Planning and organization of an education programme

Planning

When planning a hygiene education programme, the starting point is the present health situation in the community. The planning process is illustrated in Figure 1, below.

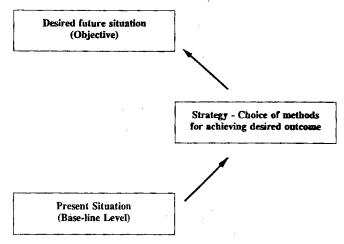


Figure 1. The planning process

From the information on the current situation, an assessment can be made of the level to which immunization, water supply and sanitation, and so on are required to improve. Then a decision can be taken on what strategy, or method, will be used to reach this level. Finally, the programme should be evaluated to find out whether or not it has reached its target.

In planning the programme, four questions will need to be answered:

- Where are we now ?
- Where do we want to go?
- How will we get there?
- How will we know when we get there?

In other words, planning will have to encompass the present situation, the desired future outcome, the method or strategy by which that outcome is to be achieved, and a way of evaluating the success of the programme.

Community participation

The community should be involved in the decision-making process. This will ensure that programmes are meeting local needs and are seen to be relevant by the community. If the community is involved in decision-making, the programme will be more acceptable and there will be greater participation in programme activities.

Stages in the community participation process

There are no fixed rules for developing a community participation programme. Many programmes have, however, followed the steps described below.

Getting to know the community: learning about the community, its structure and leadership pattern; initial contacts with families, leaders and community groups; dialogue and discussion on concerns and felt needs.

Organization building: strengthening of community organizations; establishment of new structures, for instance cholera action committees and women's groups; educational activities within community structures; decision-making on priorities; and selection of community members for training, for instance as water minders or pump caretakers.

Initial action: action in the community on achievable, short-term goals that meet felt needs and bring the community together; reflection on initial activities; and setting of priorities for future activities.

Further actions: further activities and expansion of activities, with the community taking a greater share of responsibility for decision-making and management of activities.

The community may already be highly organized and taking action on health issues. It will then only require a few visits by field staff to introduce the concepts of diarrhoeal disease control and involve the community in activities for the prevention of diarrhoeal diseases. The community may, on the contrary, not have a well developed structure; sections of the community, for example women, may be poorly represented, and there may be disagreements and divisions. In this second situation, setting up community participation will take more time and require many visits. It will be necessary to bring people together, resolve differences, agree on common aims and take action. Even after the community has started activities, further visits will be needed to provide support and encouragement, and to ensure that any new structures which have been created continue to operate.

Setting objectives and choosing timing

Setting objectives is an important part of the planning process and is described in detail in Fact Sheet 4.6.

It is important to plan both time and work. This helps in using time efficiently, spreads the workload, anticipates needs, and avoids last minute panic. A simple workplan can be created by writing intended activities on a calendar and circling important days. A year planner can be bought or drawn up. This is a large sheet with a square for each day of the year. Key activities can be entered, using different colours to indicate particular tasks.

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One useful approach is to set out programme objectives as a table or a bar chart (sometimes called a Gannt chart), indicating dates for completing planned activities. Another approach is to set out a workplan as a table that shows, for each planned activity, the person responsible for carrying out the activity, the date for completion, and how its achievement and cost will be measured.

When deciding on the timing of the different activities, consideration will need to be given to how long each will take, the availability of staff, and the order in which tasks should be carried out. Consideration will also have to be given to seasonal effects on activities, bearing in mind the wet season, the time when diarrhoea is at its peak, and the periods of the year that people are less busy and can spare time for discussions, meetings and cholera prevention activities.

Setting a budget

It is important to assess needs for money, personnel, facilities, equipment and supplies. The budget should be enough to carry out the proposed tasks. Allowance should be made for increases in prices of goods, and there should be a contingency of at least ten per cent to cover unforseen costs. Consideration should be given to how funds will be managed, including book-keeping, issuing of petty cash and payment of bills.

Effective management

Effective management requires making decisions on:

- How to *coordinate* and *support* the activities of the different field staff and organizations taking part and involve them in decisions on future activities?
- How to *communicate to field staff* new information, skills and changes of policy?
- How to monitor progress and make sure that findings from monitoring and research activities are acted upon as quickly as possible?
- How to *maintain community participation* throughout the programme?

Meetings will have to be set up once or twice a year with senior persons in the various agencies participating in the project and the funding body. This formal management group should review progress, and receive reports and financial statements.

It is important to decide who will be responsible for each activity and to describe the nature of any steering group or management committee. A good way of showing this is to draw up an organization diagram or organization chart that shows the different individuals and groups involved, and the lines of responsibility and communication. It is also helpful to describe the role that key persons can play in the programme and to provide job specifications.

A common problem in health education is that fieldworkers give different and conflicting advice to the community, so the community becomes confused as to what they should do. It is important, therefore, that all field staff are briefed to give the correct information.

Implementation

At the outset of the programme, it is a good idea to run a training workshop to brief those involved, provide any necessary information and give an opportunity to learn any new communication skills.

It is important to maintain the momentum and enthusiasm of the programme. People are more likely to give support to the programme and put effort into activities if they feel that someone is taking an interest in what they are doing and helping them.

One way to keep in touch is to arrange a regular schedule of visits to different groups. The amount of travelling can, however, be reduced if people are brought together for regular meetings to introduce new ideas, review progress and decide on future actions.

Monitoring and evaluation

Suggestions on monitoring and evaluation are given in Fact Sheet 4.13.