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لشرق البحر المتوسط

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THE ROLE FUNCTIONS AND TASKS OF HEALTH PERSONNEL: IMPLICATIONS FOR TRAINING IN COMMUNICATION AND EDUCATION FOR HEALTH

1. The attached document is designed to bring out the importance of analyzing the roles, functions and tasks of health personnel in identifying the components of "Communication/Education for Health" (C/EH), thereby enabling detailed C/EH teaching modules to be prepared that are relevant and adapted to local needs in the context of PHC. To facilitate this process, certain duties and skills that are shared by the various categories of health manpower are described, together with possible subjects for an objectives of training.

2. For the same purpose, based on three example, the document summarizes the implications for training in C/EH of analyzing the following:

(i) The roles, functions and tasks of one category of health manpower: nurses;

(ii) Tasks related to one of the activities of component No.4 of PHC (maternal and child health);

(iii) A given educational task.

3. The document records that it is indispensable that each country should have a core of national cadres specialized in C/EH to enable it to become "everybody's business".

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Over and above each technical act, there is a corresponding educational function which doubles the value of the act, prolongs it. Increases its efficacy, and endows it with real human and social value - Pierre DELORE[1]

INTRODUCTION

1. The primordial role of any health worker is to make a contribution to health care deliveries enabling the population to achieve the highest possible level of health, with emphasis on:

"activities that encourage people to: want to be healthy; know how to stay healthy; do what they can individually and collectively to maintain health; and seek help when needed".[2]

2. To shoulder that responsibility, personnel should acquire:

(a) health and medical skills specific to their respective professions;

(b) skills in communication/education for health (C/EH) that will help them to perform their functions and duties.

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[1] In Expert Committee on Training and Health Personnel in Health Education of the Public, WHO/TSR No.156 - page 5.

[2] In New Approaches to Health Education in Primary Health Care. - Report of an Expert Committee, WHO/TSR No.690 - page 43.

POSSIBLE ROLES AND FUNCTIONS OF HEALTH PERSONNEL
IN COMMUNICATION/EDUCATION FOR HEALTH

Role [1]

3. In the context of PHC, health workers can no longer limit themselves to their old traditional roles of health care workers who "receive" patients or who try to reach certain population groups from time to time. These passive roles must be replaced by active roles that can be learnt through understanding and application of IEH and PHC. This requires the training in IEH of all categories of health workers and socioeconomic development personnel, especially those working within the community.

Training of this kind should prepare such workers to improve their ability to listen to the population, to understand and respect the local health culture, to identify the characteristics (political, economic, sociocultural, etc.), of the community, to organize and mobilize the community and give support to its structures, to stimulate collaboration between these various development sectors, and to help the community to plan, implement and evaluate PHC activities in terms of the needs felt and resources available. Furthermore, these workers should be responsible for circulating information between the community and the decision-makers, and avoid imposing activities or projects upon the community.

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[1] Extract from the document IEH/WP/05 "role of communication/education for health in primary health care", paragraphs 12 and 13.

Functions[1]

4. These functions are regarded as common to the various categories of health manpower. They were proposed by the participants in an international consultancy organized at Alabama University, Birmingham (USA), in collaboration with WHO, on the subject of professional briefing for health personnel in communication/education for health in PHC (14-21 February 1985. They may be adapted to specific tasks and situations as well as to other health-related disciplines.

(i) Promotion/advocacy

Promotion and advocacy (policy support) are called for in a number of areas vital to the success of primary health care. These include: the inclusion of C/EH in national health policy; their incorporation in all national primary health care activities; the promotion of dialogue and coordination between traditional and formal health care systems; and advocacy of the primary health care approach among non-health sectors and health professionals in the governmental and nongovernmental health delivery systems.

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[1] Items that are relevant to the functions and tasks of other categories of health personnel are mentioned in the reference document "health education training for health manpower", pages 11-16, WHO, Technical Report Series No. 156. These categories include doctors, midwives, environmental health technicians and health education specialists, while teachers and social workers belonging to other development sectors are also mentioned.

(ii) Planning

Planning for C/EH should include and emphasize a comprehensive situation analysis on which to base health education/communication activities. Health-related information should be collected and used not only for local purposes but at regional and national levels. Long-term comprehensive planning for health education/communication should take precedence over ad hoc short-term plans.

(iii) Implementation

C/EH should help people to make an informed choice on what they will do for healthy living, - i.e. to decide on the life-styles they will adopt and the health services they will use.

(iv) Evaluation

Evaluation of the effectiveness of C/EH serves more than one purpose. It is often poorly done, which may be a good reason why adequate funds are not allocated to it.

(v) Community organization

Work with communities should concentrate on triggering and promoting community participation and involvement in the primary health care programme at the national, regional, district and local levels, and during the planning, implementation and evaluation phases. A judicious combination of approaches, including both community and

government initiated action, should be achieved so that there is a good balance between what the professionals think are priorities, and what the public wants. Recognition and acceptance of what the community does for its own well-being, and sensitivity to the potential of these initiatives for health, is important for the encouragement of self-help and self-determination.

(vi) Information exchange and technology transfer

Information exchange is an important function of C/EH. Translating and transferring information on health to the community is most often done with ease. However, when it comes to the area of health-related technologies and skills, there is much scope for improvement: health information exchange in the reverse direction, i.e. the transfer of information, technologies and skills from the community to experts, is rarely considered necessary. Skill development and training is part of this function, and involves planning, technical ability, sustained effort and follow-up. In many instances, mere information transfer without practical skill is the major reason for noncompliance by the public.

(vii) Management/administration

Management should facilitate team development and operation. Role simulation is one way of increasing understanding in a team, and improving team-work. Recording and reporting what goes on in a community, and events and programmes, should be inherent in C/EH. Effective documentation and presentation of facts and programmes also need emphasis.

(viii) Training

Training at various levels and for a wide range of workers, lay and technical, from health and non-health sectors, is a C/EH responsibility which should receive careful attention, especially since C/EH is to be undertaken by so many groups of people.

(ix) Operational research

There is scope for research of varying sophistication. Substantial research in health behaviour has already been done, but the findings remain to be disseminated and applied.

Skills needed for health education/communication functions

5. A number of skills, listed below, must be sharpened if the health professional is to be adequately equipped to perform the functions just defined:

5.1. Analytical skills, applicable to organization, permit situation analysis and interpretation of data related to cultural characteristics, political systems and psycho-social determinants of health.

5.2. Communication and negotiation skills are applicable to advocacy, conflict management and persuasion, listening, knowledge and skill transfer, problem definition, use of the media, assertiveness and group dynamics.

5.3. Planning skills have particular relevance to forecasting and priority-setting.

5.4. Management and organizing skills are needed to carry out programmes.

5.5. Evaluation skills are relevant to monitoring of development, to measuring impact and to reporting on it.

5.6. Skills in using qualitative social research methods are also necessary.

5.7. Training skills, especially community-based and task-oriented, cover planning, execution and evaluation.

These broad functions are not new but are essential elements of C/EH practice that require much greater attention in order to make primary health care work.

OBJECTIVES AND AREAS OF TRAINING

Objectives

6. In this context, the aims and objectives of health manpower training in C/EH should make it possible to:

- encourage positive attitudes among trainees in dealing with health problems;

- take into account the relationship between living conditions and health and the influence of political, sociological, and cultural factors on individual and community behaviour;

- provide knowledge on health cultures and the social structures of communities;

- include methods of analysing family participation in health care, taking into account the fact that professionals from many sectors, rather than those from the health sector alone, should be involved in promoting such participation;

- reinforce among the trainees an awareness of the need to consider organizational and administrative factors in planning health education activities;

- make it possible for the trainees not only to acquire scientific knowledge, but also to develop skills in transmitting this knowledge;

- include the principles and techniques of communication - health care providers need to know how to transmit health messages effectively, and should be able to train lay persons so that they can become actively involved in health work and in motivating their community;

- develop in the trainees an increased awareness of their social responsibility.

7. Those concerned with health education should be particularly sensitive to the problem posed by attempting to include additional topics in curricula that are already overloaded. Curriculum planners should be encouraged to give consideration (a) to the elimination of subjects that may not be as essential as health education in the perspective of primary health care, and (b) to the integration of the educational approach in the teaching of other subjects"[1]

Areas of training that could develop the skills of health personnel in communication/education for health

8. These fields are proposed to facilitate reflection, but the least is neither exhaustive nor definitive; moreover, the teams are not listed in order of importance or priority. The plan of the content of the draft handbook on "health education in primary health care" may also be of assistance in choosing the components of the course on C/EH. The plan is reproduced in Annex

9. The fields that are mentioned include:

- principles of communication/education for health (C/EH);
- analysis of individual and collective health behaviour;
- process of communication/education for health;
- methods and techniques of communication/education for health; their application to specific situations arising within the community and/or the health and social services;

[1] In "New approaches to health education in PHC" - WHO/TSR No. 690, pages 32-33.

- judicious utilization of the mass media and the traditional means of social communication;

- organization and promotion of intersectoral and intrasectoral coordination/collaboration in C/EH - mobilization of national resources for health development through appropriate C/EH activities;

- analysis of community structures;

- community participation/commitment - community organization: principles, conditions and methods;

- use of traditional health systems in C/EH;

- documentation on C/EH - exchanges of information/experience;

- organization of C/EH programmes for school-age children and other specific population groups (young people, pregnant women, workers, etc.);

- planning, management, coordination and evaluation of C/EH programmes at national, provincial and operational levels in the context of PHC;

- improvement of working relationships between members of health teams, and of the interaction between health workers and the population and between the technical staff in different development sectors;

- promotion of health for all and PHC in the framework of integrated development;

- strategies and programmes for manpower training in C/EH (health manpower, personnel specialized in C/EH, personnel from development sectors other than health, community members, etc,);

- applied research in C/EH.

ROLE OF NATIONAL SPECIALISTS IN INFORMATION/COMMUNICATION/ EDUCATION FOR HEALTH

10. This is a capital role both in the preparation of training programmes in communication/education for health aimed at health personnel and other sectors and in the management of all national C/EH programmes. If C/EH is "everybody's business", as we never cease proclaiming, it is also likely to become the responsibility of personnel. It is indispensable that we have at least a core of professional[1] personnel in C/EH at national level that have responsibility, in particular, for:

(i) planning, implementing, coordinating and devaluating the national programme on information/communication/education for health, in the framework of the national health development plan focus on PHC and integrated development;

(ii) promoting intra-and intersectoral coordination/collaboration in C/EH, in particular, with the sectors of information, national education, agriculture, the national plan and also with mass organizations;

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[1] Having at least a postgraduate diploma in public health or the social sciences, with specialized studies in health education.

(iii) prepare programmes and training guides for C/EH personnel and for community education;

(iv) develop applied research in C/EH;

(v) develop C/EH programmes for the mass media, school-age children and other specific population groups.

EXAMPLES OF C/EH COMPONENTS RELATED TO FUNCTIONS AND TASKS OF HEALTH PERSONNEL[1]

EXAMPLE 1

ROLES AND FUNCTIONS OF ONE CATEGORY OF HEALTH PERSONNEL, "THE NURSE": IMPLICATIONS FOR TRAINING IN C/EH

Expected roles from the nurse

11. Various roles are expected from nurses. To facilitate the analysis, these roles can be grouped as follows:

(i) A collaborator who works with other members of the health team to identify the needs - physical, mental and social - and plans to meet these needs.

(ii) An educator to teach health to individuals and families in the community; to teach and guide nursing personnel in service as well as students in training.

(iii) An administrator to organize the environment, the resources and the personnel within the time available towards the maximum provision of health care.

(iii) An administrator to organize the environment, the resources and the personnel within the time available towards the maximum provision of health care.

(iv) A provider of nursing care - curative, preventive and promotive - and to diagnose prevalent diseases and treat the patients who are affected with them in the absence of the doctor or an appropriate medical assistant.

(v) A mediator between the patient and the doctor, the community and the health authorities.

(vi) A leader to influence the quality of health care in the community and to promote the functioning of the health services.

(vii) A stimulator to activate a greater consciousness of the need for health and assist civic groups to work towards higher level of health.

12. The following are three examples of nurses roles each with a function, task and its Communication/Education for Health (C/EH) component.

Role 1

The nurse as an ADMINISTRATOR:

(a) Function: supervision

(b) Task: direct guidance of the nursing team

(c) C/EH component: understanding of human behaviour.

Role 2

The nurse as a MEDIATOR:

(a) Function: interpretation

(b) Task: interpretation of policies and services available to consumer

(c) C/EH component: communication skills.

Role 3

The nurse as a LEADER:

(a) Function: organization and planning

(b) Task: allocation and sharing of responsibilities

(c) C/EH component: leadership skills.

Analysis of the nurses' role as administrator (Role 1)

13. The following is a more detailed account of the functions, tasks and C/EH components relating to the role of the nurse as an administrator:

13.1 Functions

(i) Supervision

(ii) Planning

(iii) Delegation

(iv) Creating an atmosphere conducive to effective interpersonal relationships.

13.2 Tasks relating to the function of supervision

- Direct/supervision/guidance of the team
- Carrying out of doctors' orders
- Ordering and maintaining of supplies
- Keeping patients' census, reports and records
- Interpreting patients' conditions to doctors
- Conducting ward conferences
- Checking staff list and rotation and scheduling of duties
- Receiving patients
- Counselling patients, family and staff
- Attending staff conferences
- Cooperating with clinical instructions and nursing school personnel regarding student nurse experiences
- Communicating effectively with supporting services

13.3 Communication/education for health component (C/EH) of the task on direct supervision/guidance of the team

Direct supervision of the team was identified as:

- principles of interpersonal relationship
- knowledge and skills in effective communication
- understanding of human behaviour
- leadership skills
- problems solving techniques.

Example of the nurse's role as "educator"

14. The example is illustrated by one function, three educational tasks linked to it, the knowledge and skills required to perform these tasks:

14.1 Role: Educator

14.2 Function: Education of families in nutrition to prevent children from suffering from protein-calorie malnutrition.

14.3 Educational tasks to be performed

- Information to families, especially mothers on the relation between nutrition and child sickness through person-to-person contact, group meetings and use of local mass media.

- Plan and conduct discussions and demonstration on locally available foods having adequate nutritional elements to mothers' groups and in schools.

- Organize community agencies for greater productions and utilization of needed foods which can be grown locally.

- Arrange follow-up to encourage use of locally grown foods for feeding infants and children.

14.4 Areas of knowledge and skills needed to perform the tasks

Knowledge	Skills
1. Simple techniques for educational diagnosis, interview and group discussion	1. Interviewing, observation and recording skills.
2. Cultural beliefs and practices of feeding children	2. Techniques of framing simple questionnaires, compiling and interpreting data to ascertain the existing beliefs and practices.
3. Principles of adult learning and their application in local situation including use of audiovisual aids.	3. Skills in teaching techniques - preparation, conduct and evaluation of health talks to mothers - individually and in groups.
4. Some principles related to teamwork and human relations.	4. Skills in making self evaluation.

Example 2: Chart 1

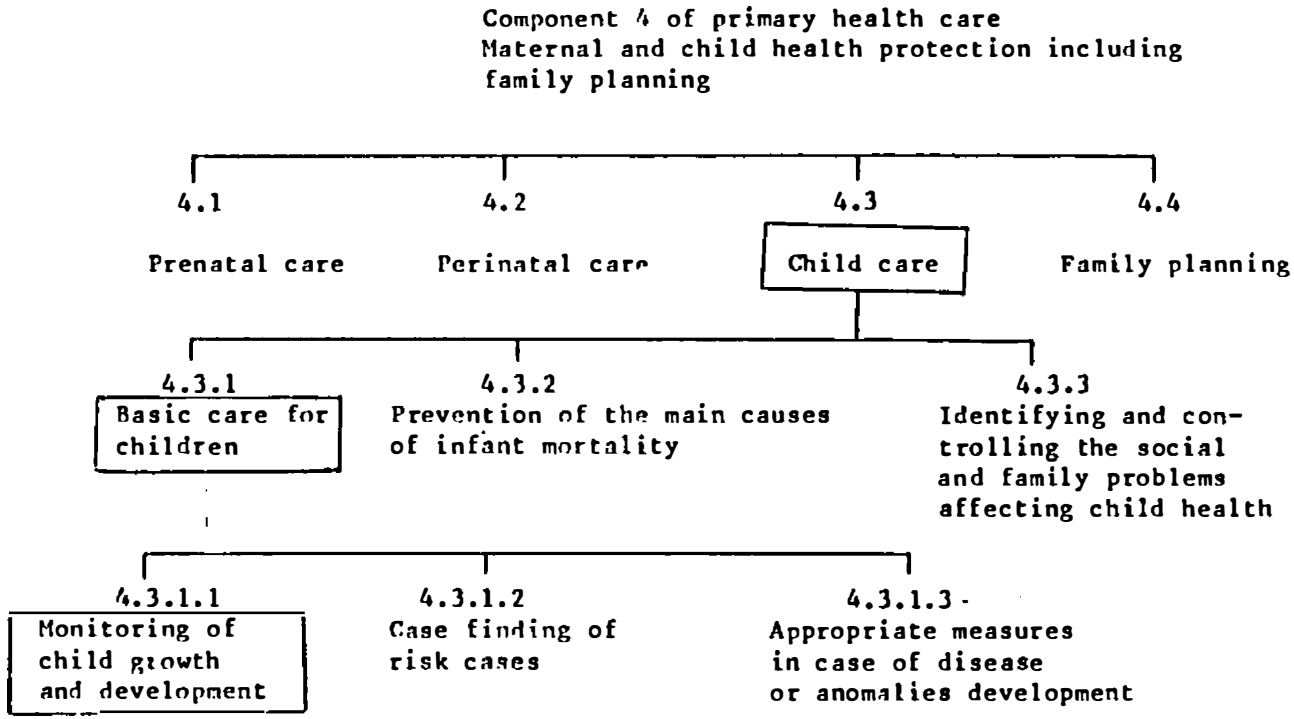
15. THE HEALTH WORKERS' ROLE: DIAGRAM ILLUSTRATING THE ANALYSIS OF ACTIVITIES RELATED TO A PRIMARY HEALTH CARE COMPONENT IN ORDER TO IDENTIFY THE COMMUNICATION/EDUCATION FOR HEALTH FACTOR

1. Aim for component for to promote and protect the health of children and women of childbearing age

2. Actions/services

3. Activities

4. Specific sub-activities of the activity



4.3.1 Basic care for children

Example 2: Chart 2: Analysis of sub-activity 4.3.1.1

16. MONITORING OF CHILD GROWTH AND DEVELOPMENT[1]

1. Specific sub-tasks of communication/ education	2. Curative/preventive/rehabilitative sub-tasks, including educational components		
	2.1 Analysis 2 of the nutritional status of children	2.2 Analysis of appropriate health care services	2.3 Evaluation supervision training
1.1 Supply mothers, parents, families and communities with information on: (i) child growth and development; (ii) food and nutrition needs of children, including the use of local foodstuffs; (iii) the advantages of regular monitoring of children; utilization of available services	- Examine the infant - Way - Trace the growth care - Take decisions on its health status and appropriate action required - Discuss present and future care for the child with mother/family - Use the growth curb to explain the child's growth and development during visits to home and community	- Planning and organization of consultations for healthy children, including periodic weighing - Supply and maintenance of equipment and material - Integration with other PHC activities - Mobilization of community participation	
1.2 Develop attitudes in families that will promote normal growth and development in children			
1.3 Strengthen intersectoral coordination so as to ensure that foods are available and popularize the items in tasks 1.1 and 1.2 below			

Example 2: Chart 3

17. EXAMPLES OF TASKS CONTRIBUTING TO SUB-ACTIVITY 4.3.1.1
"MONITORING OF CHILDREN'S GROWTH AND DEVELOPMENT"
BETWEEN THE HOME AND THE FIRST REFERRAL LEVEL

Categories of personnel/community members concerned	Level	Tasks
A. – Doctors, nurses, midwives and other State-registered – Other professional health workers	A. First referral level or district health post/centre	A1. Training and supervision of personnel A2. Programme evaluation A3. Programme planning and implementation A4. Mobilization of support for commitment to programmes at all levels A5. Care for cases evacuated from lower levels Others
B. – Nurses, midwives Auxilliaries Traditional birth attendants Village health workers Others	B. First health establishment (dispensary, health post) at community level	B1. Functioning of MCH activities B2. Examination and weighing of infants B3. Analysis of nutritional status B4. Identification of problems and risk factors B5. Nutritional and health education of mothers, in groups and individually B6. Referral of sick children to higher levels Others
C. – Members of local health/development committees Local leaders Traditional birth attendants Village health workers	C. Community	C1. Information/Education for health for specific community groups C2. Mobilization of community and of its various structures to participate in PHC

Categories of personnel/community members concerned	Level	Tasks
		C3. Training of groups of community members for health promotion action C4. Organization of information/ education for health activities in local socioeconomic development institutions (schools, cultural and religious centres, agricultural services) C5. Information and education for health of influential community members Others
D. - Traditional birth attendants - Village health worker - Mothers and parents - Technician in community development sectors (teachers)	D. Home/family D2. Individual discussions with mothers and other influential family members Others	D1. Nutritional demonstrations

Each sub-activity is composed of a group of tasks at different levels of competence. These tasks are carried out by health personnel having received approved training in relation to the skills and responsibilities attaching to the operational level of the health systems (district, community). The personnel at higher levels are expected to be competent in the tasks of the four existing levels (ABCD) so as to be able to train, supervise, evaluate and when necessary replace those of the lower levels.

Example 2: Chart 4

18. EXAMPLES OF HEALTH INFORMATION/EDUCATION TASKS OF SUB-ACTIVITY 4.3.1.1 "MONITORING OF CHILDREN'S GROWTH AND DEVELOPMENT"

1. Inform parents on: 1.1 children's growth and development; 1.2 children's nutritional needs; 1.3 methods of making use of local products in children's diet 1.4 advantages of regular monitoring of children 2. Convince parents of the need to use available health services	3. Teach parents: 3.1 how to evaluate children's nutritional status 3.2 how to obtain appropriate care for their children 3.3 how to obtain food and other necessities for their children 3.4 how to interprete the children's growth curb 3.5 how to wean infants 3.6 how to prepare balanced menus for children using local products 4. Help communities to mobilize internal and external resources to develop services for children 5. Stimulate intersectoral activities to improve local farm production and strengthen the educational activities undertaken 6. Obtain community commitment to supporting the abovementioned educational tasks in the context of PHC and integrated development.

Example No. 3

19. ANALYSIS OF ONE EDUCATIONAL TASK WITH INDICATION OF REQUIRED KNOWLEDGE, ATTITUDES, SKILLS AND EXPERIENCES TO ACCOMPLISH THE ELEMENTS OF THE TASK

Task: To persuade an unwilling mother, in a remote area, to take her child for immunization

Subtasks	Knowledge	Skills	Attitudes	Learning Experiences
1. Meet mother(A)			Friendliness, lack of prejudice	
2. Find out reasons for refusal (C)	Common reasons for refusal (cultural, procedure, prejudice	Ability to interview and listen to uncooperative people	Sympathy, patience	Simulated interviews with peers staff members. Practice in interviews in village surveys
3. Explain why immunization beneficial to child	Reasons for immunization effects: simple facts about illnesses prevented procedures	Ability to convince in conversation		Lectures on simple facts about illnesses and transmission: procedures of immunization and effects. Role playing in persuasion techniques
4. Explain importance to community of protection of all at risk children (C)	Methods of disease spread, simple facts about immunity, epidemics in community	Ability to describe complex concepts in simple terms	Confidence in ability help	Lectures on simple facts about development of immunity and disease spread in communities: role playing in communication in simple terms
5. If successful arranges clinic appointment for mother (A)	Fully conversant with immunization programme (dates, times, place) notifies clinic	Congratulates mother on correctness of her decision	Sympathy, friendliness	Importance of knowing local programme impressed on him during training
6. If unsuccessful seeks an appropriate decision-maker (A)	Decision-maker in local culture (husband, grand mother, council elder)	Ability to identify local decision makers through tactful questioning and observation	Tact	Discussion on community attitudes to health and on role of village decision-makers
7. Repeats 3 and 4 (C)				
8. If successful repeats 1 & 5				
9. If unseccessful arranges talk with council (A)	Importance of council in directing opinions of community	Ability to persuade chief of need to discuss in council	Tact, persuasiveness	

Subtasks	Knowledge	Skills	Attitudes	Learning Experiences
10. Prepares talk for council (A)	See 3 and 4	Ability to prepare skeleton address in logical sequence		Practice in preparing for health education activities: talks on principles of communication
11. Prepare supportive materials for talk (A)	Different supportive materials (posters, flashcard, diagrams)	Ability to select appropriate material and to prepare it		Practice in design and preparation of simple supportive materials: practice in their use in support of talks
12. Talks to village council (A)		Ability to speak clearly and to explain concepts simply	Tact, confidence	Practice in public speaking to peers first, then in village situations
13. Conducts discussion and answer questions (AD)	Common local prejudices and community needs	Ability to answer questions in a problem situation	Confidence, Humility, Deference to elders	Practice in debate (role playing, actual village situations) practice in simulated situations in answering difficult questions, dealing with aggressive speaker, etc.
14. If successful repeats 1 and 5 (A)				
15. If unsuccessful, prepares report and notifies	Knowledge of methods of reporting	Ability to write reports: ability to summarize facts and verbalize them	Calmness. Lack of prejudice	Practice in report writing: discussions on when to notify supervisor for advice and assistance
16. As follow-up, arrange talks at school (A)	Importance of children and channels of communication and as future decision-makers			
17. Prepares and delivers talk (A)	See 3, 4, 10, and 11 Knowledge of folk media	Ability to involve children through games, competitions, etc.	Sympathy and understanding of children	Practice in promoting health to children: practice in designing games and competitions: use of folk media

A = Actions.
D = Decisions
C = Communications.
In "Teaching for Better Learning" page 27 by F. R. ANA[illegible]

CONCLUSION

20. In the framework of the target of Health for All by the Year 2000 focused on primary health care, health personnel require their skills to be strengthened and developed, thus enabling them to promote health for all, to analyse health and social situations and problems, to communicate with other people, to organize, catalyse and mobilize communities for health development, collaborate with technicians from other development sectors, plan and evaluate C/EH in communities, and train other health personnel and non-professional health workers in C/EH.

21. It is clear that the C/EH component is inherent in virtually all the activities of all categories of health manpower. Analysis of the roles, functions and tasks concerned facilitates the identification of C/EH components and the formulation of relevant training programmes in C/EH. Those programmes will also take account of the conditions of life, the characteristics of the communities in which health personnel work and of local health and social problems.

22. It would be desirable if the preparation of training programmes for C/EH health manpower were integrated into the national health system, into meaningful programmes on public information/communication/education for health and into health manpower development. The availability of qualified national cadres in C/EH is a decisive factor for success both of training in C/EH and of the national programme of public information/communication/education for health.

ANNEX

INTRODUCTION TO DRAFT MANUAL ON EDUCATION FOR HEALTH IN PRIMARY HEALTH CARE (1)

Primary health care is concerned with establishing a system of health care which meets the essential needs of the majority of people. Thus PHC aims to achieve full coverage with essential health care by distributing resources in order to obtain maximum benefit for the people as a whole, at the lowest cost.

Conventionally, the term primary health care has been used to refer to the most peripheral level of the health system, the level to be contacted first by the public when seeking treatment. This includes such institutions as health centres, clinics, sub-centres, dispensaries, general practitioners' offices and polyclinics, the names varying from country to country.

However, the PHC approach stresses that the first level of health care not only stretches beyond the conventional system as described beyond the conventional system as described above but actually begins with community activities. These may include activities by the community as a whole, by families for their own benefit and even activities by individuals through self-care.

PHC is therefore concerned with the promotion of individual and community responsibility for health as an essential complement of the health system. In order to achieve this, two actions are needed.

The first is for governments to facilitate more community involvement in decision-making. This is a political issue.

The second is to inform people of their potential for acquiring better health through their own efforts. This involves not only the adoption of certain behaviour and styles of living but also the building up of a system of organization and decision-making at local level to identify and tackle local health problems.

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(1) Final version being printed by WHO/Geneve.

Annex

Education for health is one of the eight essential components of primary health care as stated in the historic Declaration of Alma-Ata adopted by delegates of 134 governments and the representatives of 67 United Nations agencies and nongovernmental organizations attending the International Conference on primary health care jointly sponsored by UNICEF and the World Health Organization in 1978.

A major objective of education for health is to enable people to define their own problems and needs, to understand what they can do about these problems and needs with their own resources and outside support - including professional and institutional resoures -, and then to decide on the action most appropriate to promote healthy living and community wellbeing.

This is a means by which community involvement and self-reliance can be encouraged and strengthened. It promotes the use of effective approaches and methods for all types of situations, including the training of health workers. Clearly health education is a very important part of primary health care.

Since it is central to primary health care, health education is also a central duty of all health and other community workers who are part of the primary health care effort. This book addresses itself to these health and community workers.

First, it is to serve as a guide for "frontline" health workers such as: community nurses, midwives, public health officers, agriculture extension agents, adult education workers and other community-based staff and help them to carry out their health education responsibilities effectively.

Second, the manual should also assist frontline staff in fulfilling their responsibility for training and giving technical support to community health workers. Thus, through the process of training and supervison, the reader should pass on the skills and ideas contained in this guide to men and women who can then work with their communities to provide better primary health care services for the people.

Annex

More specifically, as objectives, it is intended that this guide will assist the reader:

(i) to integrate effective learning methods and approaches into the planning, delivery and evaluation of primary health care services;

(ii) to design, carry out and evaluate activities together with communities, groups and individuals, using methods appropriate to the local culture, based on available resources and the target group, and which are relevent to the factors influencing the health behaviours of these groups;

(iii) to transfer educational and programme planning skills to community health workers and to the community at large through training and cooperation.

As health education focuses on people's way of life and behaiour, chapter 1 explores the relationship between the behaviour of individuals, groups and communities and their health. Here it will be shown that there are many reasons for people's behaviour. It is essential to understand these reasons. Health education has been described as "people working with people:" establishing good relationships, avoiding prejudice and bias, and knowing how to communicate clearly and to promote a partnership approach in achieving individual, family and community health and wellbeing. This is discussed in chapter 2. No less important are the skills needed for effective planning of community health action. Chapter 3 reviews such skills, from collecting information to evaluating results through deciding on priorities, objectives and action. The methods and opportunities for providing educational and informational support vary according to whether we are concerned with an individual, a group or a community. Chapter 4 describes how one can provide health education services to a person or to a family. Chapter 5 explores opportunities for health education with the different groups. Chapter 6 looks at health education activities developed on a community-wide basis. Finally, chapter 7 describes many different health education methods which can be used to promote health behaviour and to adapt PHC learning materials to local conditions.

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