board covered with flannel cloth
- E. Can be used to show people new ideas or new skills being practiced.
- F. type of drama but in a simplified manner
- G. Pleasant way of sharing skills and knowledge

Operation Sheet 1	Procedures for planning health education
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Operation Title: Health education plan

Instruction: prepare health education for the learners in simple ways.

Purpose: to address the main point easily for the learners

Required tools and equipment: Flip chart, Markers, Paper, rulers and etc.

Precautions: check the teaching room environment safe first.

Procedures:

- Step 1: plan health education, Identify Public Health Program Goals and Primary Target Groups
- Step 2: Identify the Causes of the Health Problem
- Step 3: Analyze the Causes of the Health Problem
- Step 4: Determining Health Education Objectives and Activities
- Step 5: Determine Evaluation Measures and Procedures
- Step 6: Determine Needed Resources

LAP TEST-1

Performance Test

Name_____ID_____Date_____

Time started: _____ Time finished: _____

Instructions: Given the necessary templates, tools, and materials you are required to perform the following tasks within 30 mins. The project is expected to be done by each student individually

Task-1: Collect or find the necessary materials

Task-2: Prepare educational planning

Unit two: Train model family

Instruction sheet

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

- Identifying better performing households
- Establish space and time for training
- Identifying and collecting resources for training
- Providing training according to MOH guidelines
- Provide post training follow up and monitoring
- Evaluating and certifying well performing model households

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

- Identify better performing households
- Establish space and time for training
- Identify and collect resources for training
- Provide training according to MOH guidelines
- Provide post training follow up and monitoring
- Evaluate and certify well performing model households

Learning Instructions:

- Read the specific objectives of this Learning Guide.
- Follow the instructions described below.
- Read the information written in the information sheets
- Accomplish the Self-checks

2.1. Identifying better performing households

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Training model family is a means of enabling and empowering selected family members with certain healthy behaviors or with some important health messages so that they can enable and teach the rest of other community members. Training model families is one of the important strategies, and is adapted from theories of mass communication/diffusion of innovation.

Using criteria based on social and economic status with the community, individuals who are likely to be early adopters of new behaviors will be selected. Then, training provided to parents on health behaviors such as hygiene and sanitation, accessing services (e.g., early childhood immunization), family planning, infant feeding practices, and nutrition. The family uses these lessons to make changes to its home and health care, and then it can graduate and become a model family.

Those family members who are active participants and those who are models in the day-today developmental activities will be considered for the trainings. Moreover, the training is given by a Health care provider on all the packages, first to bring behavioral change and then to enable model families to teach the rest of the community members.

The model family training package usually selects **early adopters**--this is because they are considered as opinion leaders and can influence the behavior of other community members. For example, community leaders, religious leaders....etc.

Criteria to include in the trainings- according to the criteria, a family should fulfill all or at least 50% of the following criteria to be included in the training:

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

2.2. Pre training preparation phase

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After selecting households for trainings, pre training preparation will be done. In this phase, the following activities are done:

- ✓ **Baseline survey** on family size, sex, age, environmental and personal hygiene, health status of the family through observation, water handling and proper utilization...etc. of the model family.
- ✓ Health care practitioner and other Kebele leaders should select and arrange appropriate time and place of training for about 100-150 households and introduce them the overall activities in Health care program and model family package, finally receive feedbacks from the participants and come to the common consensus or decisions

2.3. Providing training according to MOH guidelines

A Health care practitioner should consider the following activities

- ✓ Health care practitioner should select the appropriate methods and materials for the training and should **develop a lesson plan** for each phase of the training.
- ✓ Determine the content and arrange the flow based on the principle of the Health Extension package implementation guidelines, "start from the simplest then come to the complex one" Sessions covered during the training.

Theoretical session----theoretical trainings should be given with a simple language in a ways that the participants can understand the concepts. Establish a good relationship to encourage and praise the training participants and give a time for questions and answers or discussion. It is good for assessment of the current understanding level of the trainees.

Practical session:-a Health Extension practitioner should encourage learning by doing. i.e., the participants should be given a chance to exercise what they have learned. For example, demonstration on latrine construction, pit construction for waste disposal, food preparation, etc. a Health Extension practitioner should visit a volunteer model family and observe while he/she is performing. Moreover, strict supervision and corrections on the procedures should be considered. Finally, a Health Extension practitioner should inform the model household to show after performing the expected activity or the procedures within at least one to two weeks.

Duration of the training:- the duration of training will be decided in discussion with the training participants (the model family). However, training should be conducted two days per a

week or for three hours per day. In this regard the training should be given for a total of ninety six hours within four months.

2.4. Provide post training follow up and monitoring

A Health Extension practitioner should follow-up both the theoretical and practical effect on the training participants. The follow-up should be done by directly visiting the household at least once in a week after the end of the training session. Therefore, a Health Extension practitioner should follow-up at least 12-15 model households per day or 60-75 households per a week in order to assess the effect of demonstration at their home(in the presence of a husband or wife).

The monitoring checklist should be prepared in two copies to undergo monitoring, one for the model family/household, posted on the wall where the supervisor can see. On the other hand, the other copy should be retained on the hands of the Health Extension practitioner and should be put under the records in the Health post.

2.5. Evaluating and certifying well performing model households

They will be graduated as soon as the end of the training exactly after one month's later. However, they should attend 75% or more time and the Health Extension practitioner also need to select them depending on their attendance as well as performance level for their graduation. The graduation certificate will be given after the successful completion of the following two activities

- **Practical exam (assess more of the skill/practical aspect)**
 - ✓ Construction and utilization of latrine
 - ✓ Construction and utilization of energy saving equipment such as local stove
 - ✓ Construction of the separate dwelling for cattle and other animals
 - ✓ Personal hygiene and sanitation
 - ✓ Construction and utilization of equipment/articles/utensil shelf
 - ✓ Good handling practices of water
 - ✓ The successful completion of all the maternal and child immunizations
 - ✓ Utilizations of family planning services
 - ✓ Utilization of the insecticide treated bed nets (ITNs)
- **Oral exam (assess more of theoretical aspect)-** the trained model family will be asked not more than five questions and he/she would be expected to give a correct answer for at least

three questions. The questions are prepared and asked to assess the current knowledge of the trainee. The supervisor from the woreda will also attend the assessment process.

Self-Check – 2	Written test
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Name_____ ID _____Date_____

Test 2.1: True or false

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Directions: Say true if the statement is correct and false if the statement is incorrect

1. Before selecting households for trainings, pre training preparation will be done.
2. Health care educator should select the appropriate methods and materials for the training.

Test 2.2: Short answer

Directions: Answer all the questions listed below.

Test I: Answer the following questions

1. The model family training package usually selects early adopters. Who are early adopters?

2. During model family trainings, what kinds of sessions are included?

3. List down the criteria needed to be participant for model family trainings

Test 2.3: Essay question

Directions: explain deeply

1. Discussed about the model family training package

Unit Three: Plan and Undertake advocacy on identified health issues

Instruction sheet

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

- Prepare advocacy plan to address health issues
- Consult community representatives health needs and priorities
- Identify and consult influential community representatives and health development armies to disseminate IEC-BCC activities
- Planning, implementation and evaluation of advocacy and community mobilization
- Organizing and providing continuous advocacy services in partnership with stakeholders
- Using feedback for planning

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

- Prepare advocacy plan to address health issues
- Consult community representatives' health needs and priorities
- Identify and consult influential community representatives and health development armies to disseminate IEC- BCC activities
- Plan, implement and evaluate of advocacy and community mobilization
- Organize and provide continuous advocacy services in partnership with stakeholders
- Use feedback for planning

Learning Instructions:

- Read the specific objectives of this Learning Guide.
- Read the information written in the information Sheets
- Follow the instructions described below.
- Accomplish the Self-checks

3.1. Preparing advocacy plan to address health issues

Communication is a method by which information travels from a source, such as a mouth, to a receiver, such as an ear, and is understood as intended. If the information is not understood, it has not been communicated properly. Sources and receivers can be individuals or groups. They

do not need to be people either. When a dog barks and brings you its lead, you understand that it wants to go for a walk. In that case, the source is the dog, and the receiver is you. Information can be a message or a collection of facts. It might include, for instance, statements of opinion, instructions, questions, requests, demands, ideas, declarations or codes.

3.1.1. Stages of Advocacy

There are 8 stages which are important to have good advocacy techniques. These are:

I. Define Your Goals

- ✓ What needs changing?
- ✓ Long term/short term?
- ✓ What do we want to ask for? Does it require change to: Legislation, Policy, Regulation, Programs and Funding

II. Know Your Audience

- ✓ Multi-layered: policy makers, media, key constituencies, public
- ✓ Different strategies for each target – research
- ✓ Provincial and Territorial governments, health authorities and general public

III. Craft Your Message

- ✓ Be clear on what we are asking for
- ✓ Keep it simple and focused
- ✓ Use positive language
- ✓ Tailor message to audience- research
- ✓ Appeal to audience's self-interest
- ✓ Acknowledge environment/context- be pragmatic
- ✓ Make the case
- ✓ Need to look at the problem, the solution(s) and the benefit(s)
- ✓ Be consistent
- ✓ Distribute clear concise position statements
- ✓ Use evidence - facts carry more weight than anecdotal evidence Economic arguments are important

IV. Identify the Messenger

- ✓ The target audience will determine the messenger.
- ✓ As we cultivate champions, they will also become messengers
- ✓ Media is best handled by a designated person(s)

V. Identify Delivery Methods

- ✓ Advocacy is relationship building
- ✓ Tactics change by target audience
- ✓ Tactics to reach general public, media, government

VI. Identify Resources and Gaps

- ✓ Alliances, relationships, information, political intelligence, capacity of staff, opportunities
- ✓ Develop capacities which are lacking Research, media, outreach

VII. Plan Next Steps

- ✓ Priority area: Action, Target, Timelines, Partners, Resources, Critical path or Next Steps
- ✓ Set out clear steps – including timelines
- ✓ Be clear on who needs to do what and when
- ✓ Communicate the plan with partners and Be flexible
- ✓ Keep focused on long term goal

VIII. Evaluate Effectiveness

- ✓ Regularly revisit each of the steps to make sure the strategy is effective
- ✓ Discard any tactics which are not working and build on those that do
- ✓ Re-evaluate as new opportunities and challenges emerge
- ✓ Communicate changes internally

Remember...

- ✓ Communications are key!
- ✓ Build a coalition of voices
- ✓ Planning is crucial
- ✓ Positive messaging is important
- ✓ Advocacy is about relationship building

3.1.2. Advocacy tool and approaches

In advocacy, each issue demands different approaches and strategies, partners, tactics, methods, resources, materials, and so on. In embarking upon an advocacy campaign, it is important to have the capacity to consider all available options and to make strategic choices amongst them. We call these options the "tools" of advocacy. Skilled and informed use of these tools results in greater advocacy impact.

The most important of these tools include:

- **Information:** Gathering, managing and disseminating information lays the basis for determining the direction of an advocacy campaign. Research is one way of gathering information.
- **Research:** Conducting research and policy analysis uses the information from various sources and develops it into policy options which become the key content of an advocacy campaign.
- **Media:** Various media are used to communicate the campaign's message(s) to the different stakeholders.
- **Social mobilization:** Mobilizing the broadest possible support from a range of stakeholders, including the public at large, is essential to building the influence of the campaign.
- **Lobbying:** Convincing the decision-makers who have the power to make the desired change involves a set of special knowledge and skills.
- **Litigation:** Sometimes, using the court system to challenge a policy or law can reinforce an advocacy campaign.
- **Networks, alliances and coalitions:** Sharing of information and resources, and strength in unity and commonality of purpose are key to the success of advocacy work.

The choice of tools will vary, even in the context of a single campaign. It will depend on:

- ✓ The issue at hand, The strategic objectives, The message to be communicated and The stakeholders targeted.

Advocacy is a complex task. Its objectives will not be achieved through the use of only one tool or method, but rather will require a carefully designed mixture of approaches. Groups should be flexible throughout their advocacy campaign so that if one tool does not have the expected results, another can be tried.

3.1.3. Principles of effective Advocacy

Principles of advocacy are designed to assess the current effectiveness of health advocacy approaches, in particular whether they are working well and whether they can be improved; and strengthen current and future health advocacy approaches to promote safe, quality healthcare and health systems.

Six core principles for effective health advocacy are identified.

1. **Community centered:** The community is at the center of interaction. community is one part of interaction
2. **Opportunities:** Stakeholders promote and support opportunities for both individual and systemic advocacy. Use several tools for advocacy to reach a wide audience
3. **Recognition:** Stakeholders recognize that advocacy is lawful and that it can take many forms
4. **Relationships:** All those involved work together with respect and recognize each other's roles and contribution to the process. Have good relations with the private sector and all the NGOs working in the area around
5. **Response:** Matters raised are acknowledged and responded to
6. **Resolution:** The aim of all participants is to find a solution which is acceptable by all community members. Have good strategic planning and effective monitoring tools

3.2. Consult community representatives health needs and priorities

Consult community representatives' health needs and priorities

The identification of the health needs of the community, resulting from the evaluation of those health determinants, allowed the identification of a diverse set of problems. A classification was developed to enable the selection of the priority problem for intervention.

The prioritization phase include

- ✓ Grouping of health needs according to their level of similarity;
- ✓ Classification of the grouped needs by the community intervention team

The prioritization process is a key step in health planning, enabling the identification of priority problems to intervene in a given community at a given time. There are no default formulas for selecting priority issues. It is up to each community intervention team to define its own process with different methods/techniques that allow the identification of and intervention in needs classified as priority by the community. When choosing the health needs and during prioritization, consulting community representatives is good for planning and implementation phase. If community is represented by their representatives, it will be good for the outcomes and its sustainability.

3.3. Identifying and consulting influential community representatives and health development armies to disseminate IEC-BCC activities

IEC is a process through which information is disseminated to masses.

- ✓ **Information-** Useful and representative data on a related issue.
- ✓ **Education-** The process of transferring and embedding information.
- ✓ **Communication-** A process through which two or more people share transfer of information, and which is complete only after compliance by both the parties on whether the information and education have been perceived in the same way as transmitted.

Some of the commonly used tools for IEC are Wall Writings, Wall paintings, Street Plays, Exhibitions, Posters, Handbills, Pamphlets, Meetings, Songs etc. BCC is a process through which the information prevailing in the IEC process is implemented in the behavior by the target person, which brings in a sustainable change for better in them” So IEC though interrelated terms are two different process, where saying that IEC is sub process component of the mother process BCC.

In order to be effective in disseminating IEC-BCC activities, it is very important to identify and consult community representatives who are influential and respected. Health development armies are also important structured modalities important for IEC- BCC activities.

3.4. Planning, Implementation and evaluation of advocacy and community mobilization

3.4.1. Planning, Implementation and evaluation of advocacy

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

- A. Identifying a problem:** In this step you must think more specifically about what you aim to do. You need to identify the problem that requires a policy action.
- B. Knowing your audience:** This means you should decide which audience to target through advocacy, and you must carefully determine the advocacy goals and objectives. At this stage, you are also identifying the policy makers you are trying to influence to support your issue. Examples include politicians, local officials and ministry officials.
- C. Building support:** Build alliances with other groups, organizations and individuals who need to become committed to support you in your advocacy work on health issues. You should remember that the campaign will be most effective when individuals and organizations join together in networks in order to increase the strength of your advocacy efforts.

- D. Developing your message:** An advocacy message is a statement that may be tailored to different audiences. These messages define the issue, state solutions, and describe the actions that need to be taken.
- E. Identifying the channels of communication:** Identify the channels and the messages to be delivered to the various target audiences through radio, television, flyers, press conferences, or during meetings.
- F. Resource mobilization:** This means you need to identify and attract resources such as money, equipment, volunteers, supplies and space in order to carry out your advocacy campaign.
- G. Advocacy activity:** Once you have mobilized all necessary resources, you will be in a position to implement a set of planned activities, sometimes called an action plan, to achieve your advocacy objectives.
- H. Monitoring and evaluating the activities:** After you have already implement your advocacy campaign you need to monitor the process of an activity and gather information about how it is going, in order to measure progress towards your advocacy goal. Then evaluate the data gathered about the advocacy activities and analyze them to support each step of your advocacy campaign.

3.4.2. Community mobilization

- **Basic concept of community mobilization**
 - ✓ **Community** refers to an area or a village with families who are dependent on one another in their day-to-day, thereby creating mutual advantages.
 - ✓ To **mobilize** means to organize or assemble power, force, wealthy and other resources to increase a full stage of development.
 - ✓ **Community mobilization** is an attempt to bring both human and non-human resources together to undertake developmental activities in order to achieve sustainable development.
 - ✓ **Community mobilization** is a process through which **action is stimulated by a community itself**, or by others, that is planned, carried out, and evaluated by a community's individuals, and groups.
 - ✓ It is an organization on a participatory and sustained basis to improve the health, hygiene and education levels so as to enhance the overall standard of living in the community.

What roles can the community play?

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As you know, our most valuable resource in the community is our own people. They can make decisions about the development and health care service of the surrounding. Cooperation among community people is important to develop the community self-sufficiency and self-reliance. The community has an important role to identify and use available resources in the Kebele, and to plan and act accordingly. Where there is a mechanism of local self-government, important decisions are usually made at the local level by the local people themselves.

Development and health goals cannot be achieved without effective participation of the community. So community mobilization is concerned about organizing the community and all the resources available in the community to move them towards achieving this health goal.

Community mobilization is defined as a process whereby a group of people have transcended their differences to meet on equal terms in order to facilitate a participatory decision-making process. It is an initial and ongoing process central to any community and social change effort that seeks to build support and participation of individuals, groups, and institutions to work towards a common goal or vision. It can be viewed as a process which begins a dialogue among members of the community to determine who, what, and how issues are decided, and also to provide an opportunity for everyone to participate in decisions that affect their lives. It is a means to achieve reliable and sustainable healthy lifestyles and behavioral changes.

■ **Benefit of community mobilization**

The most significant benefit is doing something to help address an issue impacting their community to save valuable resources. By getting involved, community- and faith-based organizations, health care professionals, and policy makers will jointly take actions that answer their community's problem. Community mobilization can:-

- ✓ Infuse new energy into an issue through community buy-in and support.
- ✓ Expand the base of community support for an issue or organization.
- ✓ Help a community overcome denial of a health issue.
- ✓ Promote local ownership and decision-making about a health issue.
- ✓ Limit competition and redundancy of services and outreach efforts.
- ✓ Create public presence and pressure to change laws, policies, and practices — progress that could not be made by just one individual or organization.
- ✓ Bring new community volunteers together (because of increased visibility).
- ✓ Increase cross-sector collaboration and shared resources.

motivating the people and encouraging participation

3.5. Organizing and providing continuous advocacy services in partnership with stakeholders

To undertake effective advocacy it is important to identify those who are most likely to be your allies, including those who can be persuaded to become allies, or at least facilitators to help you. You will also need to identify those who stand in the way of you achieving your advocacy goals.

Benefits of stakeholder involvement in advocacy services:

- ✓ It can lead to informed decision-making, as stakeholders often possess a wealth of information, which can benefit advocacy towards building an enabling environment for evaluation.
- ✓ Consultation in the early stages of advocacy can alert to potential risks and can reduce the likelihood of conflicts, which can harm the implementation and success of advocacy.
- ✓ Stakeholder involvement contributes to transparency in undertaking advocacy as the different stakeholders that are involved can monitor it.
- ✓ The involvement of stakeholders can possibly lead to long-term collaborative relationships that can further evaluation advocacy agendas

3.6. Using feedback for planning

Provision of feedback forms an integral part of the learning process. Receipt of feedback enriches the learning experience, and helps to narrow the gap between actual and desired performance.

Effective feedback helps to reinforce good practice, motivating the learner towards the desired outcome. However, a common complaint from learners is that the receipt of feedback is infrequent and inadequate. Providing trainees with feedback lends them the opportunity to benchmark their own assessment against external appraisal, and cultivates a reflective practice on behavior, attitude and performance. It is important for learners to recognize the importance of external input on their learning process, in order to be able to apply the feedback received to the development of self-assessment skills through reflective practice.

Failure to provide feedback may bring upon an additional unwanted outcome. It can be misinterpreted as an implicit approval of the learner's performance and/or knowledge

Self-Check – 3	Written test
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Name _____ ID _____ Date _____

Test 3.1: true or false

Directions: Say true if the statement is correct and false if the statement is incorrect

1. Community refers to an area or a village with families who are dependent on one another in their day-to-day
2. Community mobilization is a process through which action is stimulated by a community itself.
3. Identifying a problem means think more specifically about what you aim to do.

Test 3.2: short answer question

Directions: Answer all the questions listed below.

1. List down the stages of advocacy and ways to apply it in each stages

2. What is IEC and BCC? Describe the importance of IEC and BCC during communicating with community?

3. What is community organizing and its importance?

Test 3.2: Multiple choice question

Direction: Choose the best answer from the given alternative.

1. Which one of the following is not the elements of principles for effective health advocacy?

- | | |
|-----------------------|---------------|
| A. Community centered | C. Resolution |
| B. Recognition | D. None |

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