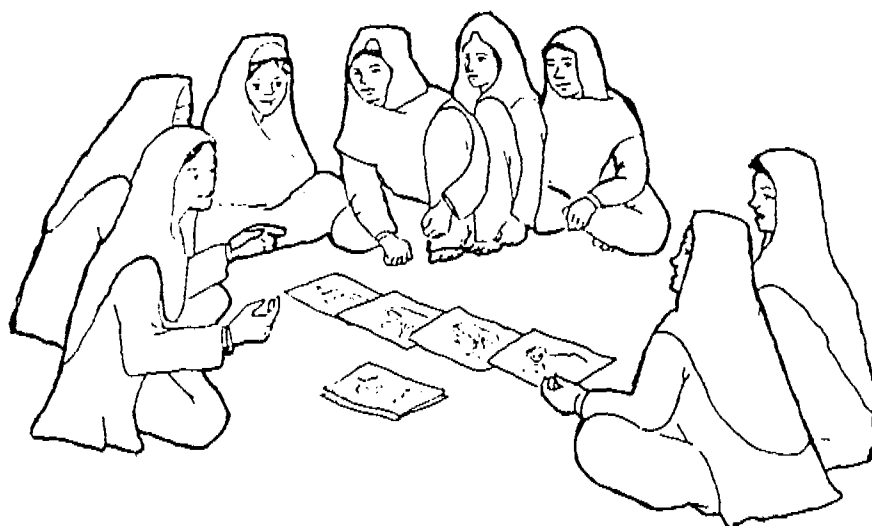


Water, Sanitation, Hygiene and Health Studies Project  
in cooperation with  
Aga Khan Health Service  
Gilgit, Pakistan

## MANUAL ON PARTICIPATORY HEALTH EDUCATION



by:

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## TABLE OF CONTENTS

FOREWORD	v
INTRODUCTION	vii
GUIDELINES FOR CONDUCTING TRAINING IN PARTICIPATORY HEALTH EDUCATION	ix
REFERENCES	xiii
<b>WORKSHOP 1 : INTRODUCTION TO PARTICIPATORY HEALTH EDUCATION; 'THEORY AND PRACTICE'</b>	
Instructions for workshop 1	1 - 1
Workshop agenda	1 - 3
Introduction and Activities	1 - 5
Annexes	1 -19
<b>WORKSHOP 2 : PARTICIPATORY EXERCISES AND USING STORIES</b>	
Instructions for workshop 2	2 - 1
Workshop agenda	2 - 3
Introduction and Activities	2 - 5
Annexes	2 -17
<b>WORKSHOP 3 : THE DEVELOPMENT OF PARTICIPATORY HEALTH EDUCATION MATERIALS</b>	
Instructions for workshop 3	3 - 1
Workshop agenda	3 - 3
Introduction and Activities	3 - 5
Annexes	3 -15

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# LIST OF DRAWINGS, PHOTOGRAPHS, FIGURES AND BOXES

## DRAWINGS

Drawing 1	A participatory health education session	(cover page)
Drawing 2	A negative story line and a positive story line	3- 8
Drawing 3	An example of negative and positive story cards	1-31

## PHOTOGRAPHS

Photograph 1	A group of LHVs are learning practical concepts of PHE (cover page workshop 1)	
Photograph 2	The use of story cards by an LHV in a community (cover page of workshop 2)	
Photograph 3	An example of the three pile sorting cards	2- 8
Photograph 4	The development of materials (cover page workshop 3)	

## FIGURE

Figure 1	Faecal-Oral Transmission Routes	1-13
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## BOX

Box 1	No teachers but facilitators	ix
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## ANNEXES

### WORKSHOP 1

Annex 1	: Questionnaire on the normal health education activities	1 - 19
Annex 2	: List of poor listening habits	1 - 21
Annex 3	: Preparation of a PHE-session	1 - 23
Annex 4	: Guideline on the use of the story cards	1 - 25
Annex 5	: Planning on Participatory Health Education for the coming month	1 - 26
Annex 6	: The five square assessment exercise	1 - 28
Annex 7	: Energizers	1 - 29
Annex 8	: An example of negative and positive story cards	1 - 31

### WORKSHOP 2

Annex 1	: 'Story of Ahmad'	2 - 17
Annex 2	: 'Three pile sorting cards'	2 - 19
Annex 3	: Handout: pre-testing health education materials	2 - 21

### WORKSHOP 3

Annex 1	: Comments on the development of stories	3 - 15
Annex 2	: Translating events into pictures	3 - 17
Annex 3	: A guideline for pre-testing stories	3 - 19
Annex 4	: Evaluation of the PHE-training	3 - 21

## FOREWORD

This manual is a compilation of instruction materials for a training in participatory health education. The training is based on the experiences gained by the WSHHSP in 1993 - 1996. The training is one of the outcomes of the fieldstudies of the WSHHSP to identify, develop and test appropriate health education methods and materials.

One of the important conclusions from the studies was that a good way of communicating health messages to villagers is the use of stories and of graphic cards. The use of pictures showing local details of day-to-day life enhanced the interest of the villagers and made it possible for them to identify themselves with the pictures<sup>1</sup>.

Another conclusion was that the health professional (Lady Health Visitors) considered health education as a less rewarding task as compared to their medical responsibilities such as prescribing medication and vaccinating. Staff also mentioned that villagers were often not very interested in their health education sessions and that they lacked locally specific health education materials.

Given this situation WSHHSP proposed to enhance the efficiency of health education by using participatory methods. The advantages of this type of health education are:

- the active involvement of villagers in the sessions
- focus on the problems of the target population
- attractive material (for both the villagers as well as the facilitators)
- materials can be produced using area specific details

One of the main constraints with participatory approaches is that health educators will need additional training and practice. The Lady Health Visitors who conduct health education sessions would have to make a shift from a didactic approach (act as a teacher), to a more open approach with discussions with villagers (be a facilitator). This in itself is a process during which the trainees have to be guided intensively.

In 1995 the WSHHSP developed and tested a complete training programme for participatory health education. The programme consisted of three workshops of three days each (nine days in total). In 1995 this programme has been carried out with two groups of field staff of the Aga Khan Health Service in Hunza/Nagar and in Ghizer in Northern Pakistan. All the experiences of the trainers and feed-back from the participants during the training programme have been incorporated in this manual.

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<sup>1</sup>. During 1994 and 1995 participatory methods and graphic cards were developed and tested in cooperation with field staff of AKHS and AKRSP in villages in Baltistan, Gilgit and Chitral, in Northern Pakistan. The graphic materials were produced by the WSHHSP artist who draws in a simple style that is easy to understand for illiterate people.

## INTRODUCTION

Participatory health education requires skills and experience that are often opposite to what most of the health educators have been taught in their training and work. Instead of telling, explaining and convincing people, this process requires listening to the people and thinking with them about their problems. This needs a total change of mind which can be obtained during a well coordinated training process.

In the training programme the participants follow a process in which they first get knowledge and practice in the principles of participatory health education. The training programme consists of three workshops that can be spread out over three to four months.

- During the first workshop the participants are introduced to participatory health education methods and materials and get a thorough training in the skills that are required for participatory health education, i.e., focusing on a change of attitude, developing listening and questioning skills and learning to plan the sessions.
- The second workshop elaborates on the attitudes and skills learned in workshop 1 and puts emphasis on making and telling health education stories.
- The third workshop is concentrated on the development of the materials needed for participatory health education. To make participatory health education more interesting and sustainable the participants learn to develop their own materials.

This manual is written for trainers of AKHS, WSHHSP, WASEP and AKRSP (and anybody else interested in participatory approaches) as a guideline to train field staff in participatory health education methods.

### Structure of this manual

The manual starts with a practical guideline on how to organize and conduct a training on participatory health education. This guideline includes some impressions and responses from the workshops of 1995. The rest of the manual is divided in three parts, each presenting a complete instruction of activities, including timetables, instructions for the facilitators, lists of materials required and hand-outs for the participants. To enable easy access to the material each workshop has a cover page in a distinct colour; the first workshop is yellow, the second is blue and the third workshop is red.

## GUIDELINES FOR CONDUCTING TRAINING IN PARTICIPATORY HEALTH EDUCATION

These guidelines are intended for those who will be acting as trainers in participatory approaches. In this manual a complete training programme is presented, consisting of three workshops. Each of these workshops can be divided in three phases: the preparation, the conducting of the workshop and the evaluation. For each of the phases we have made a number of suggestions that are based on our experience during 1994 and 1995. In Box 1 an example of the reaction of the trainees in previous training programme is mentioned.

### The preparation

**Two trainers.** We advise that at least two trainers should facilitate the workshops.

**Get permission and support from field teams and management.** It is important to explain the programme to the management staff and to involve them from the start of the programme. This is necessary because the success of the training programme depends on the continuation of the participants learning processes. Often the logistical arrangements, i.e, the availability of transport, timing and the availability of the same group of trainees, can be main obstacles.

**Selection of participants.** Select a group of about 10 motivated participants and get permission that they will follow the complete training programme. Discuss the selection of candidates with senior LHVs and field directors during for, example, the monthly staff meeting in the modules.

**Plan the training in a suitable period.** Decide with the field teams a period of time in which the participants will not be replaced. This will facilitate the logistical arrangements.

**Arrange sufficient accommodation nearby.** It is our experience that more time is available for the workshop if the participants stay overnight and thus are less distracted by other kinds of practical matters.

**Plan the workshops at different locations in the field.** The workshops should be held in the field. If different health centres are selected the burden of cooking and accommodation can be shared.

### **Preparations of the trainers**

Read carefully through the manual. Prepare all the materials and copy the hand-outs. We advise that about a week before the workshop the trainers conduct a planning session. In this session all the training activities can be practiced. The trainers should decide who takes the responsibility for different activities. Due to the intensive character of the workshops, it is better to take turns.

## **Conducting the workshop**

**Create a relaxed and open atmosphere.** The programme will be more effective if the participants feel comfortable. As trainers of a participatory approach you should avoid acting as a 'formal' teacher. Sit in a circle, for example, so that the trainers and participants face each other and everyone can directly interact. The trainers should function in a non-competitive way and always support each other. They should establish a warm and egalitarian relationship with the participants. It is suggested not to stand while the participants are sitting, talk too much, nor always sitting in the same place within the circle.

**Avoid being critical.** As a trainer you should avoid disapproving of the response of participants. Always try to be positive and encourage sharing any idea with the others in the group. Stimulate interaction in the group.

**Give participants responsibilities.** Try to give the participants new roles and responsibilities like conducting, reporting and evaluating the sessions and carrying out role plays. In this way everyone will be actively involved and through their contributions participants will grow in their self confidence.

**Use energizers.** These energizers are small games and exercises which are very easy to do. Energizers make the sessions lively, they wake up participants and the trainers, and they create a good atmosphere in the group.



## The evaluation

**Summarize and evaluate the workshop with the participants.** Try to give brief summaries at the end of the exercises, and at the end of the workshop. Evaluate at the end of the workshop by asking the participants for example, what they remembered of the activities, what they liked, what they found difficult.

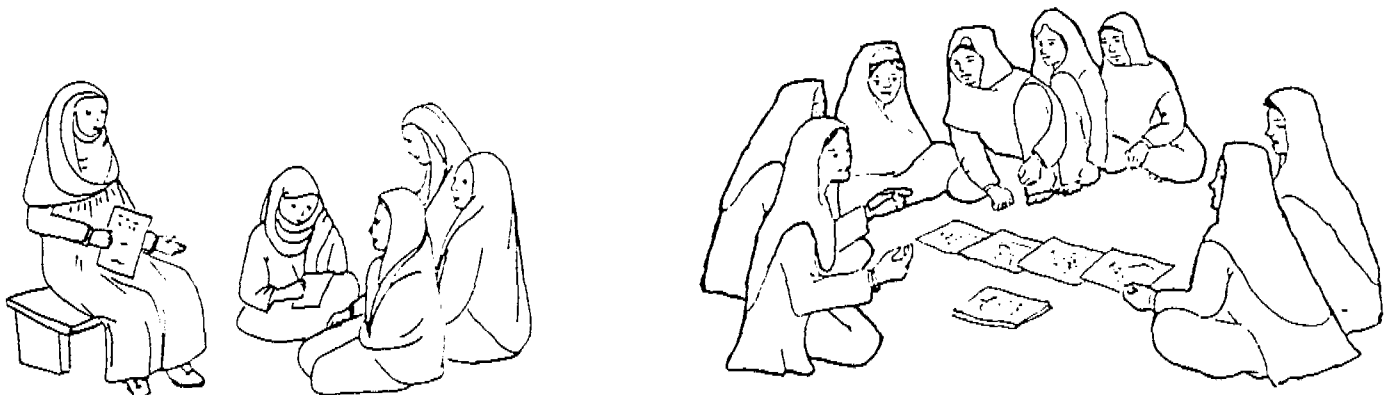
**Evaluate the workshop as trainers.** The trainers should take time to talk together about the workshop, express their feelings and evaluate the exercises. They should look for ways to improve the workshop and adjust exercises.

**Write a report.** To structure and analyse the procedure of the workshop, it is required to write a workshop report. This will help the facilitators to conduct an appropriate following workshop.

### BOX 1

#### *No Teachers but Facilitators*

During the evaluation of the workshop, the Lady Health Visitors mentioned that they were confused and a bit annoyed on the first day of the workshop. They explained that they had to get used to the facilitators who did not talk very much but who let the participants think and speak. Later they said they understood that this approach is similar to the active learning methods they learned to use for conducting a PHE-session in the communities.





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**WORKSHOP 1**

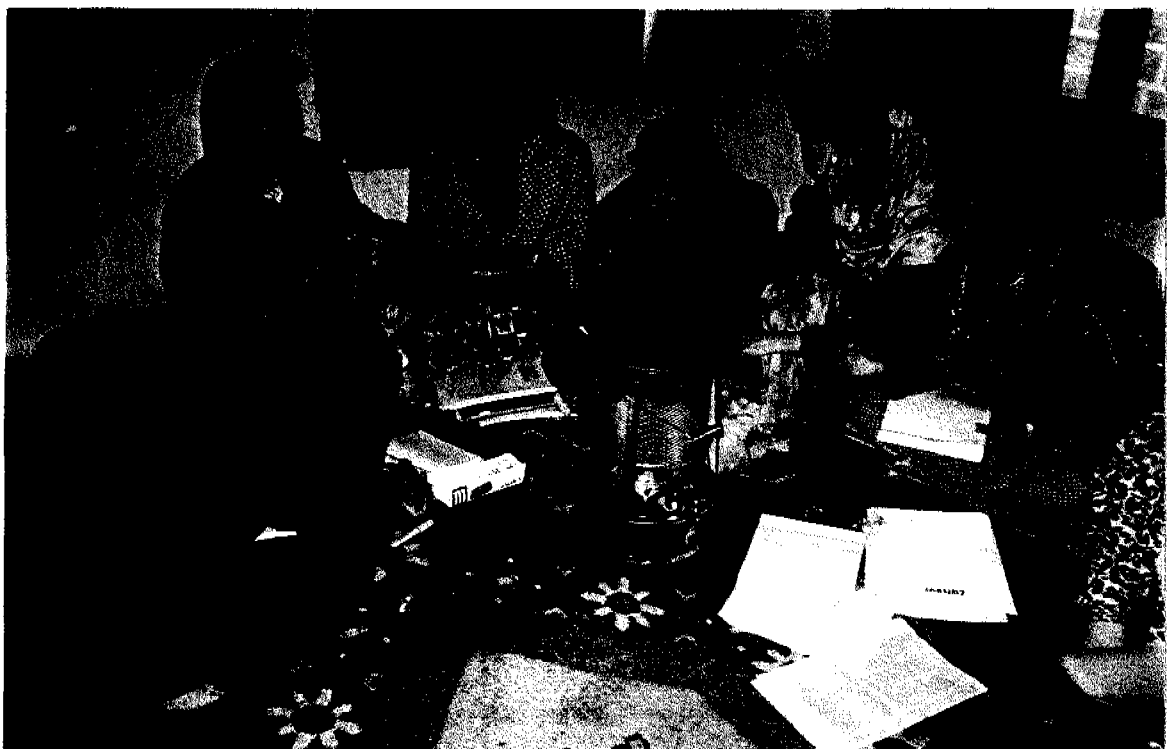
**INTRODUCTION TO  
PARTICIPATORY HEALTH EDUCATION**

**'Theory and Practice'**

**WORKSHOP 1**

**INTRODUCTION TO  
PARTICIPATORY HEALTH EDUCATION**

*'Theory and Practice'*



## INSTRUCTIONS FOR WORKSHOP 1

**Duration** 3 days

**Brief summary** In this workshop the participants are introduced to participatory health education methods and materials and get a thorough training in the skills that are required for participatory health education, i.e., focusing on a change of attitude, developing listening and questioning skills, and learning to plan sessions.

**Overall objective of the workshop**

To improve the understanding of participatory health education and to improve the skills required to carry out participatory health education

**Specific objectives**

- To raise awareness about the participants' role and attitude during their health education sessions
- To familiarize the participants with the health education materials developed by the WSHHS project
- To learn how to use existing and new health education materials in a participatory way
- To further improve the planning of health education sessions

**This workshop manual contains**

- Agenda for Workshop 1
- Instructions on activity 1 - 11, including objectives, time, materials needed and 'how to conduct this activity'
- Annex 1: Questionnaire on the normal health education activities
- Annex 2: List of poor listening habits
- Annex 3: A format on the preparation of a PHE-session
- Annex 4: Guidelines on the use of the story cards
- Annex 5: A planning format for the coming month
- Annex 6: The five square assessment exercise
- Annex 7: Energizers

**List of items and equipment required for this workshop**

- Copies of the workshop agenda
- Copies of annex 1: Questionnaire on the normal HE-activities
- Copies of annex 2: List of poor listening habits
- Copies of different sets of story cards
- Sheets, markers and tape, water-colour paint boxes and brushes
- Spare copies of story cards to practice colouring
- Copies of annex 3: A format on the preparation of a PHE-session
- Copies of annex 4: Guidelines on the use of the story cards
- Tape recorder, recorded cassettes and batteries
- Copies of annex 5: A planning format for the coming month
- Copies of annex 6: The five square assessment exercise





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## WORKSHOP AGENDA

### DAY ONE

10.00 - 10.15 hr. **Introduction and Activities**

10.15 - 10.30 hr. **Activity 1:** The 'neighbours game'

10.30 - 11.15 hr. **Activity 2:** Discussion on the normal Health Education activities carried out by the participants in the field

11.15 - 12.30 hr. **Activity 3:** Normal Health Education Sessions  
Part 1: preparation and a role play of sessions

**Lunch break**

13.30 - 15.00 hr. **Activity 3:** Part 2: analysis of the sessions

15.00 - 16.00 hr. **Activity 4:** What is Participatory Health Education?

16.00 - 17.00 hr. **Activity 5:** Listening skills and listening habits

17.00 - 17.15 hr. **Summary and evaluation**

### DAY TWO

08.45 - 09.00 hr. **Introduction to the second day**

09.00 - 10.30 hr. **Activity 6:** Good questions and probing

10.30 - 11.45 hr. **Activity 7:** The transmission routes of diarrhoea and how to depict them through pictures

11.45 - 13.00 hr. **Activity 8:** Introduction to the story cards

**Lunch break**

14.00 - 15.00 hr. **Activity 9:** How to make the story cards attractive

15.00 - 16.30 hr. **Activity 10:** Practicing Participatory Health Education session.  
Part 1: preparations

16.30 - 17.00 hr. **Summary and evaluation**

**DAY THREE**

08.00 - 08.15 hr. **Introduction to the third day**

08.15 - 13.00 hr. **Activity 10:** Practicing Participatory Health Education.  
Part 2: Field visits to conduct PHE-sessions

**Lunch break**

14.00 - 16.00 hr. **Activity 10:** Practicing Participatory Health Education.  
Part 3: Evaluation of the PHE-sessions

16.00 - 16.30 hr. **Activity 11:** Planning PHE-sessions for the coming month

16.30 - 17.00 hr. **Evaluation:** Summary of the workshop and evaluation with the 'five square assessment'-exercise

## Day 1: Introduction and Activities

### *Time*

15 minutes (10.00 - 10.15 hr.)

### *Materials needed*

Copies of the workshop agenda

### *How to conduct the activity*

1. Introduce the topic and approach and explain the objectives and activities of the training
2. Distribute the copies of the workshop agenda to the participants

"Welcome to the first workshop on participatory health education (PHE). This is the first out of three workshops on PHE in which we will focus on a new method that can be used to make health education more participatory. We think that health education carried out in a more participatory way will be more enjoyable and interesting for both you the facilitators as well as for the villagers.

After intensive testing and adjustments the method was introduced in a training programme for Lady Health Visitors in 1995. The results were very positive and therefore it was decided that AKHS, WSHHSP ( WASEP) should continue giving training in PHE.

Before we will go into more detail on PHE we will explain the approach of the workshop. The approach of our workshop emphasizes active participation of all the trainees. Learning by doing is one of the key elements in participatory health education. The workshop will include theory in combination with a lot of practical work in the training centre and in the community. The practical sessions will be taped and used in the group to evaluate and improve the session. It must be emphasized that all your answers and comments will be appreciated and no remarks will be considered wrong.

After this first workshop you will also get tasks of homework to be carried out in the time between the workshops. You will be asked to share your experiences with the other participants and the facilitators during the next workshop.

This first workshop will focus on communication skills that are required for PHE; good listening, questioning and developing an attitude to help villagers with locally identified problems. You will also learn to use existing and new health education materials in a participatory manner and learn to plan health education sessions".

## Activity 1: The 'neighbours game'

### *Objective*

To get to know each other in a lively way and create an open atmosphere

### *Time*

15 minutes (10.15 - 10.30 hr.)

### *How to conduct the activity*

Form a group circle. The facilitator gives her name and where she comes from, then the neighbour will repeat the facilitators' name and other details, then she will tell the group her own name and the village and Health Centre's name. The person sitting next to her will repeat her neighbours name and tell her own and so on until the whole group is introduced.

## Activity 2: Discussion on the normal health education activities in the field

### *Objective*

To gather data on the health education activities of different Health Centres that can be used in the evaluation of the training workshops

### *Time*

45 minutes (10.30 - 11.15 hr.)

### *Materials needed*

Questionnaires and a sheet of white paper, markers and tape

### *How to conduct the activity*

1. Ask the participants about their experience with health education and what they expect to learn from the workshop. Write these expectations on a sheet of paper. Stick it on the wall and refer to it during the evaluation at the end of the workshop.
2. Distribute a short questionnaire (see annex 1) in order to get a better idea about the health education activities and preferences of the participants. Give about 30 minutes to fill the format.

## Activity 3: Normal Health Education Sessions; presentations and analysis

### **Objective**

To improve the quality of normal health education sessions

### **Time**

One hour and 15 minutes (11.15 - 12.30 hr.): Part 1

One hour and 30 minutes (13.30 - 15.00 hr.): Part 2

### **Materials needed**

The participants can decide for themselves what materials they would like to use

### **How to conduct this activity**

1. Ask the participants what they usually plan before conducting a health education session. Discuss the points that are mentioned.
2. Ask two participants to prepare a normal health education session of about 15 minutes and to perform it in a role play. The other participants act as villagers.
3. Ask the participants who act the role of 'villagers' to write down positive and negative comments about the role of the facilitator.
4. First discuss the positive and negative points made by the 'villagers'.
5. In the discussion you can ask the participants what they think about the following issues:

### **Communication techniques:**

- Non-verbal communication: friendly and open facial expressions, appropriate dress or appearance, no sense of disapproval
- Attitude of or the role of the facilitator: role of a teacher or role of a facilitator?
- Use of materials: did it clarify the topic or distract attention?

### **The content of the session:**

- Introduction of yourself, topic, participants, time, method and materials, expected participation.
- Did the 'villagers' understand the session (did the facilitator try to listen to what is going on in their minds? how?)
- Did the facilitator ask if the particular situation is occurring in the village?
- Number of messages conveyed: only few messages should be conveyed, it should be realised that the messages can have a victim blaming effect; messages should be realistic and practical.
- Closing of the session: ask the participants to summarize the messages, thank all the participants for their time and participation and ask them about what They would like to hear next time.

Try to discuss at the end if the participants know techniques regarding how to motivate people to talk more openly and how to stimulate a more lively discussion.

***Possible answers***

- Maintain a friendly and warm attitude to make participants feel comfortable.
- Pausing is a useful technique, it allows a participant to think more on the topic being discussed. It can also allow a new speaker to give a comment. Some participants who are shy may not compete for time to speak but these people will often talk if there is a break in the discussion.
- Eye contact can also encourage a person to speak. If you keep eye contact you can prompt people to continue to talk. Other prompts are verbal (some have meaning, others are simply sounds) to encourage a speaker to continue.
- Probing is very important. Generally we try to avoid vague comments and by probing more information can be gained. (For example: Could you explain further? Would you give me an example of what you mean? I don't understand.)
- Rephrasing. A question can be rephrased if the group is finding it difficult to answer. Be careful not to change the meaning of the original question.
- Reminder questions: This technique is supposed to keep the conversation lively. It also reminds the group of the question being asked.
- Hypothetical questions: Sometimes it is helpful to give an example of a particular subject in order to test the knowledge and attitudes of the group or to clarify the generalisability of a previous comment given. Example: Let's suppose you took this child to the local store, and you were given some tablets. You gave those to her, but she did not get any better. Now what would you do?

## **Activity 4: What is Participatory Health Education ?**

***Objective***

To raise the awareness of LHVs about what is participatory health education (PHE) and to reach a consensus on its meaning

***Time***

One hour (15.00 - 16.00)

***Materials needed***

A sheet of white paper, markers and tape

***How to conduct the activity***

1. Create a discussion about PHE and write the outcome on sheets.
2. Try to discuss the following issues (some possible questions are given below):
  - What are the characteristics of PHE?
  - What are the roles of the villagers and the facilitators in PHE
3. After discussing PHE refer to the normal Health Education activities and ask:
  - How participatory are the normal health education activities?
  - Who is mainly involved in PHE? (older women, young mothers, men, children)
  - What are the ideas about the involvement of children and men in health education?

**Possible answers****Characteristics:**

Communication should not be one or two way but between the group members; villagers are given the opportunity to speak and discuss freely; open atmosphere, the facilitator is listening rather than talking, the facilitator should maintain an equal relationship with the community; active involvement of all the group members; problems selected by villagers; villagers are motivated to think about and solve their own problems; role as facilitator not as a teacher; make use of graphic materials.

**Roles of villagers:**

- active involvement in identifying problems and discussing their problems with each other; seeking solutions for their problems; undertaking action.

**Roles of facilitators:**

- being good listeners; should feel they are one of them who are thinking with them; their involvement is minimal; motivators to encourage the villagers to speak openly; to motivate the villagers to think about possible solutions of the problem.

To clarify these roles a comparison can be made with the role of the workshop facilitators (who mainly listened and asked questions to motivate the trainees to think and talk) towards the trainees.

**Activity 5: Listening skills and habits****Objective**

To make the participants aware that listening is an important skill and that people often have poor listening habits.

**Time**

One hour (16.00 - 17.00 hr.)

**Materials needed**

List of poor listening habits (see annex 2)

**How to conduct the activity**

1. Divide the group into pairs. For about three minutes one of each pair will talk about a subject for example related to health care, village life or anything which comes to mind, and the other person will listen. Afterwards ask one or two participants to tell the rest of the group exactly what he or she has heard.
2. Ask the participants who were talking what their listener exactly did. Was he/she (dis)encouraging the person who talked? How?
3. Repeat. Give the other persons who listened the chance to talk and ask one or two other listeners to tell what they heard.

4. Explain that listening is based on both hearing and understanding what others say to us. Hearing becomes listening when we pay attention to what is said and follow it very closely. People often do not listen very well.
5. Distribute a list with poor listening habits and explain them. Raise the question if the participants recognize these habits and ask for experiences.

## Summary and evaluation of the first day

### *Time*

15 minutes (17.00 - 17.15 hr.)

### *How to conduct this activity*

1. Ask what they have learned and if one participant can explain why they have learned this.
2. Ask what the participants liked and what they did not like. What do they think should be improved?
3. Ask if somebody knows an energizer to finalise the day



## Day 2: Introduction

### *Time*

15 minutes (8.45 - 9.00 hr.)

### *How to conduct this activity*

1. Summarize the activities of the previous day and explain what will be the agenda of today

## Activity 6: Good questions and probing

### *Objective*

To raise awareness about the fact that questions can be posed in different ways and that leading questions will have an effect on the answers

### *Time*

One hour and 30 minutes (9.00 - 10.30 hr.)

### *How to conduct the activity*

1. Explain the difference between various types of questions. These are:
  - closed questions
  - leading questions
  - open ended questions

**Closed questions** can be asked if we want to know a specific answer. These questions are very good for surveys. For example: How many tablets did you take? What is your name? Closed questions may also start with "Do you have..?" or "Is... a problem for you?" Often a closed question will result in a yes/no answer.

**Leading questions** will influence the answer because people know what is socially desirable. People tend to answer what they think they should say or what they think you want to hear. These questions should be avoided. For example: Did you wash your hands before preparing the food? Did you treat the diarrhoea with ORS? Many people will answer yes, although in reality they did not do it.

**Open ended questions** are questions that can be answered in a variety of ways. They are suitable to open up discussion. For example: What do you think about the food intake of pregnant mothers? What did you do when your child got diarrhoea? What is your opinion about the need for latrines?

2. Ask what the difference is between the above mentioned questions. The answers will be discussed in the group. Then the group will be divided in two or three smaller groups. 15 minutes will be spent on making three closed, three guiding and three open questions. The questions will be discussed in the group.

3. Use the following case as an example (you will act as the mother):  
'Imagine that I am the mother of a child with diarrhoea and the LHV wants to know from me why my son might have gotten diarrhoea. What questions do you ask the child's mother?
4. One by one the participants can ask a question. In case guiding questions are asked you will always approve of them by saying yes. When a closed question is asked you will give a brief answer. When open questions are asked you will start talking a lot.
5. Explain to the group that to find the reasons of the diarrhoea good questions were important and that probing was also helpful. Give examples of probing, such as showing interest and empathy, using non-verbal communication, asking for more details, etcetera. Probing is very important, and it helps to get good answers.
6. Ask the participants: "When do you probe"? Give an example. You can do an exercise in probing. You are again the mother and the participants have to find out what medicines you have given to your child. You remain vague and try to avoid giving answers.

## **Activity 7: The transmission routes of diarrhoea and how to pictorialise them**

### ***Objective***

To discuss the different transmission routes of diarrhoea and the means to explain transmission routes to villagers

### ***Time***

One hour (10.30 - 11.45 hr.)

### ***How to conduct the activity***

1. Ask the participants what they think is one of the main causes of diarrhoea. One of the main and perhaps most important cause are germs. Ask the participants where these germs come from.
2. Ask the participants to write down all the (faecal-oral) dissemination routes.
3. Discuss the different routes (foot, water, hands, utensils and soil)
4. Ask the participants how we can explain this to villagers. Can we use pictures for explaining this? Ask the participants to give their ideas. Discuss the ideas.

### ***Possible answers***

Faeces -> fingers -> food -> mouth  
Faeces -> soil -> water -> mouth  
Faeces -> water -> mouth  
Faeces -> flies -> food -> mouth, etcetera  
Faeces -> vegetables -> mouth

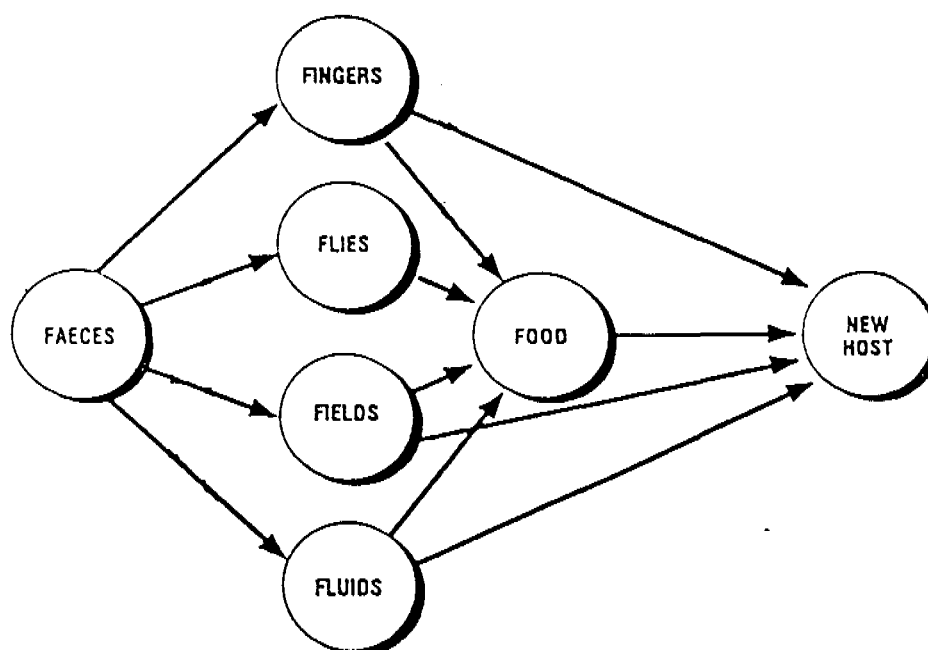


Figure 1 : Faecal-oral transmission routes

## Activity 8: Introduction to the story cards

### *Objective*

To gain knowledge on how possible dissemination routes related to water and sanitation can be explained pictorially and to learn how to use them in a participatory way

### *Time*

One hour (11.45 - 13.00 hr.)

### *Materials needed*

Copies of different sets of story cards (black and white in annex 8) and a guideline on the use of the story cards (see annex 3)

### *How to conduct the activity*

1. Show one of the photocopied story cards on dissemination routes developed by the WSHHS project. Ask one of the participants to make a story on the basis of the drawings on the cards.
2. Distribute a guideline on the use of the story cards (see annex 3).
3. Ask another participant to take the photocopied story card and give a small session in the form of a role play (less than 10 minutes)
4. Ask the other participants to evaluate the way the session was facilitated.
5. Ask how the session can be facilitated in a more participatory way. (Think about the points discussed in activity 4; involving people, listening well and asking good questions)

## Activity 9: How to make the story cards attractive

### *Objectives*

Discuss the possibilities to make the story cards more attractive  
Get experience in colouring the materials

### *Time*

One hour (14.00 - 15.00 hr.)

### *Materials needed*

Boxes with water colour paint, brushes, blanc paper, water and a spare copy of one of the story cards in order to practice, examples of coloured cards painted in a good and poor manner.

### *How to conduct the activity*

1. Show examples of hand coloured cards. Explain that a lot of village women are not used to look at drawings or pictures and that it is often difficult for them to understand their meaning. Colours make it more easy to understand pictures, particularly if the colours correspond to the reality.
2. Ask the participants "What kind of colour will you give the face and hands, the dog, the water, etcetera?"
3. Explain that the colours are nicest when painted lightly with enough water. Strong colours can be beautiful too, but are difficult to paint in an equal way (show an example).
4. Explain that regions also have their own specific colours, for example, like shalwaar kameezes. Sometimes colours also fit with a certain age. Try to paint the persons in the picture according to their age and according to the region where the trainees work.
5. Distribute painting boxes, brushes and photo copies of the story cards to the participants. Let the participants first try their painting work on a spare copy of a story card or a empty piece of paper before colouring their own set.
6. Ask the participants to finish the work later on the day or back in their health centers.

## Activity 10: Practising PHE-sessions Part 1: Preparations

### *Objective*

To plan a PHE-session and to practice the use of the materials in a participatory way

### *Time*

One and a half hours (15.30 - 17.00 hr.)

### *Materials needed*

A format on the preparation of a PHE-session (see annex 4)

### *How to conduct the activity*

1. Ask each participants to prepare a PHE-session for village women for the next morning. Ask what points they want to take into consideration for planning the session. The points will be noted on a big sheet of paper.  
(when, how many women, where, what subject, when was the last time, who is the CHW or TBA, invite them, .....)
2. Distribute the form to facilitate the preparations. Ask the participants to fill it out. Explain the questions and help when necessary. Suggest that they should practice their session with a colleague or in a small group.
3. Explain that during the session all participants should observe and make notes. At least three positive and three negative points should be mentioned.
4. Try to make appointments with women groups for the next morning. Depending on the group size, transport and the number of facilitators try to arrange sessions in two or three neighbouring villages or muhallahs.

## Summary and evaluation of day 2

### *Time*

30 minutes (16.30 - 17.00 hr.)

### *How to conduct the activity*

1. Ask one of the participants to summarize the activities of the day and tell the others to help her if needed.
2. Ask what exercise was most and least participatory and why.
3. Ask somebody to conduct an energizer exercise (see annex 7).



## Day 3: Introduction

**Time**

15 minutes (8.00 - 8.15 hr.)

**How to conduct this activity**

1. Summarize the activities of the previous day and explain the agenda of today

## Activity 10 Part 2: Field visits to conduct PHE-sessions

**Objective**

To improve the skills needed for PHE by getting more field-experience

**Time**

Two hours and 45 minutes (8.15 - 12.00 hr.)

**Materials needed**

Materials selected by the participants, tape recorder, batteries, sheets of paper

**How to conduct the activity**

1. The trainer will supervise one or two groups in the field (this depends on the number of trainers and participants). Remind the participants to conduct the session in a participatory way. Observe the facilitator conducting the session; if needed, assist the facilitator to be more participatory.
2. The other trainers should act as observers. Ask them to note down three positive and three negative points per conducted session.
3. Give one of the observers the responsibility to record the sessions.

## Activity 10 Part 3: Evaluation of the PHE-sessions

**Objective**

To raise awareness about PHE and improve the skills by analysing the sessions

**Time**

Two hours (13.30 - 15.30 hr.)

**Materials needed**

Tape recorder, recorded cassettes, batteries, sheet of paper, markers

**How to conduct the activity**

1. Listen to the sessions of the tapes in order to analyse them.
2. The participants are asked to give positive and negative feedback to each other.
3. Consider the points that were mentioned during activity 3 and 4.

## Activity 11: Planning PHE-sessions for the coming month

### *Objective*

To develop a plan in order to facilitate the actual work and to have a reference point for evaluation

### *Time*

One hour (15.30 - 16.30 hr.)

### *Materials needed*

A planning format for the coming month (see annex 5)

### *How to conduct the activity*

1. Ask the participants to make a small plan that includes the following points: topic, target group, location, number of times to conduct a PHE session and the procedure and approach of the participants during the PHE session. Distribute the form to facilitate this (annex 5).
2. Discuss the plans with the whole group.

## Activity 12: Evaluation of the activities with the five square assessment exercise

### *Objective*

To analyse the workshop experiences in terms of the degree of participation in the activities by the LHVs.

### *Time*

30 minutes (16.30 - 17.00 hr.)

### *Materials needed*

The five square assessment exercise (see annex 6)

### *How to conduct the activity*

1. Remind the participants about three activities in which they have participated. Give each participant five shaded cards that indicate the level of their own participation in the workshop as compared to the role of the facilitators. The cards indicate: very little, little, half, more than half, and a lot of participation. With the five squares they can indicate the level of participation during each of the activities.
2. Ask the participants to indicate with the same five cards the rapport of the facilitators during several activities.
3. Ask the participants to use the cards to evaluate the overall impression of the workshop.



ANNEX 1

## QUESTIONNAIRE ON THE NORMAL HEALTH EDUCATION ACTIVITIES

Please answer the questions seriously and honestly. In case you can only do very few activities do not hesitate to note this down (this is not a test). You will get 30 minutes.

1. On what topics did you give health education in the last six months?  
Where, how long and when?

TOPIC	Location	How long?	When?

2. What do you do before a health education session?

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3. Do you face any problems and constraints to giving health education? If yes, which?

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4 What do you think can be improved in health education?

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5 What do you like most in health education?

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6 What do you like least in health education?

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7 What kind of training did you get in the field of health education? (When?, Duration?, Location?) Be specific:

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Name: \_\_\_\_\_

Health Centre: \_\_\_\_\_

Date: \_\_\_\_\_

## ANNEX 2

## LIST OF POOR LISTENING HABITS

The following input on barriers in listening can be given to a group after any of the above exercises.

### The nature of Listening

Listening is an art, a skill, and a discipline. As in the case of other skills, it needs self-control. The individual must understand what is involved in listening and develop the necessary self-mastery to be silent and listen, keeping down his or her own needs, and concentrating attention on the other with a spirit of humility.

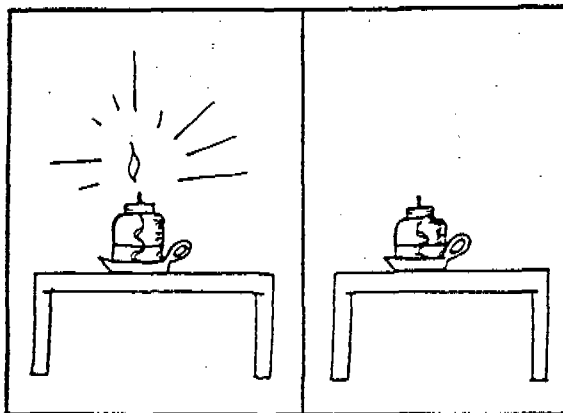
Listening obviously is based on hearing and understanding what others say to us. Hearing becomes listening only when we pay attention to what is said and follow it very closely.

### Barriers and roadblocks in Listening

Here is a list of poor listening habits

#### 1. On-Off Listening

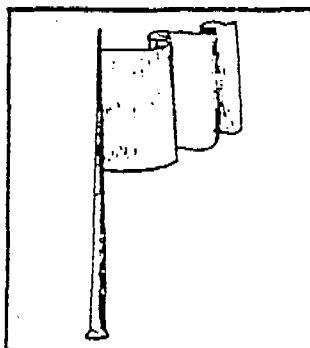
This unfortunate habit in listening arises from the fact that most individuals



think about 4 times as fast as the average person can speak. Thus, the listener has 3/4 of a minute of 'spare thinking time' in each listening minute. Sometimes the listener uses this extra time to think about his or her own personal affairs, concerns and troubles instead of listening, relating and summarising what the speaker has to say. One can overcome this by paying attention to more than the words, watching non-verbal signs like gestures, hesitation, etc. to pick up the feeling level.

#### 2. Red Flag Listening

To some individuals, certain words are like a red flag to a bull. When we hear

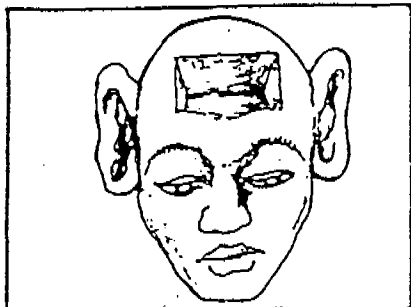


them, we get upset and stop listening. These terms vary in every group, society and organisation. However, to some individuals the terms, 'capitalist', 'communist', 'money', 'modern youth', 'tribalistic', etc., are signals to which we respond almost automatically. When this signal comes in, we turn out the speaker. We lose contact with him or her and fail to develop an understanding of that person. The first step in overcoming this barrier is to find out which words are red flags to us personally, and try to listen attentively to someone more sympathetic to this issue.

\* Adapted from the Christian Education Leadership Training Program, South Africa

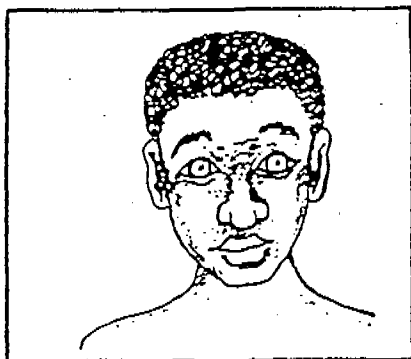
3. Open Ears — Closed Mind Listening

Sometimes we decide rather quickly that either the subject or the speaker is boring, and what is said makes no sense. Often we jump to conclusions that we can predict what (s)he knows or what (s)he will say; thus we conclude, there is no reason to listen because we will hear nothing new if we do. It is much better, to listen and find out for sure whether this is true or not.



4. Glassy-eyed Listening

Sometimes we look at a person intently, and we seem to be listening although our minds may be on other things or in far distant places. We drop back into the comfort of our own thoughts. We get glassy-eyed, and often a dreamy expression appears on our faces. We can tell when people look this way. Similarly they can see the same in us, and we are not fooling anyone. Postpone day-dreaming for other times. If you notice many people looking glassy-eyed, find an appropriate moment to suggest a break or a change in pace.



5. Too-Deep-For-Me Listening

When we are listening to ideas that are too complex and complicated, we should force ourselves to follow the discussion and make a real effort to understand it. We might find the subject and speaker quite interesting if we listen and understand what the person is saying. Often if we do not understand, others do not either and it can help the group to ask for clarification or an example when possible.

6. Don't Rock the Boat Listening

People do not like to have their favourite ideas, prejudices, and points of view overturned: many do not like to have their opinions and judgments challenged. So, when a speaker says something that clashes with what we think or believe, we may unconsciously stop listening or even become defensive and plan a counter-attack. Even if we want to do this, it is better to listen; find out what (s)he thinks, get the other side of the question so we can do a better job of understanding and responding constructively.



ANNEX 3

**PREPARATION OF A PHE-SESSION**

Date : \_\_\_\_\_

Name : \_\_\_\_\_

Health Centre : \_\_\_\_\_

- Objective of the health education session?  
After the session, ... (women) will be aware of ...

\_\_\_\_\_

\_\_\_\_\_

- What is your target group?

\_\_\_\_\_

- What is your teaching procedure (explain in detail):

Beginning (a brief introduction) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Middle (what topic will be taught and how?) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

End (how do you know your target group has understood the lesson?)

\_\_\_\_\_

\_\_\_\_\_

4. What materials do you use?

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5. Where will the session take place?

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6. Evaluation of the session:

i. What did the women/men/children understand? (for example your observation might be that children misunderstood a picture)

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ii. Self-evaluation (did you achieve your objectives?)

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iii. How would you change/improve the lesson when doing it again?

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## ANNEX 4

**GUIDELINE ON THE USE OF THE STORY CARDS*****Objective***

To promote better hygienic situation by raising awareness about various contamination routes

***Time***

15 - 20 minutes

***Target group***

Primarily for small groups of men, groups of women and children

***Material needed***

A set of cards consisting of a negative story with five small pictures and a positive story on the back with six pictures

***How to conduct the exercise***

First introduce yourself to the participants, thank the people for coming, explain the purpose of the visit and the methodology. Ask if people have seen the story cards before.

The negative story or problem:

1. Show and give the first picture of the negative story to all the participants and ask what they see in the pictures. Also ask if the picture is depicting the village situation. Give a name to the children, men or women on the picture. Show the last picture of the negative story and again ask if this is happening in the village
2. Ask why the child or other family members got sick;
3. Encourage the participants to discuss their answers and take their opinions seriously. Involve all the family members;
4. Ask the family members which cards are needed to complete the story. Show the whole story step by step and explain this is just one example which could happen to anybody.

The positive story:

5. Show the first and last card of the positive story. Ask what the family members see?
6. Ask what the child or other family member did to avoid getting sick. Again discuss the different options;
7. Ask the participants which card will follow to complete the story. Show the whole story step by step;
8. Let the participants repeat the story.

Finalize the session by asking what the constraints were that people felt while performing the depicted behaviour. Discuss these and try to help solve them. Close the session by asking about what they would like to talk about next time and thank them for coming.

ANNEX 5

**PLANNING ON PARTICIPATORY HEALTH EDUCATION  
FOR THE COMING MONTH .....**

Name : \_\_\_\_\_

Health Centre : \_\_\_\_\_

Module : \_\_\_\_\_

1. Number of health education sessions you will conduct the coming month:

\_\_\_\_\_

2. Objective of the health education session?

After session 1, ... (women) will be aware of ...

After session 2, ..... will be aware of ..... etcetera

\_\_\_\_\_

\_\_\_\_\_

3. What is your target group? (specify for each session)

\_\_\_\_\_

4. What is your teaching procedure: (explain in detail for each session):  
(use the back of the page)

Beginning (a brief introduction) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Middle (what topic will be taught and how?) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



End (how do you know your target group has understood the lesson?)

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5. What materials do you use? (specify for each session)

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6. Where will the sessions take place? (specify for each session)

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7. Evaluation of the session(s):

i. What did the women/men/children understand? (for example your observation might be that children misunderstood a picture)

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ii. Self-evaluation (did you achieve your objectives?)

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iii. How would you change/improve the lesson when doing it again?

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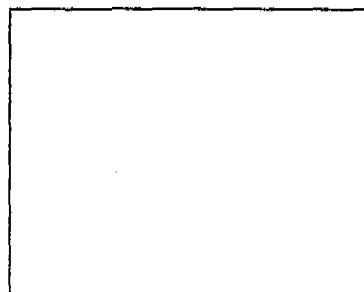
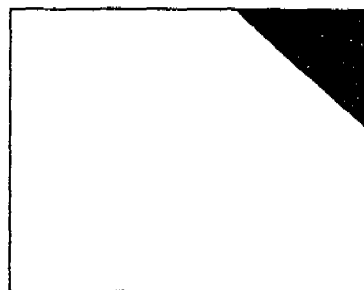
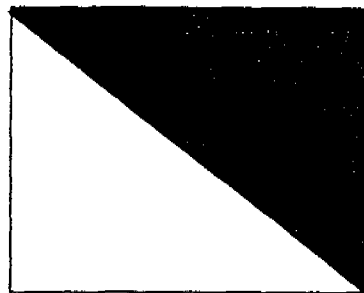
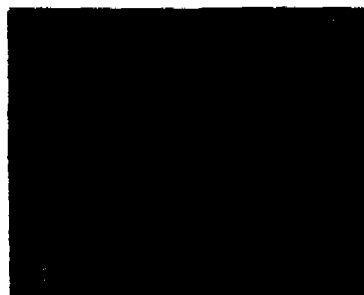
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ANNEX 6

## THE FIVE SQUARE ASSESSMENT EXERCISE

### *How to prepare the exercise*

1. Prepare cards consisting of two colours that can be used to indicate the level of participation of the trainers and the participants during an activity.
2. Explain that one colour (for example black) indicates the level of participation of the trainers and the other colour (for example white) indicates the level of participation of the participants.
3. Make four sets of exercises for the participants and distribute them.
4. Choose different exercises in which for example the contribution of the participants was low and that of the trainer was high, the other way around or an exercise in which this was less clear.
5. Let the participants choose their card belonging to the level of participation of the particular exercise and let them explain why.
6. The five square assessment exercise is presented below and has to be prepared on an A-5 format.



## ANNEX 7

**ENERGIZERS**

## 1. "BOEM!"- GAME

In this game the participants have to stand or sit in a circle and count aloud numbers from onwards. Every fourth person will shout 'BOEM' instead of four, eight, twelve and so on. If the player forgets to say 'BOEM' he/she is out of the game. The game continues until all the participants have made a mistake.

## 2. "CHANGING CHAIR" - GAME

The participants sit in a small circle on a chair, and there is one chair less than people so one person is standing. The game starts by saying, for example, that all people with black shoes will change the chairs quickly. The person who is standing will have to try to get a chair. The standing person will run the game until he/she has found a chair. Other reasons for changing chairs can be created by the standing person, for example: 'people who are married', 'people with more than two children', 'people with a shalwaar' etcetera.

## 3. "ELEPHANT AND THE PALM TREE" - GAME

The participants stand in a circle. One person started the game by turning round, pointing at a person and yell: "ELEPHANT". Then the person pointed at should make a trunk with one arm and bend forwards, while the persons on the right and left make ears by bending their arms and putting them on the shoulders of the person who is in the middle. the person who is making a mistake goes in the centre and turns around and yells again "ELEPHANT" or "PALM TREE". In case "PALM TREE" is yelled the person pointed at should put both arms up and his/her neighbours their right or left arms respectively. Again, if someone makes a mistake he/she has to go in the centre.

## 4. "SHIGILEE SHIGILEE SHAPAPA" - GAME

The participants stand in a circle and sing 'Shigilfee Shigilee Shapapa' while clapping hands four times. After a few times the first person makes a movement four times (touching the shoulders). The others continue clapping. Then the group imitates the first movement, while the first claps hands alone. Then again the groups claps hands while the first person is making another movement. Endless variations are possible.

5. "SEA, AIR AND LAND" - GAME

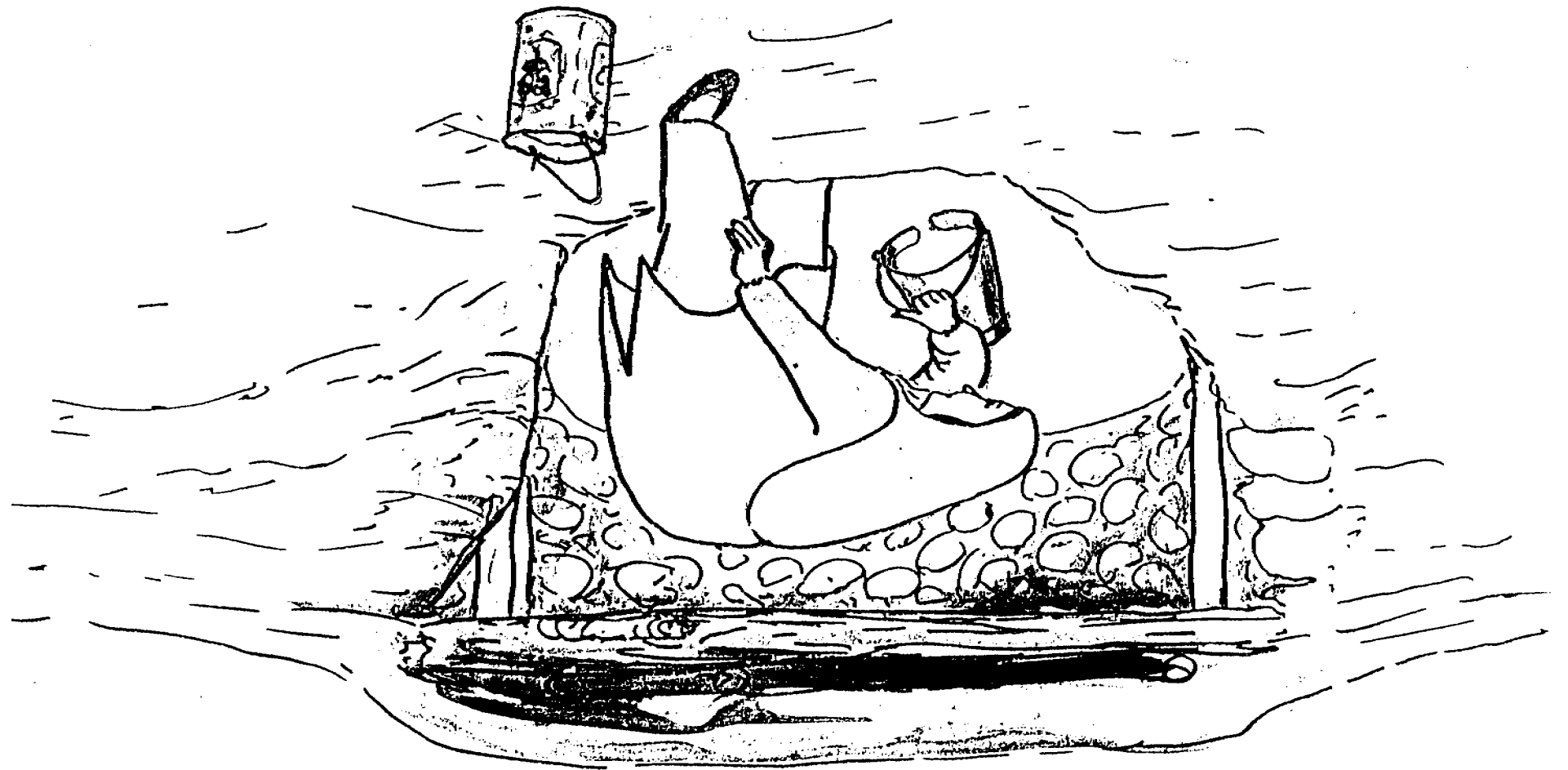
The participants were standing in a circle and one person in the middle turns around and points at a person and says: "LAND"! Then the person that is pointed at will have to mention an animal that belongs to the land (cow, kangaroo, snake) If a person fails then he/she goes in the centre. Another time the person can yell "SEA" or "AIR" and then the name of a water or air animal should be replied within five seconds (trout, shrimp or eagle, sparrow). Sort name of animals (fish, bird) should be avoided and each name can only be used once during the game.

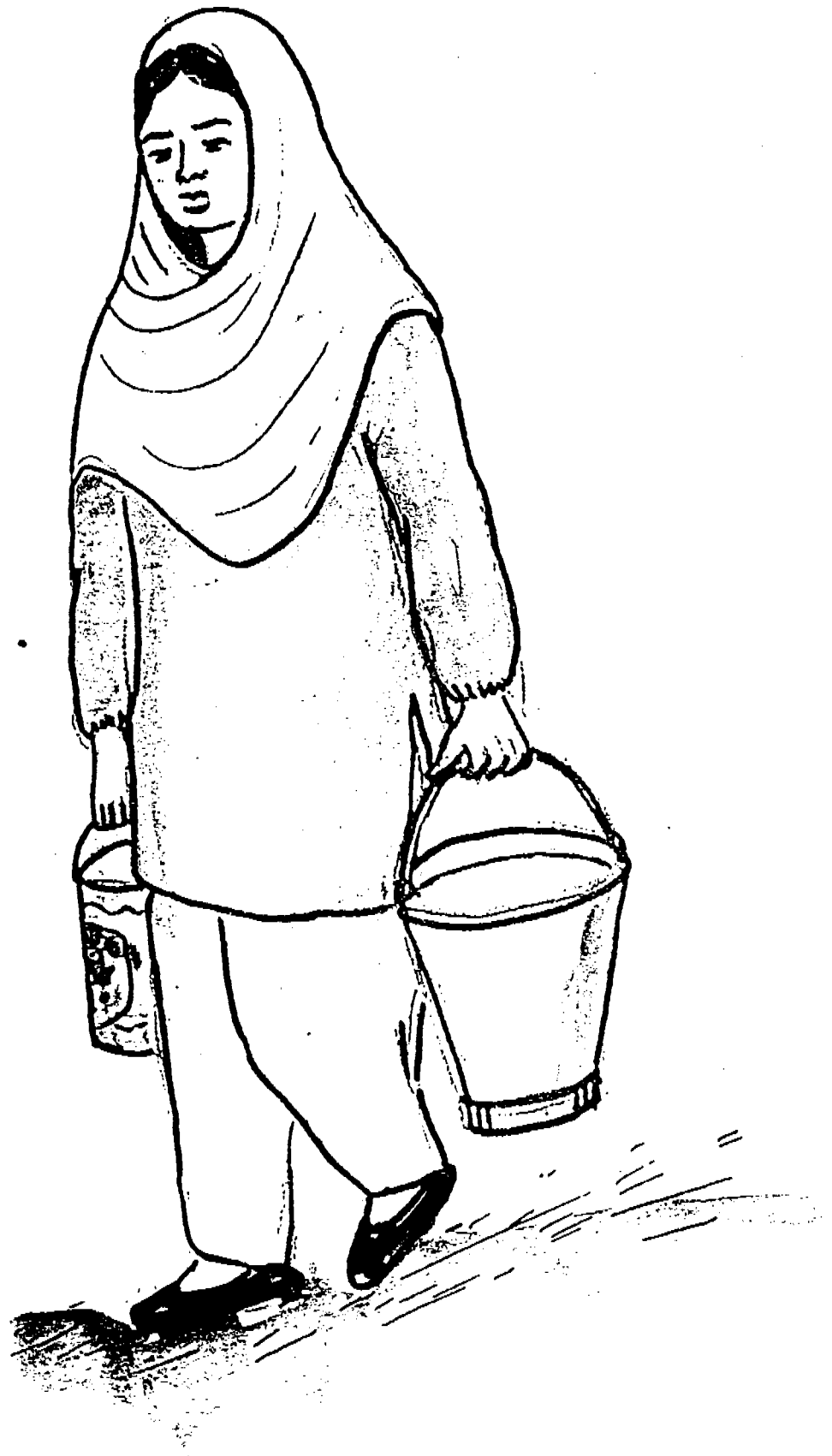
6. "SINKING BOAT" - GAME

The group was told that they are on a sinking boat and that the captain is ordering everybody to go in small rescue boats. The group was walking through the hall and when the captain shouted: "We are going in boats of .....three", everybody had to make groups of three. Those who are unable to get together in a group with the right number were the new captains. Again the group walked around until again a number was shouted.

ANNEX 8

**An example of negative story cards**





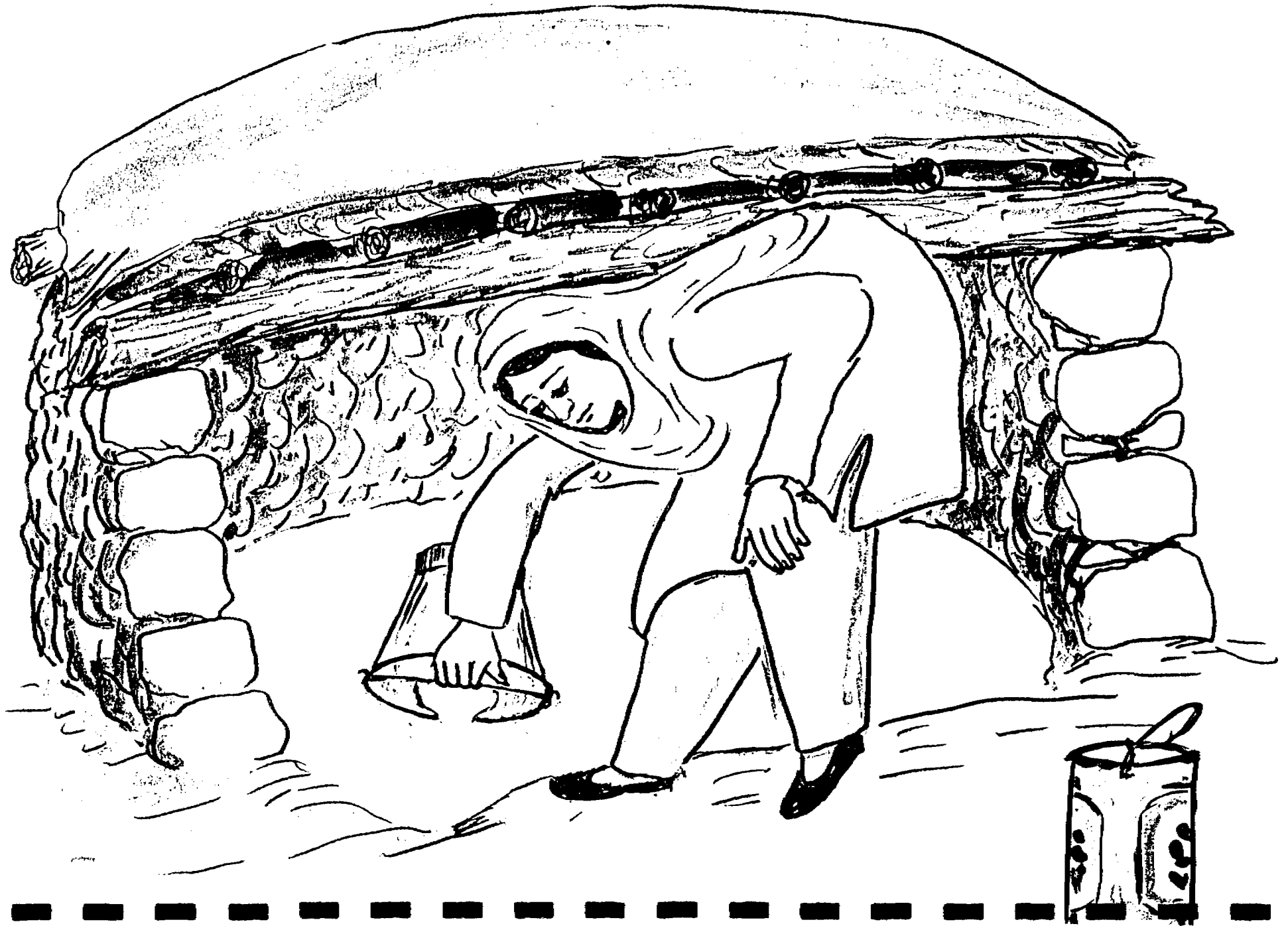




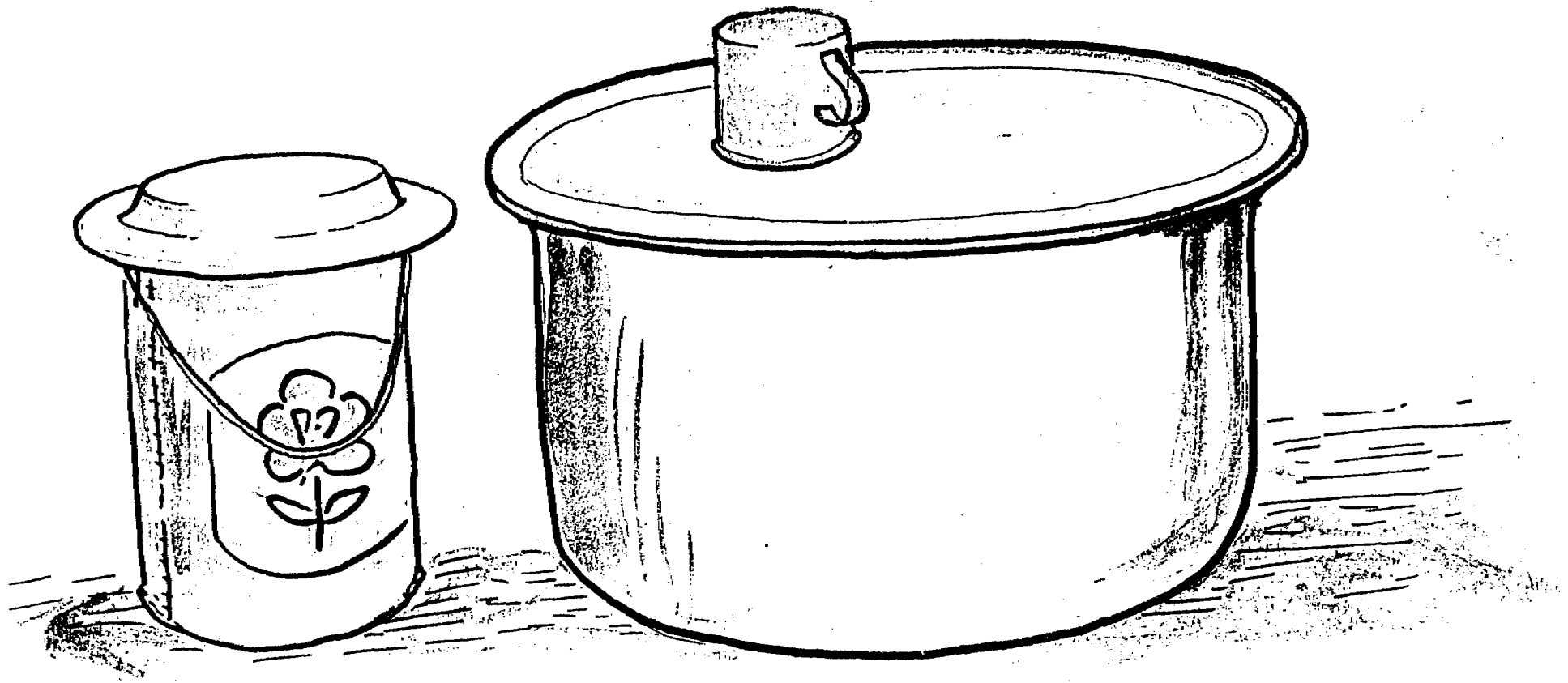




## An example of positive story cards













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## INSTRUCTIONS FOR WORKSHOP 2

**Duration**                      3 days

**Brief summary**                In this workshop the participants will repeat the attitudes and skills they learned in the first workshop. They will learn to work with stories during a session in the field. Two new participatory methods will be introduced to participants. They will gain knowledge and practice in pre-testing graphic materials

### **Overall objective of the workshop**

To gain more skills in Participatory Health Education and to develop skills in making stories

### **Specific objectives of the workshop**

- To further enhance skill in participatory methods
- To gain practice in making stories
- To raise awareness about villagers' interpretation and understanding of graphic materials
- To gain skills in pre-testing graphic materials

### **This workshop manual contains**

- Workshop agenda
- Instruction for activity 1 - 10
- Annex 1: 'Story of Ahmad'
- Annex 2: 'Three pile sorting cards'
- Annex 3: Handout: Pre-testing of health education materials

### **List of items and equipment to take to the field**

- Pen, marker, sheets, tape, tape recorder, batteries
- Story cards that have been distributed in the previous workshop
- Copies of a new set of story cards
- Posters or existing material present in the health centres
- Copies of annex 1: 'Story of Ahmad'
- Copies of annex 2: 'Three pile sorting cards'
- Copies of annex 3: Handout: Pre-testing health education materials
- Copies of planning format on PHE for the coming month (see workshop 1, annex 5)
- Copies of planning format for the coming month (workshop 1, annex 6)



**WORKSHOP 2**

**PARTICIPATORY HEALTH EDUCATION**

'Participatory Exercises  
& Using Stories'

**WORKSHOP 2**  
**PARTICIPATORY HEALTH EDUCATION**

'Participatory Exercises  
& Using Stories'



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## WORKSHOP AGENDA

### DAY ONE

10.00 - 10.15 hr. **Introduction and Activities**

10.15 - 12.00 hr. **Activity 1:** Discussion on the most important topics from the previous workshop

12.00 - 13.00 hr. **Activity 2:** Evaluation of the 'homework' activities; Part 1

**Lunch break**

14.00 - 15.00 hr. **Activity 2:** Evaluation of the 'homework' activities; Part 2

15.00 - 15.30 hr. **Activity 3:** Introduction to story telling: "The story of Ahmad"

15.30 - 16.30 hr. **Activity 4:** Introduction to the three pile sorting cards exercise

16.30 - 17.00 hr. **Summary**

### DAY TWO

08.45 - 09.00 hr. **Introduction to the second day**

09.00 - 10.00 hr. **Activity 5:** Introduction to a new set of story cards and its presentation

10.00 - 11.00 hr. **Activity 6:** Preparation of a negative and positive story belonging to the story cards

11.00 - 12.00 hr. **Activity 7:** Analysis of existing graphic materials

12.00 - 13.00 hr. **Activity 8:** Pre-testing graphic materials  
Part 1: Introduction

**Lunch break**

14.00 - 15.00 hr. **Activity 8:** Pre-testing graphic materials  
Part 2: Field experience in pre-testing graphic materials

15.00 - 16.00 hr. **Activity 8:** Pre-testing graphic materials  
Part 3: Evaluation of the field experience in pre-testing

16.00 - 17.00 hr. **Activity 9:** Practicing Participatory Health Education  
Part 1: Preparation for the following day

17.00 - 17.30 hr. **Summary and evaluation**

**DAY THREE**

08.25 - 08.30 hr. **Introduction to the third day**

08.30 - 12.00 hr. **Activity 9 :** Practicing Participatory Health Education  
Part 2: Conducting PHE-sessions in the communities

12.00 - 13.30 hr. **Activity 9:** Practicing Participatory Health Education  
Part 3: Evaluation of the PHE-sessions

**Lunch break**

14.30 - 15.30 hr. **Activity 10:** Planning PHE-sessions for the coming month

15.30 - 16.00 hr. **Evaluation and closing**

## Day 1: Introduction and Activities

### *Time*

15 minutes (10.00 - 10.15)

### *How to conduct this activity*

"Welcome to the second workshop on participatory health education. We are glad that you have been able to come. This time we have selected another location to give all the participants the chance to practice sessions in their own area.

During the last workshop you have become familiar with PHE, both in theory as well in practice. In this workshop we want to repeat some of the things you have learned but we will also go into more detail and learn new things. During this workshop we want to emphasize how to make and use stories. Why stories? It is our experience that villagers often like to talk about what they have heard and that they easily remember health education sessions in which stories were used. Stories are a good method to spread messages and in this workshop we will learn and practice how to make stories.

The approach of this workshop is similar to the previous workshop. It is expected that you will participate actively, all comments are welcome and not a single suggestion is considered wrong. We request you to listen to each other and to avoid to talk at the same time. Try to be aware of your listening habits and of the types of questions you can ask. We encourage that we, both the trainers and the participants, will give each other feedback on these points".

## Activity 1: Discussion on the most important topics from the previous workshop

### *Objective*

To clarify misunderstandings and repeat the most important aspects of the first workshop

### *Time*

One hour and 45 minutes (10.15 - 12.00 hr.)

### *Materials needed*

Sheets, markers and paper tape

### *How to conduct the activity*

1. Ask the participants to name the topics with which they have had difficulties with. List the topics on a sheet, explain and/or repeat points that were not understood.

2. We suggest to repeat briefly the following issues: the characteristics of PHE and the communication techniques, i.e., listening, types of questioning, creating an open discussion, non-verbal communication and the different ways to actively involve the participants (the detailed procedure is described in workshop 1).
3. Give extra attention to the explanation on how to use the story cards.

## Activity 2: Evaluation of the 'homework' activities; Part 1

### *Objective*

To assess the participants' responsibilities and tasks given to them

### *Time*

One hour (12.00 - 13.00 hr.)

### *How to conduct the activity*

1. Ask the participants to show their forms from which they planned their health education activities at the end of the first workshop. Each participant briefly explains what was planned and what has been achieved. Pay particular attention to the way meetings were organized, what was the location, the target group, which package they used, and what constraints they faced in their activities.

## Activity 2: Evaluation of the 'homework' activities; Part 2

### *Objectives*

To assess the participants responsibilities

To evaluate the tasks given to the participants

### *Time*

One hour (14.00 - 15.00 hr.)

### *Materials needed*

The story cards the participants have used in their sessions

### *How to conduct the activity*

1. Review the colouring of the story cards. Discuss in the group if the colours are realistic and equally painted. Check, for example, if the colours of clothes are the same in all the drawings of the story
2. Repeat some of the basic rules and techniques of good coloured drawings (realistic colours suiting the local culture, equal colours, matching colours in different drawings)



### Activity 3: Introduction to story telling: "The story of Ahmad"

**Objectives**

To familiarize the participants with the methods and materials to be used in PHE  
To exercise careful listening in order to understand how diarrhoea can be spread and what can be done to avoid this

**Time**

30 minutes (15.00 - 15.30 hr.)

**Materials needed**

The story of Ahmad (see annex 1)

**How to conduct the activity**

1. Story telling is an interesting way to keep the attention of people and to create discussion. Simple stories can easily be remembered and be told by the local people to others. An example of a story about how children can be infected by diarrhoea is the story of Ahmad (see annex 1).
2. Tell the story to the group in a very interesting and attractive way.
3. Ask one or two participants if they still remember the story of Ahmad and ask to tell the story to the group. In this way you also practice listening. Ask the other participants to add any details that were forgotten.
4. Ask if the participants know stories or experiences related to hygiene and health. Ask them to tell their story or experience to the group.

### Activity 4: Introduction to the three pile sorting cards exercise

**Objective**

To familiarize the participants with a participatory exercise that can be used in order to: identify knowledge of people about health related behaviour, get active participation of all participants, point at negative consequences of behaviour and to motivate people to think about achieving a better situation

**Time**

One hour (15.30 - 16.30 hr.)

**Materials needed**

A package of three pile sorting cards and a guideline on the use of the package (see annex 2)

**How to conduct the activity**

1. Ask the participants to play a role play. The participants should imagine they are illiterate villagers. One of the trainers starts the introduction of the three pile sorting cards similar to a session in a village. When the idea is clear you appoint one of the participants to continue facilitating.



Photo 3: An example of a three pile sorting card exercise

## Summary of day 1

***Time***

30 minutes (16.30 - 17.00)

***How to conduct this activity***

1. Ask one of the participants to summarize what they have done today
2. Close the day with an energizer

## Day 2: Introduction

**Time**

15 minutes (8.45 - 9.00 hr.)

### Activity 5: Introduction to a new set of story cards and its presentation

**Objective**

To practice PHE with a new set of story cards.

**Time**

One hour (9.00 - 10.00 hr.)

**Materials needed**

Copies of a new set of story cards

**How to conduct the activity**

1. Ask the participants to study the story cards for themselves for about ten minutes. The participants should not discuss the cards with each other.
2. Select one participant and use the cards in a participatory way in the group. Two appointed group members can give support to the facilitator and the others have to listen carefully and answer the questions seriously.

### Activity 6: Preparation of a negative and positive story belonging to the story cards

**Objective**

To practice making stories belonging to the cards in order to make the story cards a more interesting and effective tool

**Time**

One hour (10.00 - 11.00 hr.)

**Materials needed**

A set of story cards, notebook and pen

**How to conduct the activity**

1. Split the participants in small groups. They have to review the story cards and write a negative and positive story that follow the story line of the cards. The stories have to be made attractive by including some details that correspond with the local circumstances.
2. Ask the participants to practice telling their prepared story to each other.
3. One of the participants will tell the story in an interesting way to the group.

## Activity 7: Analysis of existing graphic materials

### *Objective*

To raise the awareness of participants about the difficulties villagers have with understanding printed materials

### *Time*

One hour (11.00 - 12.00 hr.)

### *Materials needed*

Existing posters that are present in the health centres, big sheet

### *How to conduct the activity*

1. Divide the participants in three small groups. Give each group a poster or flipchart or other existing health education material. Ask them to look at it with a critical eye. Ask them to examine the material with the help of the following questions. Write these questions on a big sheet.

What do we see on the picture?

What do you think the illiterate people see?

Does the picture portray the local situation?

Do you think the village people identify themselves with the picture?

What is or are the message(s) the picture conveys?

What about the colour and the size?

What do you like and dislike about the picture?

What do you think could be improved?

3. Ask each group to present their findings and give them feedback.
4. Develop and write down a list of strengths and weaknesses of the examined materials.

## Activity 8: Pre-testing graphic materials

### Part 1: Introduction

#### *Objective*

To raise awareness about what pre-testing involves and how to pre-test materials

#### *Time*

One hour (12.00 - 13.00 hr.)

#### *Materials needed*

Sheets, marker and a guideline on pre-testing

#### *How to conduct the activity*

1. Ask the following questions (see possible answers below)  
Why is pre-testing needed?
2. After listing the answers on sheets, distribute the hand-out (annex 3).
3. Discuss how we can pre-test with the help of this hand-out.
4. Ask one participant to summarize how to pre-test.
5. Ask one of the participants to select a picture that is used in the Health Center in order to pre-test this with two of the other participants who will act as villagers. This exercise will be repeated a few times in order to give several people the chance to practice.

#### *Possible answers*

##### **Why is pre-testing needed?**

To know or to find out if:

- the respondents are familiar with pictures
- the message is conveyed in the way it has been intended
- people interpret the pictures in the way the communicator intended
- the respondents connect pictures or if they interpret each picture separately
- people identify themselves and their situation with the pictures
- the opinion or feeling of the people about the picture (embarrassing, likeness)
- there are details in the pictures that distract the attention
- there is a significance attached to the different colours
- things that have to be improved

## Activity 8 Part 2: Getting field experience with pre-testing graphic materials

### *Objective*

To get practical experience in pre-testing

### *Time*

One hour (14.00 - 15.00 hr.)

### *Materials needed*

Sheets, marker, notebook, pen, posters for pre-testing

### *How to conduct the activity*

1. Divide the participants in three small groups and ask them to pre-test the materials with five individuals in a nearby muhallah. Use the same graphic materials used in activity 7.
2. Assign in each group the role of note taker, interviewer and helper.

## Activity 8 Part 3: Evaluation of the field experience with pre-testing

### *Objective*

To enhance knowledge about local understanding of drawings and exchange experiences

### *Time*

One hour (15.00 - 16.00 hr.)

### *How to conduct the activity*

1. After the pre-tests, the experiences will be shared and findings will be discussed.
2. Are the strengths and weaknesses that were identified by the local people similar to what the participants found themselves? A second list of the identified strengths and weaknesses of the materials will be compiled and compared with the first developed list of activity one.

## Activity 9 Part 1: Preparation of PHE-sessions for the following day

### *Objective*

To plan a PHE-session and prepare one self for conducting a session in a participatory way

### *Time*

One hour (16.00 - 17.00 hr.)

### *Materials needed*

A planning format and a set of story cards or other materials for a PHE-session

### *How to conduct the activity*

1. Ask the participants to prepare a PHE session for village women for the next day.
2. Distribute a planning form and ask them to fill this out. This form reminds them of different points: the time, the location, the target group, the procedure and the evaluation. In particular the participants have to prepare the procedure (in three parts) in detail.
3. It is suggested to make the appointments with the local people as soon as possible.

## Summary of day 2

### *Time*

15 minutes (17.00 - 17.30 hr.)

### *How to conduct the activity*

1. Ask the participants to sit in a circle and ask them to tell (one by one) what exercises we did during the day. One person starts by recalling the first exercise of the day. The person next to her repeats the name of the exercise mentioned and then add the second exercise of the day. The next person repeats the names of the first two exercises and adds the third and so on round the circle. If a person makes a mistake in the order they have to leave the circle.
2. Ask what exercise they found most useful and enjoyable, what was least useful and enjoyable and why.





## Day 3: Introduction

### *Time*

5 minutes (8.25 - 8.30 hr.)

### *How to conduct the activity*

1. Remind the participants to take their materials, to conduct the sessions in a participatory way and to take on different roles as facilitators, observers and as note takers

## Activity 9 Part 2: Conducting PHE-sessions in the communities

### *Objective*

To improve the skills in PHE by getting more practical experience

### *Time*

Three hours and 30 minutes (8.30 hr. - 12.00 hr.)

### *Materials needed*

A tape recorder, tape, materials needed for the PHE-sessions

### *How to conduct the activity*

1. Each of the trainers will supervise 2 or 3 groups in the field. They will observe and support the participants in conducting their sessions. During each session the other trainees are asked to observe and to note at least three positive and three negative points. One observer will be asked to operate the tape recorder.
2. Depending on the travel distance, two or three areas will be visited.

## Activity 9 Part 3: Evaluation of the PHE-sessions

### *Objective*

To improve the PHE-skills by listening to the tapes and reviewing the sessions

### *Time*

One hour and 30 minutes (12.00 - 13.30 hr.)

### *Materials needed*

Tape recorder, recorded cassettes, batteries, sheets and markers

### *How to conduct the activity*

1. The field sessions will be discussed after listening to the recorded sessions.
2. The participants are asked to give each other positive and negative feedback.
3. In the feedback points like the active involvement of the group members, good listening and questioning techniques and a participatory use of the materials should be taken into consideration.

## Activity 10: Planning PHE-sessions for the coming month

### *Objective*

To develop a plan in order to facilitate the actual work and to have a reference point for evaluation

### *Time*

One hour (14.30 - 15.30 hr.)

### *Materials needed*

A planning format for the coming month

### *How to conduct the activity*

1. The facilitator will distribute a format and asks the participants to fill out the format in detail.
2. The plans will be discussed in the group.

## Evaluation and closing of the three-day workshop

### *Time*

30 minutes (15.30 - 16.00 hr.)

### *How to conduct this activity*

1. Each participant is asked to write down what they liked most and least about the workshop. Explain why.
2. Link the activities to the level of participation (use the five square assessment exercise).
3. Ask what the trainers have to improve or if there are still things that have to be improved in the workshop.
4. Remember the energizers and ask the participants if they wish to repeat one to close off the workshop.

## ANNEX 1

**THE STORY OF AHMAD****PART 1**

Ahmad, a boy of 10 years old, goes outside to the open field when it's still a little dark outside. He steps with a few of his toes in the faeces which were laying on the place where he usually sits down. Ahmad cleans himself with a stone (or water) and when he leaves this place he rubs his foot on the grass until it is clean.

Then he goes into the house. In the room he sits down chatting with his brother and father. His small brother is playing on the floor. He touches the floor and puts everything in his mouth like little children do. He also touches the place where Ahmad has walked. The little boy puts his small hands in his mouth.

That afternoon the small boy starts crying. His mother comes and takes the small boy from the floor in her arms. The small boy is vomiting and has diarrhoea.

*\* The facilitator asks: 'what has happened?'*

**PART 2**

The mother of Ahmad took her small crying boy from the floor. He vomited and had diarrhoea. The mother changed the nappies. The nappies she threw in the corner of the room and first she cleaned the little boy with a piece of cloth. She kept the baby for a while in her arms and gave the small boy some nimkol and brestfed the boy. She knew from the LHV that the child has to drink a lot when it has diarrhoea. She took care for this.

When the baby slept she felt she was late for preparing the meal. She washed her hands quickly with a bit of water and started immediately. She still had to prepare chapattis. The family ate the food and in the middle of the night all felt ill with diarrhoea.

*\* The facilitator says: 'In this story one very good and one very bad thing happened. Can you tell what are the good and the bad things in the story of Ahmad's mother?'*



## ANNEX 2

**THREE PILE SORTING CARDS EXERCISE*****Objectives***

To inform people about what are appropriate and inappropriate hygiene behaviours.

To open up discussion and motivate people to think and discuss about improved behaviours

***Time***

30 to 45 minutes

***Materials needed***

1. A set of three cards depicting a healthy or good looking boy, a sick or badly looking boy and a boy looking in-between who is neither healthy nor sick
2. A set of cards each with a picture which can be interpreted as good, bad or in-between behaviours

***How to conduct the exercise***

The three pile sorting exercise is an awareness raising exercise in which participants are asked to sort a set of picture cards into three piles, and in which these choices are discussed.

1. Form a circle of family members and show the cards of the boys. Ask how they look and put them on the floor with the 'in-between' boy in the middle. Explain that they present good, bad and in-between behaviour;
2. Give the participants the cards one by one and ask them to look careful and sort the cards into three piles: good, bad or in-between practices. Try to involve all the participants
3. Encourage the participants to reconsider their choices in consultation with the other members of the group. Initiate discussion by raising questions like: What is happening in the picture? Is this happening in your household or in the village? Why does it happen? What can you do to avoid it?
4. Ask the participants to select one or more cards from the 'in-between' category and ask why they see it like that or if they want to reconsider their choice. Also ask to select cards from the 'bad' category and identify actions to resolve the problem.



## ANNEX 3

## HANDOUT:

# PRE-TESTING OF HEALTH EDUCATION MATERIALS

### HOW CAN YOU PRE-TEST?

#### 1. *Preparation phase*

- What is your objective? / What do you want to know after pre-testing?
- Whom do you want to approach? (For whom are the materials developed?)
- Depending on your target group it is important to involve respondents of different socio-economic backgrounds or of different generations.
- Read the guideline on pre-testing.

#### 2. *Pre-testing materials in the field*

- In pre-testing materials you should keep in mind you are testing the materials and not the persons.
- Be neutral. Don't show any disapproval or surprise and do not start laughing. This will make people feel embarrassed or stupid.
- It is best to pre-test materials with individuals. This will give more accurate results than pre-testing with (small) groups.
- Let the respondents touch and feel the materials.
- Allow 5-10 minutes to pre-test each card, poster, flipchart. Limit the number of pre-tests per respondent, three to four pre-tests will be enough.
- Pre-test the materials minimum 5-7 times. In case of getting consistent responses, pre-testing can be stopped. In case the pictures are interpreted differently or if there is confusion we will continue pre testing until it is clear what are the problems.

#### Types of questions:

- It is very important to ask open and probing questions.
- Encourage the respondents to speak by probing and giving them the feeling that they are doing well in order to find out how they interpret the images

**3. *What to say and ask in pre-testing pictures***

- Explain in the introduction that you want to test the materials in order to improve them. Let people feel comfortable by saying that all their answers will be acceptable.
- Start with simple questions like: What do you see? (probe until it is clear what they see) or what does the picture want to tell you?
- Does this happen in your village? or Is this relevant for here?
- Do the people on the picture belong to this area?
- What does this colour mean?
- Is there anything on the pictures that is embarrassing?
- Do you like the picture?
- Is there anything in the picture that has to be changed?

**4. *Reporting of pre-testing***

- The note taker can, for example, write down:

Name :

Age :

Sex :

Village :

- Write down all the points that have been given for each picture.
- Emphasize the points that were understood and that were not.
- List the suggestions for improvements



## INSTRUCTIONS FOR WORKSHOP 3

**Duration** Two and a half days

**Brief summary** This workshop focuses on the development of the materials that are needed for PHE. The participants will learn to develop a negative and a positive story, translate these with the help of a graphical designer into story cards. The drawings will be pre-tested by the participants in the community and thereafter adjusted and used in a PHE session.

### **Overall objective of the third workshop**

To develop skills in the design, production and use of story cards for participatory health education in order to achieve an appropriate, enjoyable and sustainable approach to learning about health

### **Specific objectives**

- To develop stories and to translate these into pictures;
- To further improve skills in pre-testing materials;
- To enhance skills and confidence in using the self-prepared stories in participatory health education sessions.

### **This workshop manual contains**

- Workshop 3 agenda
- Instructions on activity 1 - 11, including objectives, time, materials needed and 'how to conduct this activity'
- Annex 1: Comments on the development of stories
- Annex 2: Translating events into pictures
- Annex 3: Pre-testing story cards
- Annex 4: Evaluation of the PHE-training

### **List of resource person, items and equipment required for this workshop**

- The Project graphic designer with equipment
- Sheets, tape, markers
- Copies of annex 1: Comments on the development of stories
- Copies of annex 2: Translating events into pictures
- Copies of annex 3: Pre-testing story cards
- Copies of the planning format for a PHE-session (see workshop 1, in annex 3)
- A tape recorder, a tape, batteries
- Copies of the planning format for the coming month (see workshop 1, annex 4)
- Copies of annex 4: Evaluation of the PHE-training



**WORKSHOP 3**

**PARTICIPATORY HEALTH EDUCATION**

"The Development of Story Cards"

**WORKSHOP 3**

**PARTICIPATORY HEALTH EDUCATION**

**"The Development of Story Cards"**



## WORKSHOP AGENDA

### DAY 1

10.00 - 10.15 hr. **Introduction to the third workshop**

10.15 - 12.00 hr. **Activity 1:** Discussion on the activities of the previous workshops

12.00 - 13.00 hr. **Activity 2:** Introduction to pre-testing story cards

**Lunch break**

14.00 - 15.30 hr. **Activity 3:** Developing water, sanitation and hygiene related stories

15.30 - 16.45 hr. **Activity 4:** Translation of the stories into pictures

16.45 - 17.00 hr. **Summary and evaluation**

### DAY 2

8.30 - 9.00 hr. **Introduction to the second day**

9.00 - 10.30 hr. **Activity 5:** Pre-testing the new stories in the communities

10.30 - 11.00 hr. **Activity 6:** Finalize the story cards

11.00 - 12.00 hr. **Activity 7:** Presentation of the stories to the other trainees

12.00 - 13.00 hr. **Activity 8:** A PHE-session with newly developed stories  
Part 1: Preparations

**Lunch break**

14.00 - 16.30 hr. **Activity 8:** Part 2: Conducting PHE-sessions in the communities

16.30 - 16.45 hr. **Summary and closing**

### DAY 3

8.45 - 9.00 hr. **Introduction to the third day**

9.00 - 12.00 hr. **Activity 8:** Part 3: Evaluation of the PHE-sessions

12.00 - 12.30 hr. **Activity 9:** Evaluation of the training by the participants

12.30 - 13.00 hr. **Summary and evaluation by the trainer**

**Lunch and closing of the workshop**



## Day 1: Introduction and Activities

### *Time*

15 minutes (10.00 - 10.15)

### *How to conduct the activity*

"Welcome to the third workshop on participatory health education. In the previous workshop we have learned about PHE and the skills needed for PHE. We have gained a lot of practice in the use of the materials for PHE. Also we started practicing in how to make stories and in this workshop we will elaborate on this.

In this workshop we will focus on the development of stories and story cards. The participants will first select a common health related problem in the field of water, sanitation and hygiene. This problem will be described in the form of negative and positive stories. Working directly with the Project's artist story cards will be developed. The cards will be pre-tested in the community and thereafter adjusted. On the final day a participatory health education session with the developed story cards will be prepared and conducted in the community.

The approach of this workshop again emphasizes the active participation of the participants. It is expected that your involvement in the development of the materials for participatory health education will enhance your skills, understanding and pleasure in the use of them. Besides your active involvement in developing materials will make the health education efforts more sustainable in the future".

## Activity 1: Discussion on the activities of the previous workshops

### *Objective*

To clarify points that are not understood and to repeat the activities that need more practice

### *Time*

One hour and 45 minutes (10.15 - 12.00 hr.)

### *Materials needed*

Sheets, tape, markers, training materials from second workshop

### *How to conduct the activity*

1. Ask the participants what topics they have experienced difficulties with during their 'homework'. List the topics and explain them or repeat some of them.
2. We suggest to repeat: the communication techniques i.e. listening, creating an open discussion, the different ways to actively involve the participants actively (the detailed procedure is described in workshop one) and the possible way to use the story cards (see workshop two).

## Activity 2: Introduction to pre-testing story cards

### *Objective*

To enhance the knowledge about the differences between pre-testing posters and pre-testing stories

### *Time*

One hour (12.00 - 13.00 hr)

### *Materials needed*

A guideline for pre-testing stories

### *How to conduct the activity*

1. Raise the question what the participants will do when they pre-test stories. The answers will be written on a sheet. What is the difference between pre-testing posters or pre-testing a single picture or a story? The points that come up will be:
  - time of pre-testing each card has to be reduced
  - the pictures are understood easier
  - connection between the pictures
  - it has to be asked if people has understood what has happened
  - find out if people can recognize the story
2. The points that are raised will be written on a sheet
3. Distribute the guideline on pre-testing stories and discuss the points mentioned.

## Activity 3: Developing new water, sanitation and hygiene related stories

### *Objective*

To enhance skills in the development of new simple and realistic stories

### *Time*

One hour and 30 minutes (14.00 - 15.30 hr.)

### *Materials*

Copies of the comments on the development of stories (annex 1)

### *How to conduct the activity*

1. Explain how to develop a new story. Emphasize that the story must be simple and realistic. The story should convey one message and should therefore involve one problem. The problem should not be too dramatic, it should be possible to change it positively. Prepare yourself with some good examples.
2. Divide the participants in groups of three or four people. Ask each group to brainstorm about the problems the community members face in the field of water, sanitation and hygiene.



3. Ask the group to select two main problems that has to be discussed with the trainers afterwards. Select one final problem that can be described in the form of a story.
4. Write a short negative story that can be diverted in a positive story. Then write the positive part of the story.
5. The trainer will listen to the stories and support each group in making the story simple and realistic.

## Activity 4: Translation of the story into pictures

### *Objective*

To gain experience in illustrating stories

### *Time*

One hour and 15 minutes (15.30 - 16.45 hr.)

### *Person needed*

The project graphic designer

### *Materials needed*

Hand out on translating events into pictures (annex 2), the graphic designer should take his drawing tools, paper, pens

### *How to conduct the activity*

1. Work in close consultation with the graphic designer
2. Ask the groups to select three to five events in the story that can be depicted easily (avoid movements and too many details). Keep the story line in mind and make sure that the pictures clarify the story and not confuse it! Select events or scenes that show behaviour that can be changed positively.
3. After selection of the events the artist will work in the evening to prepare the drawings

## Summary and closing of day 1

### *Time*

15 minutes

### *How to conduct the activity*

1. Ask one of the participants to summarize the activities of the day. If she needs help she can select another participant to help her.
2. Ask which activities were enjoyable and which activities were difficult.
3. Ask a volunteer to conduct an energizer exercise



A negative story-line



A positive story-line

## Day 2: Introduction to the programme

### *Time*

15 minutes (8.45 - 9.00 hr.)

### *How to conduct this activity*

1. Explain what will be the activities of the day

## Activity 5: Pre-testing the new stories in the communities

### *Objective*

To get practical experience in pre-testing stories

### *Time*

One hour and 30 minutes (9.00 - 10.30 hr.)

### *Materials needed*

The drawings that were developed by the artist in the evening, pre-testing guideline, notebook and pen

### *How to conduct the activity*

1. Ask the groups to pre-test the new materials in the same way they have been taught on the first day.
2. Ask them to first read the guideline carefully.
3. Ask them to work with at least three women in the nearby muhallah
4. Explain and assign the roles of note taker, interviewer and helper in each group.  
The note taker writes down all the points mentioned (this means both what is understood and what is not).

## Activity 6: Finalize the story cards

### *Objective*

To discuss the findings with the graphic designer in order to improve the story cards

### *Time*

One hour and 30 minutes (10.30 - 11.00 hr.)

### *How to conduct the activity*

1. Ask the groups to summarize their findings and be clear in what has to be improved. Try to reach a consensus among the participants in the groups.
2. Involve the graphic designer, who will make necessary changes to the drawings.

## **Activity 7: Presentation of the stories to the other trainees**

### ***Objective***

To present the results in a participatory way to the other participants in order to get feed back

### ***Time***

One hour (11.00 - 12.00 hr.)

### ***Materials needed***

The newly developed story cards

### ***How to conduct the activity***

1. The groups get 15 minutes to present their stories in a participatory way.
2. During the presentation one group of participants is appointed to observe the way of presentation and to note down three positive and three negative points. The other group is asked to participate actively and seriously.

## **Activity 8: A PHE-session with the newly developed stories Part 1: Preparations**

### ***Objective***

To prepare a PHE-session with the self-prepared story cards in order to be able to involve the community members actively

### ***Time***

One hour (12.00 - 13.00 hr.)

### ***Materials needed***

A planning format, the newly developed sets of story cards

### ***How to conduct the activity***

Ask the participants to:

1. Fill out a format on the planning of the PHE-session.
2. Write down relevant questions to create an open and lively discussion.
3. Review the techniques on how to use the cards in a participatory way and to create an open discussion.
4. Practice story telling so that you can easily remember the story during the session in the community.
5. Colour the story cards to make them more attractive (if enough time is available).

## Activity 8: Part 2: Conducting PHE-sessions in the communities

### *Objective*

To practice a PHE-session with the developed story cards

### *Time*

Two hours and 30 minutes (14.00 - 16.30 hr.)

### *Materials needed*

The newly developed story cards

### *How to conduct the activity*

1. The trainees will conduct a Health Education session according to the participatory approach they have learned
2. Appoint in each group a facilitator to conduct the session and one person who operates the tape recorder.
3. Ask the other participants to observe the sessions and to note down three positive and three negative points per session.
4. Each of the trainers will supervise one or two groups in the field. Observe the sessions and support the participants in conducting their sessions.
5. Depending on the travel distance each group of participants should try to work in different communities nearby the training centre.

## Summary and closing of day 2

### *Time*

30 minutes (16.30 - 16.45 hr.)

### *How to conduct this activity*

1. The trainer will briefly show her opinion about the conducted sessions. Stress the positive points and explain that it will take too much time to evaluate the sessions thoroughly at this moment but that there will be sufficient time tomorrow morning.
2. The trainer asks if the people still have questions and closes the day's proceedings with an energizer.



## Day 3: Introduction

### *Time*

15 minutes (8.45 - 9.00 hr.)

### *How to conduct this session*

1. Review day one and two of the workshop and introduce the activities of the day

## Activity 8: Part 3: Evaluation of the PHE-sessions

### *Objective*

To further improve the PHE-skills by listening to the tapes and reviewing the sessions

### *Time*

Three hours (9.00 - 12.00 hr.)

### *Materials needed*

Tape recorder, taped cassettes, batteries, sheet of paper, markers

### *How to conduct the activity*

1. The field activities will be analyzed after partly listening to the recorded sessions.
2. Ask the participants to give positive and negative feedback on each other.
3. Remind the participants about the introduction, content (one message), etcetera, as has been thoroughly discussed in workshop 1, activity 3.
4. Write the points mentioned on sheets.

## Activity 9: Evaluation of the training by the participants

### *Objective*

To get feedback on the programme

### *Time*

45 minutes (12.00 - 12.45 hr.)

### *Materials needed*

An evaluation form

### *How to conduct the activity*

1. Distribute the forms and ask the participants to fill out the form

## Summary and evaluation of the workshop by the trainers

### *Time*

15 minutes (12.45 - 13.00 hr.)

### *How to conduct the activity*

1. Summarize the training and praise the participants for their active participation.
2. Express your hope that the participants will continue conducting PHE sessions each month.
3. Explain about the Health Education Support Unit and its activities and that the Unit is set up to support the trained people in the field and to give training to the other participants.
4. Thank the participants.



## ANNEX 1

## SOME COMMENTS ON THE DEVELOPMENT OF STORIES

- A story may be built up by taking events or anecdotes from people's daily life. To make our story lively, we require a 'motor'. This can be an idea, event or problem which is the most important element in a story.
- So far we have got experience in the use of negative and positive story cards in a participatory manner. Following these lines we should start with a common problem or a dramatic event that can be changed into a positive one.
- In considering the problem you have to make sure that this is a common problem that needs attention and that can be (partly) tackled through health education.
- The problem should contain one or two messages
- The problem should be changeable into a positive event
- First make one negative story and thereafter change it in a positive story
- The story should be simple and realistic
- We should see people's life as it occurs in reality, that is in a continuous movement
- The number of people in the story should be limited (one up to three)
- The persons in the story should be given names



## ANNEX 2

**TRANSLATING EVENTS INTO PICTURES**

In the development of story cards we should consider the following points:

- People who are not used to picture reading often have problems with seeing the main message. Instead they often try to interpret the details first.
- Too many or striking details will confuse an unskilled person and make that person overlook the main message
- However it is found in the Northern Areas that details about clothes, hairstyle and facial features are very important and must be accurate. People won't identify themselves with the person if they look different. They will mention he/she is not one of us and consequently won't identify him/herself with the problem depicted.
- Avoid the use symbols! The symbols you like to use are understood because you have been brought up to recognize them. People with different backgrounds will not automatically share these.
- The background should be pictorialized to a certain extent. In some cases the background will help to explain the situation but in most cases it will cause confusion as it is difficult to understand different perspectives.
- The colours of the picture must be realistic. During pre-testing we found that 'unrealistic' colours will confuse the viewers. It is the LHV's experience that village women consider coloured cards clean and nice. Colours make the materials more attractive to look at.
- Sizes of items should be in proportion to each other. This means that an object like a spoon can cause a lot of confusion if it is shown next to a person that is only just a bit bigger in size.



## ANNEX 3

**PRE-TESTING THE STORY CARDS**

In pre-testing the story cards the same questions as for single pictures can be asked. Be aware that the questions have to be asked for every card and therefore only ask a limited number of questions. It is suggested to pay more attention to the pictures that are misunderstood.

The questions you can ask are the following:

- Explain in the introduction that you want to test the materials in order to improve them. Let people feel comfortable by saying that all their answers will be right.
  - Start with simple questions like: What do you see? (probe until it is clear what they see)
  - What does the picture want to tell you?
  - Does this happen in your village? or Is this relevant for here?
  - Do the people on the picture belong to this area?
  - What does this colour mean?
  - Is there anything in the pictures that is embarrassing?
  - Do you like the picture and why?
  - Is there anything in the picture that has to be changed?
1. First ask these questions for the pictures of the negative story.
  2. Thereafter ask what has happened? This is in order to check if the people have linked the cards with each other and if the message has been understood as was intended. Ask if they can recall the pictures.
  3. Repeat the question for the positive story.
  4. Ask: "What made the story positive?"
  5. Do you think the stories are clear?
  6. Do you like the story? Is this happening in your village?
  7. Do you have any suggestions for improving the story?



ANNEX 4

## EVALUATION OF THE PARTICIPATORY HEALTH EDUCATION TRAINING

Name:

Module:

1. What do you like about the Participatory Health Education approach?

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2. What do the villagers like about Participatory Health Education?

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3. What do you not like about the Participatory Health Education approach?

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4. What have you learned from the training in Participatory Health Education?

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5. Do you think Participatory Health Education is effective? Why?

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6. What improvements are needed for the training programme in Participatory Health Education?

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7. Can you use the skills learned in Participatory Health Education in other fields like for example in health education on Family Planning? If yes which skills?

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8. In what ways do you want to continue with Participatory Health Education in your Module?

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9. Do you think another follow up programme on Participatory Health Education is needed in the coming year? Why?

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10. Do you have any suggestions for the coming programme on Participatory Health Education in 1996?

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