

# HEALTH FACILITY-BASED HEALTH EDUCATION AND PROMOTION IMPLEMENTAION MANUAL



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MINISTRY OF HEALTH - ETHIOPIA

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HEALTHIER CITIZENS FOR PROSPEROUS NATION

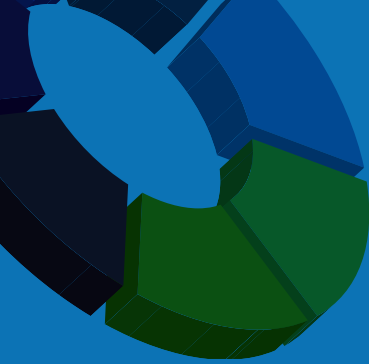
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**Ministry of Health - Ethiopia Health Extension  
and Primary Health Care Directorate**



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IMPLEMENTAION MANUAL**



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## Preface

Health facility-based health education and promotion implementation manual is part of a series that aims to help implement health education and promotion interventions at health facilities. It uses a human-centered approach in order to develop and implement health education and promotion activities by creating inspiration for better understanding and desires among both clients and health care providers. It is also hoped that this approach will help both health care providers and clients gain greater benefits with regard to health on a sustainable basis.

Health Extension and Primary Health Care Directorate of the Ministry of Health – Ethiopia is pleased to present this manual, which aims at supporting health facilities to place greater emphasis on health promotion and disease prevention interventions. Therefore, it can guide and show different approaches on how to perform health education and promotion activities at health facilities.

This manual is only the beginning. We look forward to receiving suggestions and ideas on how to improve this manual in particular and to strengthen preventive and promotional services.



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## Abbreviations

DHIS	District Health Information System
FMoH	Federal Ministry of Health
HC	Health Center
HCP	Health Care Provider
HEP	Health Extension Program
HEPHS	Health Extension and Primary Health Service
HLM	Health Learning Materials
HMIS	Health Management and Information System
HSTP	Health Sector Transformation Plan
IEC	Information Education and Communication
M&E	Monitoring and Evaluation
NHEC	National Health Education and Communication
OPD	Outpatient Department
IPD	Inpatient Department
PHC	Primary Health Care
RHB	Regional Health Bureau
SBCC	Social Behavioral Change and Communication
TWG	Technical Working Group
WHO	World Health Organization

## Purpose of the manual

The manual is mainly intended to provide guidelines and ideas for health facilities to implement health education and promotion interventions at their health facilities. It is also designed to help them ensure the quality and effectiveness of health education programs. Moreover, this manual aimed at helping and supporting health facilities and professionals to place greater emphasis on designing, implementing and monitor health education and promotion interventions to achieve intended health outcomes.

Specifically this manual is intended to help health facilities and health care providers:

- *To integrate effective health education methods and approaches into the planning, delivery, and monitoring phases of primary health care services and make health education and promotion an integral part of health service delivery;*
- *To design, carry out, and evaluate health education activities, working with individuals and groups using appropriate methods based on the local culture and available resources;*
- *To transfer educational and planning skills to community health workers and the community at large; and*
- *To promote effective interactions and communication between health care providers and clients at health facility as well as community levels through different health learning materials.*

## Definition and concepts

**Health education:-** Lawrence Green defined health education as a combination of learning experiences designed to facilitate voluntary actions conducive to health. It encourages behavior that promotes health, prevents illness, cures disease, and facilitates rehabilitation.

**Health promotion:-** the process of enabling people to increase control over their health and its determinants, thereby improving their health.

**Patient education:-** a term for education given in health facility settings linked to following of treatment procedures, medication, and home care and rehabilitation procedures.

**Counseling:-** a process in which clients who are in need of health care providers are given support and encouragement to enable them to raise their understanding, ability, and confidence to find solutions by themselves. It also means a choice, not force and not advice.

# Section one

## 1. Introduction

At the time of Alma Ata declaration of Primary Health Care in 1978, health education was put as one of the components of Primary Health Care and it was recognized as a fundamental tool to the attainment of health for all. Adopting Alma Ata declaration, Ethiopia utilizes health education as a primary means of preventing diseases and promoting health.

In addition, the 1993 Health Policy of Ethiopia boldly indicated priority health issues and the significance of Information, Education, and Communication (IEC), as well as health education and community mobilization, as priority interventions to address health problems and encourage community participation in efforts to take control over their own health. The policy also recommended strengthening health education by targeting specific populations through mass media, health facilities, community leaders, religious and cultural leaders, professional associations, schools, and others.

The importance of health education and promotion and behavioral change communication are also highlighted in the Health Sector Transformation Plan (HSTP) as key components of the health extension program to help achieve the increasing demand for health services and community empowerment for the sustainability of health outcomes. In addition, the HSTP gives emphasis to strengthening facility-based health education in order to enhance the skills and knowledge of individuals and communities so that they can take control over their own health, as well as upgrading the skills and knowledge of health care providers to enable them to provide quality health education.

Ministry of Health has developed a Health Promotion and Education strategy to achieve the above-mentioned goals, and it has also put in place different implementation guidelines including the Health Learning Material Development Guideline, the Quality Assurance Guideline, and various Health Communication Message guides to support health education and promotion interventions at different levels. Although a remarkable progress has been made so far, the introduction and implementation of facility-based health education activities has been slow compared to the increasing number of health facility visits by the community.

Therefore, this manual has been developed to accelerate the pace of implementation and make sure that health education and promotion interventions gain more importance within the health facility setting. Moreover, it helps health facilities and health professionals to prioritize and implement health promotion through introducing practical concepts and implementation tools that will allow better implementation of facility-based health education nationally in tandem with the manuals, guidelines, and guides that have already been developed.

## 1.1 Why facility-based health education/Rationale

Health professionals in health facilities have a lasting impact on influencing the behavior of patients and their relatives who are more responsive to health advice in situations of experienced ill-health. Based on the assessment conducted by MoH at different health facilities and the practical experience of health facilities, there are many challenges that health facilities and health care providers are facing in providing health education at health facilities. Lack of structures and assigned personnel for health education, less attention given for health education, poor infrastructure, and lack of budget and resources to facilitate HE have been the most common challenges seen in health facilities so far.

In addition, lack of skills on how to plan, implement, and monitor HE interventions, taking health education as an additional duty, lack of uniformity on planning and providing HE among different health facilities, fear of educating clients as a group, neglecting and ignoring rights of clients for health information, lack of motivation and commitment to provide HE, communication barriers, and less attention given to people in need are also mentioned as barriers to implementing facility-based health education and promotion programs.

Therefore, MoH intends to develop a standardized facility-based health education manual to guide health facilities in order to provide proper health education, promotion of healthy behavior, and maintain quality of life of patients.

## **1.2 Objectives of the manual**

The main objective of this manual is to guide health facilities and health care providers with a standardized facility-based health education and promotion interventions at national level.

## **1.3 Who are health educators**

According to the definition given by WHO, health educators are all health care providers who are concerned with helping people to improve their health knowledge and skills and practice health education in their day-to-day jobs. Therefore, health education is the duty of everyone engaged in health and community development activities to promote health and prevent diseases through the provision of health education.

## **1.4 What is a facility-based health education setting**

According to the definition of a health promotion setting by WHO, a health facility-based health education setting is ‘the place or social context in which people engage in daily activities in which environmental, organizational, and personal factors interact to affect health and well-being. A setting is also where people actively use and shape the environment and thus create or solve problems relating to health. It can also be identified as having physical boundaries, a range of people with defined roles, and an organizational structure.

Health facilities are among the set-ups where all members/health care providers work together to provide patients/clients with important health information which promotes health. Therefore, it needs to be set up in a way which ensures positive health behaviors of clients and improves

their health status. A facility-based health education and promotion program should be incorporated into the organization culture of the health care facilities that promote the health of patients/clients and create supportive healthy environments by continuously engaging the community.



Figure 1. Facility-based health education framework (Adopted from Health.VIC)



# Section two

## **2. Set-up or components of a facility-based health education program**

In this manual, a facility-based health education set-up refers to the physical environment of the facility, institutional leadership (including structure, management involvement, and capacity building), and community engagement at facility level. For the above-mentioned reasons, the following sub-sections discuss components for improving facility-based health education and promotion programs in all primary health care units and hospitals at national level.

### **2.1 The physical environment for health education**

Physical environment for health education refers to units, spaces, furniture and equipment that are comfortable and safe to provide health education sessions at health facilities.

- **Health education units and spaces** refers to the overall appropriate offices and space created to provide health education session at a given facility. These include:
  - *Information desk and directory for people living with disabilities;*
  - *Health education office/department;*
  - *A resource center/library for health education; and*
  - *Waiting areas (OPD, IPD, and other preventive service areas, wards and card room) that helps to provide health education activities at individual and group levels.*



- **Furniture and equipment** refers to:

- *Chairs with backrest for clients at waiting areas;*
- *Shelves/tables to display materials at service delivery points and wards; and*
- *Audio-visual materials like television, video tapes, and microphones to watch at waiting areas.*



## 2.2 Resource

Resources are also the main component of a health facility-based health education program. Presence or absence of resources has enormous effect on behavior change. Resources include service facilities, money, time, labor, skills and materials.

**Time:-** is a valuable resource and may affect people's behavior either positively or negatively. As mentioned in the previous section health education services are very useful resources in a given facility but it may not be effective if the messages are not provided timely to address clients need. In addition, providing health education using mixed methods in a short period of time often affects people's behavior.

**Budget/Finance: -Budget is very important to bring change** in some kinds of behavior. Some people may don't have the capacity to buy certain things (ex. Practicing complimentary feeding) that would help practice a specific behavior. So as a health educator, there is a need to mobilize resources to finance health education activities in their respective facility and also build the capacity of the community/clients so that they can develop skills that would help them use in house resources that can help practice a certain behavior change.

## 2.3 Institutional arrangement and capacity to coordinate health education and promotion activities at health facilities

Health facilities have great opportunities to serve as sources of health information and education as they reach millions of people with awareness-raising and behavior change communication interventions. In order to do that, there is a need to strengthen the health education and promotion arrangement at health facilities in the following ways:

**Health education and promotion expert and health educators:** All health facilities should assign a health education and promotion focal person who can lead, coordinate, monitor and evaluate the overall activities at the facility level. Both focal person and health educators do the following activities:

- *Select evidence-based health education topics based on services provided at individual and group levels;*
- *Create a proper setup to provide health education;*
- *Thoroughly prepare on the topic area that is going to be disseminated by referring to different guides, case scenarios or related practical stories and health learning materials.*
- *Recognize, build good relationship and take account of cultural diversity and the influence of social factors in order to adjust to clients' behaviour;*

- *Assess patients' ability whether they understand the information imparted through a question and answer so that it helps to modify the approach accordingly.*
- *Assist and facilitate conversations considering the questions you ask, the way you listen and the content you gather during counselling; this will help to empower patients and clearly understand their concern and meet their expectations, and fulfil your obligations as a clinician;*
- *Encourage informed decision-making and cover basic concepts related to medicines, how to choose, when to self-medicate, and when to seek medical advice;*
- *Observe whether clients are paying attention and ensure that they understand. You may observe problems; you can then help to solve them before they receive any service like medications that they are to self-administer;*
- *Create opportunities for the clients (attendees) to summarize what they have learnt; and*
- *Record, document, and report health education activities.*

**Health education and promotion focal person at each service delivery areas, wards (OPD, IPD...):** Health education activities should not be left only to health education experts, who are responsible for the overall coordination and management of health education activities at health facilities. Therefore, trained focal personnel need to be assigned at each service delivery point/ward who will perform the following activities:

- *Facilitate/coordinate morning health education sessions at each service delivery point/ward every morning before starting the service;*
- *Keep records of the health education and promotion activities carried out daily;*
- *Identify top ten diseases each week and report to the health education and promotion expert;*
- *Display and manage audio-visual materials at each service delivery point/ward; and*
- *Make health education and promotion materials available at each waiting area for clients who may prefer to take and read them.*

### **Integrating health education and promotion with quality improvement**

**teams:-** All facilities should integrate health education and promotion issues with the quality improvement committee meetings in order to:

- *Enhance institutional leadership that ensures that health education interventions gain support at their respective health facility;*
- *Create an enabling environment for health education interventions (rooms, HE materials, TVs, etc.);*

- *Ensure that health education is being given to patients;*
- *Assign /allocate budget for health education activities/programs; and*
- *Monitor and evaluate health education program activities periodically.*

## **2.4 Engaging different actors/stakeholders**

Bringing different actors together helps to increase synergy and wisely coordinates the actors so that their expertise is used effectively in the implementation and promotion of health education in health facilities. Such coordinated synergy at all levels would have an enormous effect in designing effective responses, lifting up public awareness, and increasing community engagement. Therefore, health facilities should identify and engage potential stakeholders who are working within their catchment areas to strengthen facility-based health education interventions/programs.

The following engagement mechanisms are proposed to enhance facility-based health education interventions:

### **Working with health-related associations, universities/health colleges:**

Hospitals and health centers should work together with associations and universities/colleges to strengthen facility-based health education activities through:

- *Celebrating health days - Maternity Day, HIV Day, Diabetic Day, Hand-Washing Day, etc.;*



- *Providing people with health education materials, job aids, and electronic equipment; and*
- *Offering/providing health education training to health care providers and volunteers.*

**Working with youth centers/schools/volunteers:-** Health facilities are expected to provide health education and promotion services for youths at youth centers/schools and volunteer in the way that they can provide health information. Hence, the health education focal person will create awareness to the school community about the importance of delivering health education in the school in collaboration with the school directors to facilitate and create a conducive environment to the health education program implementation. In addition, they also ensure and follow up the implementation of the program.

**Working with religious associations:-** It is very important to work with religious leaders by making them aware of the issue and encouraging them to educate the community to bring about a positive impact in facility-based health education and promotion interventions.

**Working with local institutions (Idir, Mahibre, etc.):-** These are important platforms to educate and disseminate health education. By first educating the leaders, we can use these platforms as learning forums by using their leaders to educate other members.

# Section Three

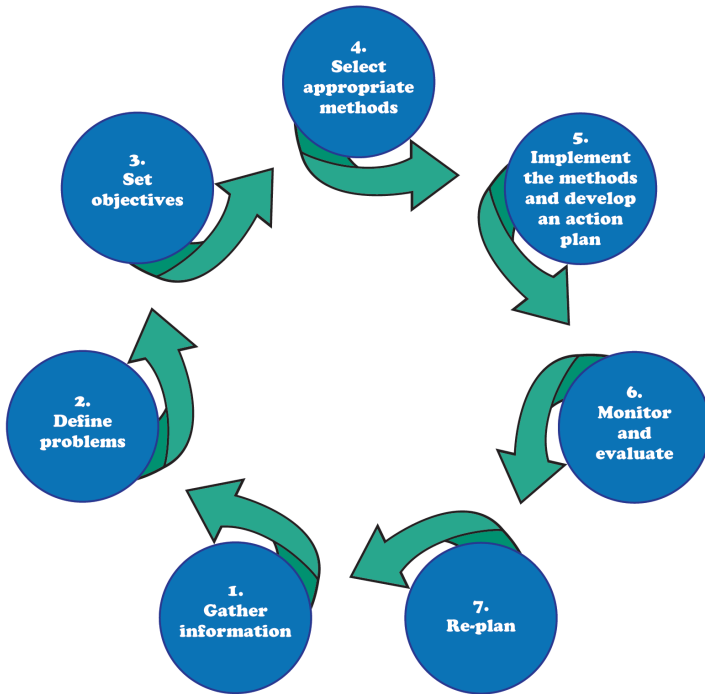
## **3. Planning for health education and promotion in health facilities**

Planning a health education program is very important in implementing health education and promotion activities in any health facility. Planning enables health educators to prioritize needs and activities, as the community may have a lot of problems that are difficult to solve at the same time. Planning also enables to forecast resources and use them efficiently and effectively, avoiding duplication of activities and developing the best health education methods tailored to specific groups that help to solve the health problems they have faced.

The current health situation of the community is the starting point for an effective health education activity at health facilities.

### 3.1 Steps in planning

The steps mentioned below are basic planning steps to follow while planning a health education and promotion program at health centers and hospitals.



*Figure 2. Steps in planning health education and promotion*

### 3.1.1 Collecting information

As stated above, knowing and understanding the current health problem of the community is crucial to planning a health education activity in health facilities. Good health education is based on facts and should be evidence-based. Gathering information at the health center and hospital levels is important to identify the most important problem in the community and to know the target population who are affected. In addition, it helps to know and understand the reason why the target population practices what leads to that specific problem.

Collecting the following information is very important to have a clear understanding of the community and their current health problem:

- *Number of people who live in the area*
- *Their sex and age groups;*
- *Average size of a household;*
- *Average number of pregnancies, children alive, and children that died in the last one year;*
- *Available health care services (traditional/modern);*
- *Literacy status of the community;*
- *Jobs, the economic situation, and its impact on health;*
- *Existing clubs/organizations/societies;*
- *Religions practiced locally;*

- *What formal and informal channels there are and who the participants in those channels are;*
- *The political structure in the community/power in the community; and*
- *Health beliefs and practices.*

All the above information could be gathered in the following ways:

**Data extraction at the health facility:-** Health facilities can collect information for the above-mentioned purposes by reviewing records and documents from the data sources available in the health facility. In addition, gathering information from performance review committee meetings of health facilities is very important. The committee meetings could help to identify priority health problems that need health education, based on the information gathered from the data sources below:

- *Registration books;*
- *Annual reports (HMIS, DHIS);*
- *Written program plans;*
- *Checklist of focal persons at health facilities;*
- *Monthly clinical attendance/register;*
- *Lower level administration data;*
- *Results of satisfaction surveys;*
- *Monthly top ten diseases (to identify determinants of health);*

- *Weekly DHIS 2 morbidity data (as well as aggregate data) (to sort out determinants); and*
- *Top ten morbidity and mortality data*

**Observation:-** Observation is one method to collect information in health facilities. It is very important to know the timing and place of observation and write down the observations at the time. Observation can be made at every service delivery point and ward at the health facilities and outside the community to see the actual practices.

**Conducting surveys:-** Surveys can be conducted using structured interviews, questionnaires and focus group discussions. These may include:

- *Client satisfaction survey;*
- *Small group discussions at department levels;*
- *Exit interviews;*
- *Interviews with focal person; and*
- *Interviews with leaders/managers.*

In general, gathering information mainstreaming the health facility sessions can also be carried out by developing integrated checklists/questionnaires and using evaluation sessions and opportunities like weekly EPI sessions, planning performance review meeting, and supportive supervisions/discussions with HCP.

### 3.1.2 Defining and prioritizing problems

People may have several problems. For that reason, there is a need to define and prioritize specific health problems to decide which problems should come first; priorities should be set. While defining and prioritizing specific health problems, considering the following points can help:

No	Identified problems	Prioritizing Criteria				
		Magnitude of the problem	Severity	Feasibility	Community concern	Government concern

It is also important to involve the community while defining and prioritizing specific health problems. The health educator at the facility level can use different opportunities to involve the community. This may include working with the catchment area health extension workers, using meetings/gatherings conducted at the health facilities (pregnant women’s conference, EPI sessions, and weekly meetings with the health care providers), and among others.

### 3.1.3 Setting objectives and goals

After setting priorities, a clear objective should be set stating what is intended to be achieved by the end of the program or intervention. The objective should be a statement that shows the change over a fixed period of time. It should be measurable, relevant, and achievable. It also has to describe:

- *What you want to change;*
- *How much change you want;*
- *For whom or for what you want the change; and*
- *When (by what time or date) the change will happen.*

A given health facility may have many objectives at the same time in a specific health issue; it can have health objectives and educational objectives. A health objective is an objective which focuses on the improvement of people's health. An educational objective focuses on people's behavior that affects their health and intends to solve their health problems.

Here are some examples for health and educational objectives:

If measles is a serious problem in the health facility, the facility may have the following health and educational objectives:



### **Health objective:-**

- *By the end of 2012, all children who get measles will recover quickly and suffer no disabilities; and no child will die of measles.*
- *Educational objective:*
- *By the end of 2012, Mothers whose children get measles will bring them quickly to the health facility.*

### **3.1.4 Developing an action plan, selecting appropriate methods & resources**

Once the situation has been analyzed, problems defined and prioritized, objectives set, and resources identified, an action plan (which shows what to do, when to do it, who will do it, and at what cost each of the activities will be carried out) should be developed. The Plan of Action should include:

- *Goals and objectives;*
- *What steps has to be taken;*
- *A list of activities, including methods;*
- *Who will be responsible for each step;*
- *What materials, equipment, people, and funds will be necessary for each step; and*
- *When each step is to be completed.*

- *While developing an action plan, it is also important to select appropriate methods for health education and promotion, considering the following basic questions:*
- *How fast do people change?*
- *How many people are involved?*
- *Is the method appropriate to the local culture?*
- *What resources are available?*
- *What combined methods are needed?*
- *What methods fit the characteristics (age, sex, religion, etc.) of the target group?*

In general, use of a mix of methods and repetition improves understanding, and people are more likely to remember them. Health education could be designed for various groups of people: old, young, women groups, children, and so on. Selecting and adapting your methods (methods are listed in the next section) that fit the type of people you meet is very important for a successful implementation of a health education program in health facilities.

**Table 1: Sample action plan template**

S.no	Goal /Objectives/ Identified Problem List	Type of activities/ strategy	Target audience	Possible education method	budget	Time frame	Resource needed	Responsible person

### 3.1.5 Identifying and Obtaining Resources

Resources are mentioned as one of the main component for a facility based health education program in the previous section. This section looks at the importance of planning, listing resources and ways of finding resources necessary to conduct health education activities in a facility based health education program.

The following points should be considered as ways to identify and solicit resources to strengthen facility-based health education programs:

- *Identify health facility resources and barriers;*
- *Identify individuals, institutions, associations, corporations, etc. that work in your catchment areas;*
- *Identify agencies, organizations, and people with skills;*

- *Map available resources and stakeholders including communities; and*
- *Develop proposals based on the identified barriers and communicate these to stakeholders to solicit support and strengthen the health education program at the health facility level.*

Below are list of important resources that would be needed to implement facility based health education program:-

- *Local media including traditional means of communication, radio, newspapers, local artists, printers, photographers can be involved in designing and producing educational materials*
- *Places to hold meetings, discussions, and training sessions and other resources mentioned in setup section.*

# Section Four

## 4. Health education methods for health facilities

Health education presents information to target clients on particular health topics and provides tools to build capacity and support behavior change. Health education could be designed for various groups of people: old, young, women groups, children, and so on. So selecting and adapting your methods to fit the type of people you meet is very important to help clients make wise choices and decisions about their health.

The health education methods mostly used in health education and promotion interventions in facility-based health education settings are:

- *Counseling;*
- *Health education with groups; and*
- *Provision and distribution of health learning materials.*

As mentioned previously, resources are also important while implementing health education interventions using HE methods. These resources include every health-related guideline and health education teaching aids that help to facilitate both individual and group health education. Therefore, health facility leaders and health education focal persons from each department (OPD, IPD, and preventive service areas) need to arrange and make available shelves, health learning materials and teaching aids like visual aids, brochures in order to maximize the awareness of the clients and care givers. This section guides health facilities and health care providers on how to offer appropriate health education using the above methods.

## 4.1 Counseling

Counseling is one of the approaches most frequently used in health education at health facilities individually. According to WHO health education manual, counseling is defined as a process in which clients who are in need of health care providers are given support and encouragement to enables them to raise their understanding, ability, and confidence to find solutions by themselves. It also means a choice, not force and not advice.

The purpose of counseling is to encourage individuals and help them think about their problems and come up with a greater understanding of the causes so that they can take action and solve their problems.

Topics for discussion points for individual counseling arise when health care providers have contacts with their patients coming to the health facilities due to various health problems. So the issues are mostly connected to the services that health care providers are providing by the time.

### 4.1.1 Principles of counseling

- *Counseling requires establishing a good relationship between the counselor and the client.*
- *Counselors should assist people to identify their own problems.*
- *Counselors should have empathy. They should put themselves in their clients' shoes.*
- *Counselors should never force their clients to accept their advice.*
- *Counselors should always respect the privacy of the people they are helping.*
- *Counselors should share information and ideas on resources to help them make a sound decision.*

### 4.1.2 Clinical communication skills for counseling

Good communication depends on careful observation, accurate listening, and correct interpretation of clients' feelings. Proper utilization of communication skills in counselling helps to meet the objectives of counselling by helping the clients examine possible options to explore solutions and their consequences. This sub-topic deals with two clinical communication skills to guide health care providers while providing clients with counselling services.

### 4.1.2.1 Prepare, Relationship building and Why - PRY

Prepare, Relationship building and Why (PRY) is a clinical communication skill used in the first golden minutes of a consultation. The goal is to prepare for the patient and build a relationship with the patient in order to get a comprehensive problem list through the use of therapeutic interviewing skills (open questions, pausing, active listening, and summarising).

- **P – Prepare:** Have a clear mind, make sure your space is clear, read the history of the patient if possible.
- **R - Relationship Building:** How do you build the patient-clinician relationship? Greet, use the patient’s name, make sure the patient is comfortable, and introduce yourself to the patient.
- **Y - Find out why the patient has come to the health facility.** Ask, probe, listen actively, pause, and be attentive to non-verbal languages.



### 4.1.2.2 Idea, concern and expectation (ICE)

ICE is a clinical communication skill used to gather information which combines the bio-medical with patient perspectives. It is also used for patient-centeredness and collaboration and developing an effective self-management plan.

Patients come to consult with ideas and beliefs about what is wrong with them. They also come up with more than one concern or worry and they come up with certain expectations and hopes about what is going to happen in the consultations. Your role as counsellor is to facilitate conversations to meet expectations of the patients and fulfil your obligations. The question you ask, the way you listen and the content you gather during counselling are keys to meet the objectives.

### 4.1.3 Counseling steps

Having in mind the communication skills mentioned above, it is also very important to adhere to the following counselling steps while providing individual counselling at health facilities:

- **G** - *Greet the clients.*
- **A** - *Ask them about their feelings.*
- **L** - *Listen to what the clients say.*
- **I** - *Identify the problem and resources.*
- **D** - *Discuss the problem and decide on the alternative actions that the client agrees to undertake.*

- **R** - Recommend alternative doable solutions.
- **A** - Ask agreement with the clients.
- **A** - Appoint a time to meet the clients for the reassessment.

#### 4.1.4 Set-up for counseling

The physical environment for individual health education/counseling should be arranged or constructed in such a manner that it:

- Provides adequate space with teaching aids;
- Has a professional look and reasonable privacy that ensures confidentiality to the patient at all times; and
- Eliminates background noise as much as possible.



## 4.2 Health education with groups

Health education with groups is a major health education activity applied in health facilities. As mentioned in WHO's facility-based health education manual (1988), groups can be divided into two types as formal and informal groups.

A formal group is a group of people who are well organized with some interest. In this manual a formal group at a health facility level includes mother conference/forum, adolescent and youth group, TB patient groups, and HIV patient groups in different inpatient and outpatient departments. An informal group is a group that is not well organized and has different interests including meeting attendants, people who gather for a particular event, etc. This manual incorporates both types of group as target audiences for appropriate health education.

Topic for group health education should be selected based on the results of the information gathering and problem identification process discussed in the previous section. But, depending on the service delivery unit (OPD, IPD, preventive service delivery units), it would be good to assess the needs of the clients through the information collection/gathering steps as discussed previously.

## 4.2.1 Set-up for group health education

A health facility should provide services in accordance with the standards and should comply with the following requirements:

- *Appropriate space at each service delivery point waiting areas and at each ward (OPD, IPD, preventive service areas) for group education, as it helps to provide focused health education;*
- *Appropriate media (TVs, video tapes) at waiting areas of card rooms, outpatient/ inpatient areas, dispensing area, and other preventive service areas, which are inclusive of people with special needs/disabilities;*
- *Appropriate health learning materials including brochures, leaflets, posters, etc.; and*
- *No background noises.*



## 4.2.2 Group health education techniques for health facilities

Health facilities can use different techniques and means to give health education in their health facilities. Some of them are discussed as follows:

**Group discussions:** Groups allow people to say what is in their minds. They can talk about their problems, share ideas, support and encourage one another to solve problems and change their behavior. In a health facility setting, a number of people participating in a health education session may be motivated by what other participants say to take part in the discussion. The following steps are helpful to specifically show how to plan and conduct a group discussion in facility-based health educational setting.

### **A. Planning a discussion -** This involves:

- *Identifying the discussants that have common needs and interests (e.g. pregnant mothers);*
- **Getting a group together** – *This entails talking to participants individually to see if they would like to come together in a group to share their problems, find out how others cope, seek help, and in turn assist others; and*
- **Deciding where to hold the discussion** – *This has to do with the identification of a comfortable place and time which is conducive for people to talk more freely.*

**B. Conducting the discussion:** Health care providers need to consider the following suggestions while conducting group health education:

- *Introducing group members to one another;*
- *Using questions to attract their attention and encourage sharing;*
- *Encouraging everyone to participate;*
- *Managing those who talk repeatedly and encouraging the quiet ones to contribute;*
- *Limit the duration of the discussion to the shortest time possible; and*
- *Checking for questions and satisfaction before concluding the session.*

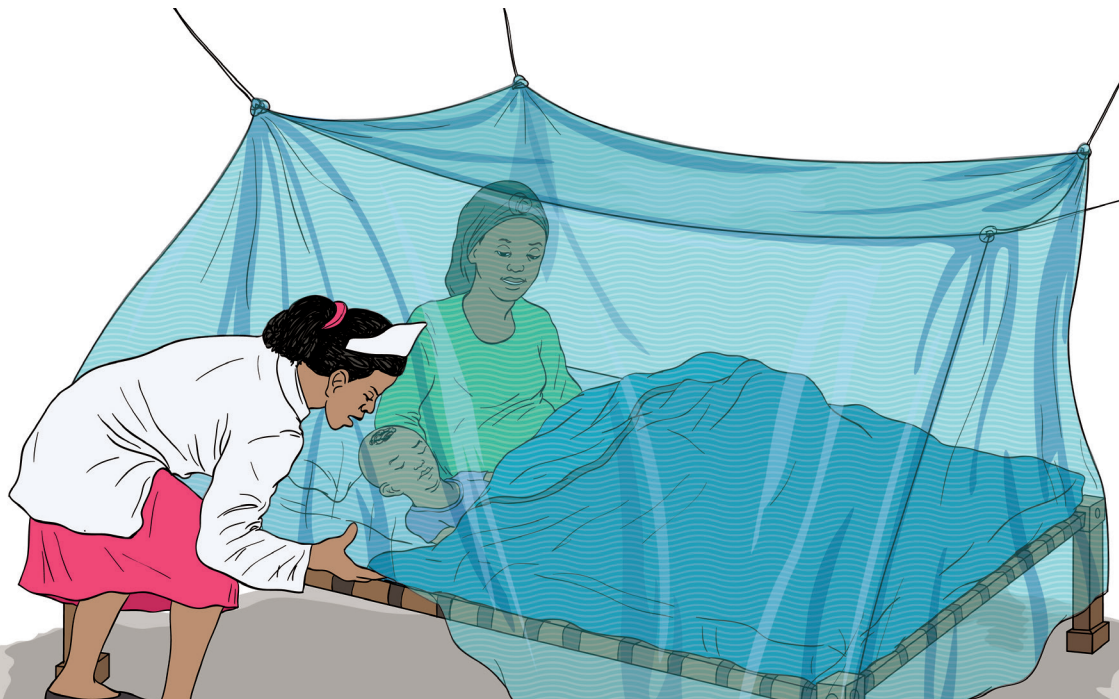
**Time:-** The time allowed for discussion depends on how much time members have. People have work, family, and other responsibilities. You yourself have other duties. Even if people do not have other things to do, they will get tired and bored if the discussion goes on for too long.

**Demonstrations:** Demonstrations involve a mixture of theoretical teaching and of practical work, which makes them lively. The main purpose of demonstrations is helping people learn new skills. In health facilities there are different demonstrations that can be done to help people learn new skills such as condom utilization, hand washing practice, etc.

**A. Planning the demonstration:** During this phase, the health educator needs to identify what the group needs to learn, collect the necessary materials such as models and real objects or posters and photographs, prepare adequate space so that everyone can see and practice the skill, and choose the time that is convenient for everyone. Use this method with small groups. If the group is too large, members will not get a chance to practice the skills or ask questions.

**B. Conducting the demonstration:** The health educator needs to consider the following procedures when conducting a demonstration:

- 1) Explain the ideas and skills that you will demonstrate and the need for it;
- 2) Conduct the demonstration (show one step at a time, slowly);
- 3) Ensure that everyone sees what you are doing;
- 4) Give explanations as you go along;
- 5) Encourage discussion both during and at the end of the demonstration;
- 6) Ask them to demonstrate back to you or to explain the steps; and
- 7) Summarize/review the important steps and key points briefly.





**Drama/Role Play:-** This is a good means of entertaining as well as informing people, especially during health events organized inside as well as outside of health facilities. Their preparation and practice may take time. This means that it is somehow difficult to prepare and use dramas for this purpose repeatedly. Yet, they are extremely useful for educating a group of people. Dramas should have one main learning objective but can often include two or three other less important objectives as well. Alike stories, dramas make clients look into their own behaviors, attitudes, beliefs and values in the light of what are told or shown.

**Global public health days:-** Global public health days offer great potential to raise awareness and understanding about health issues and mobilize support for action, from the local community to the international level. There are many world health days observed throughout the year related to specific health issues or conditions. Health facilities can utilize the opportunity to create awareness among their clients and the surrounding communities by using different teaching aids like banners as needed.

Health professionals can also play a part in these worldwide efforts to create a healthier working environment in their respective health facilities.



The following are recommendations of some of the global health days celebrated all over the world. Therefore, health facilities can utilize them while educating and promoting health issues depending on the service provided in their facilities.

**Table 2: List of global health days**

Health day and weeks	Calendar	Small doable actions
World Heart Day	September 29	<ul style="list-style-type: none"> <li>○ question and answer, drama;</li> <li>○ group education;</li> <li>○ integrating the issue in routine counseling sessions;</li> <li>○ conducting community conferences, outreach service provisions, and campaign; health talks;</li> <li>○ workshops; talking to clients about the issue;</li> <li>○ organizing mobile blood collection in your facility/community; contributing to the online conversation through social media;</li> </ul>
World Mental Health Day	October 10	
Global Hand Washing Day	October 15	
World Diabetes Day	November 14	
World AIDS Day	December 1	
Safe motherhood month	January 10- February 9	
World Cancer Day	February 04	
World Kidney Day	March 14	
World oral health Day	March 20	
World Tuberculosis(TB) Day	March 24	
World Health Day	April 7	
World immunization week	April 24-29	
World Malaria Day	April 25	
World No Tobacco Day	May 31	
World Blood Donors' Day	June 14	
World Breast Feeding Week	August 1-7	

## 4.2 Provision and distribution of health learning materials

Health learning materials are very important while implementing health education interventions in facility-based health education settings. These include every health-related guideline and health education teaching aids that help to facilitate both individual and group health education. Therefore, health facility leaders and health education focal persons from each department (OPD, IPD, and preventive service areas) need to make health learning materials available to maximize the awareness of their clients and care givers.

The selection of teaching aids depends on the type of message, the purpose, the people addressed, and the availability of resources and skills. The following are types of health learning materials/teaching aids that can be employed in facility-based health education and promotion activities.

### 4.2.1 Printed health learning materials

These materials include leaflets, posters, flipcharts, etc. that can serve to remind individuals or families of a health message that they have already learned in other ways. They can provide additional information about a health problem or health practice.

Health educators need to consider the time, place, and engagement approach whenever disseminating health learning materials in their respective health facilities. This would have much contribution for an effective health education, which requires delivering the right message at the right time and place for the right clients.

### 4.2.1.1 Visual aids

Visuals are objects that are seen. They are one of the strongest methods of communicating messages, particularly when accompanied with interactive methods. Visual aids enhance learning by providing a clear mental picture of the message. Visuals are more effective than words alone, and they are more effective for health facilities in reaching more groups in each ward. Health facilities can use such visual aids at each waiting area using TV to transfer health messages the whole day.



# Section Five

## 5. Monitoring and evaluation of the facility-based health education manual

All health facilities need to monitor and evaluate the implementation of this facility-based health education and promotion manual in order to ensure that health education and promotion interventions are strengthened at their respective health facilities.

After spending time and effort in implementing health education activities in a facility, it is important to know if the interventions were successful or not by using specific measures to check the progresses of the interventions and the level of success attained.

**Monitoring:** We should refer back to the action plans developed during the planning process monitor and check whether they are going as per the plan or not. This would help implementers to resolve any challenges faced during the implementation of the activities.

**Evaluation:-** Evaluation can be done through measuring successes based on the educational and health objectives formulated during the planning process. After the implementation of the health education activities, it is possible to measure the success based on the educational objectives, comparing the current number of specific cases in the facility with those recorded before starting the program. This can easily be identified from records available at the health facilities.

On the other hand, for health objectives, there should be a decrease in burden of specific diseases reported in the facility in a **given period of time, which may take several months to show.**

Evaluation can be carried out in the same way we originally collected information when we started the planning process, i.e., through observation, interview and extracting information from health facility records. Then, the information collected before the program started is compared with the information collected after the program ends. Learning from the monitoring and evaluation results and sharing them to the health facility team at the end of the program is very important to enhance performances for the future. This can be done through conducting meetings or using other gatherings held at the health facilities.

*Table 1 Template for Monitoring and Evaluation health education and promotion activities in health facilities*

No	Activities	Indicators	Data sources	Reporting mechanisms



# Section six

## 6. Roles and responsibilities

Below is a list of stakeholders' respective roles and responsibilities in implementing the facility-based health education and promotion manual.

### 6.1 The Federal Ministry of Health needs to:

- *Introduce and promote the facility-based health education and promotion manual to RHBs, ZHDs, woreda health offices, health centers, hospitals, and their partner and stakeholders;*
- *Support health education and promotion professionals in the region in using the facility-based health education and promotion manual and other SBCC-related guidelines;*
- *Make available and create access to the facility-based health education and promotion manual (hard and electronic copies) and corresponding tools for respective RHBs, ZHDs, and health facilities;*

- *Provide technical and financial support for the implementation of quality facility-based health education and promotion manual interventions in the region, including at zonal, woreda, and PHCU levels, to ensure the application of the facility-based health education and promotion manual; and*
- *Ensure proper application of the facility-based health education and promotion manual at health facilities;*
- *Assess the effectiveness of the facility-based health education and promotion manual and update it as necessary;*
- *Monitor and evaluate the quality of the facility-based health education and promotion interventions at all levels against the standard.*

## 6.2 Regional health bureaus need to:

- *Coordinate planning, monitoring, and evaluation of the implementation of the facility-based health education and promotion manual at zonal, hospital, and woreda levels;*
- *Support health education and promotion experts in the region in using the facility-based health education and promotion manual and other SBCC guidelines;*
- *Coordinate the implementation of the facility-based health education and promotion manual at regional, zonal, hospital, and woreda levels;*
- *Provide technical and financial support for the implementation of quality facility-based health education and promotion manual interventions in the region, zonal, woreda, and PHCU levels, to ensure the application of the facility-based health education and promotion manual;*
- *Initiate other private health sector under the region to implement facility-based health education and promotion manual according to the set standards;*
- *Ensure the utilization and proper application of the facility-based health education and promotion manual by health facilities.*
- *Conduct supportive supervision, monitor and evaluate the implementation and quality of the facility-based health education and promotion manual interventions at all zonal, hospital and woreda levels against the standard.*

### 6.3 Zonal health departments and woreda health offices need to:

- *Coordinate planning, monitoring, and evaluation of the implementation of the facility-based health education and promotion manual at zonal , woreda and health facility levels;*
- *Coordinate the implementation of the facility-based health education and promotion manual at woreda levels, health centers, and health posts;*
- *Utilize the facility-based health education and promotion manual to enhance behavioral change;*
- *Provide technical and financial support to zonal, woreda health offices, health centers, and initiate other private health sector in their catchment area to implement facility-based health education and promotion manual according to the set standards;*
- *Implement the facility based health education and promotion manual in collaboration with partners and stakeholders;*
- *Provide technical and financial support for the woreda health offices, and PHCUs for the implementation, monitoring, and evaluation of the facility-based health education and promotion manual; and*

- *Apply facility-based health education and promotion interventions.*
- *Ensure the utilization and proper application of the facility-based health education and promotion manual by woreda, and health facilities.*
- *Conduct supportive supervision, monitor and evaluate the implementation and quality of the facility-based health education and promotion manual interventions at all woreda and health facility levels against the standard*

## 6.4. Roles and responsibilities of the health facilities and the governing board needs to:

- *Provide appropriate resources and set-up to the health facilities to help them implement facility-based health education and promotion interventions;*
- *Provide guidance to health care providers to help them implement facility-based health education and promotion interventions;*
- *Provide technical and financial support to implement facility –based health education interventions ; and*
- *Ensure that health educators and health care providers are working properly;*
- *Implement/apply the facility-based health education and promotion manual in collaboration with partners and stakeholders;*
- *Ensure the utilization and proper application of the facility-based health education and promotion manual by health care provider.*
- *Monitor and evaluate health education intervention by integrating with PMT and identify areas requiring further capacity building in relation to facility-based health education and promotion interventions;*

## 7. References

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## Annex

**Table 2: Checkpoints to ensure the implementation of the manual**

The table below includes checklists that help health facilities to monitor and evaluate their performances in implementing the manual as demanded.

S. no	Activities		Performance rank		
			Met	Partially met	Unmet
1	Set-up	Availability of spaces for health education			
		Health education office/ department			
		Information desk and directory for people health education units			
		Resource center			
		Proper set-up of OPD, IPD, preventive service areas where clients/patients access health education based on criteria's on the manual			



2	Staffing and resources	Availability of structure for health education			
		Availability of health education expert/focal			
		Health education and promotion focal personnel at the service delivery points			
		Availability of health education coordinating performance monitoring team			
		Clear roles and responsibilities for HCP and focal personnel			
		Orientation/training given on health education for HCP			
		Budget allocation for health education and promotion interventions			
3	Availability of furniture and equipment (chairs, shelves, and audio-visual materials)				
4	Planning	Availability of a clear plan with objectives and goals			
		Is planning done based on the manual?			
		Is the plan done by engaging HCP and stakeholders?			
		Are HCPs aware of the plan?			

5	Health education intervention	HE provisions based on plan			
		Development and distribution of health learning materials			
		Health learning materials (TV in place where your audience can view or access at each ward).			
		Availability of registration			
		Report tracking system in place (Program report format)			
6	Performance M & E in place for HE				
7	Availability of stakeholder engagement platform				
8	Reward and recognition for best performers				

*Note: Performance monitoring will be done based on the HMIS Guide.*





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