Republic of Lebanon
Office of the Minister of State for Administrative Reform
Center for Public Sector Projects and Studies
(C.P.S.P.S.)

HEALTH EDUCATION STRATEGY FOR BAALBECK-HERMEL

BACKGROUND

The identified health problems prevalent in the area of Baalbeck and Hermel are mainly problems that raising public awareness and health education can go quite a way in addressing. Furthermore, among the activities identified as priority areas by the Health Program, health education features as a component in virtually all. Hence, the outline of a health education strategy for the area is being proposed, to be used for guiding future interventions in health education.

A recent WHO report[1] on the status of health education in Lebanon has noted that at present the health education infrastructure is weak at central, provincial, and district levels. The situation is, however, more acute at the provincial and district levels where the Ministry of Public Health's health education infrastructure has been virtually non-existent since the beginning of the civil war. While some district-level personnel have been exposed to basic health education training, health education personnel are very few. There have been in the past a number of attempts to train health manpower staff in Baalbeck and Hermel, in health education. Unicef have an ongoing program of training physicians and PHC workers on health education for specific topics such as immunization and ARI. The National AIDS program have also trained personnel, as have the Lebanese Family Planning Association. WHO funded a joint training program with the Ministry of Public Health for Qada level personnel. Lately the Ministry of Public Health have run a short training workshop in health education for staff from health centers in different parts of the country. Various NGOs have also been running their own short training programs. There is, however, a definite shortage of personnel trained in the planning and conceptualization of programs and campaigns. This is especially true of the areas of Baalbeck and Hermel, which suffer from an overall weakened district administration.

A number of strategies are proposed below to redress the shortages in health education personnel and the weak health education activities in the area:

STRATEGY 1: ASSIGNMENT OF DISTRICT HEALTH EDUCATION FOCAL POINTS

The WHO report on Health Education recommends that staff from the district level be identified to be reassigned as district health education focal points (Regional Coordinators). In the context of the present Project, regional coordinators should act as the link between the local health education focal points at HC level and the IRDP health coordinator. They have the main responsibility for mobilizing personnel and resources for Qada level campaigns. They will also be responsible for ensuring the availability of health education materials and resources and of assuring access of HC level personnel to these resources. It is suggested that Ms. Mayyada Ghoson be assigned as the health education Regional Coordinator for Baalbeck, and Mr Rida Jawhari be assigned as the Regional Coordinator for Hermel.

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[1] Mayyada Youssef, 1997

The Regional Coordinators will need to be trained and encouraged to collaborate and coordinate with other public, private and NGO organizations working in their areas and sharing similar concerns. A network or system of coordination, possibly through regular meetings and visits, will also need to be put in place to aid the sharing of experiences and to ensure a certain degree of harmony within the program. Networking between persons working as health educators is essential for building a regional team.

For the success of the program, mobilization is needed at the level of the Qada and Mohafaza. The support of the Qada Physician, the Ministry of Social Affairs, the Health Supervisor of the Ministry of Education, local community representatives and major NGOs, should be secured.

The strategy will need to include the identification of a number of persons from within the district administration and the locally active NGOs to act as local community health education focal points. This strategy of capacity building at the local level should be central to any plan to develop and improve health education in Baalbeck-Hermel.

A clear system of support and follow-up for the health education focal points will also need to be put in place. Close follow-up, supervision, and support to focal points are essential components of the program. It is essential that focal points feel that they have both resources and technical back-up to aid them in their work.

Building local capacity through the assignment of Regional Coordinators would entail training them in the identification of needs, planning, design, implementation, and monitoring and evaluation of health education campaigns and activities at the level of the district or the community, in order for them to be able to follow-up on the work of local focal points.

STRATEGY 2: ASSIGNMENT OF HEALTH EDUCATORS AT HEALTH CENTER LEVEL

Health Education focal points need to be identified in a number of key health centers, such that they create awareness within the centers through the use of educational materials as well as through face to face communication with members of their communities. They will also be responsible for the promotion of health and a healthy environment within their communities in collaboration with other local organizations (scouts, women's organizations, local councils, etc..).

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In addition to training, the focal points will need to be supported with basic resources for communication, such as flip charts and OHP. It would be the responsibility of the

Regional Coordinators to ensure access of the focal points to resources when they need them.

STRATEGY 3: CAMPAIGNS FOR SPECIFIC HEALTH PROBLEMS

Campaigns need to be designed and implemented at different levels: district and local. Health educators will need to be trained on social mobilization techniques, as well as on the identification of acute health problems specific to the area. Training will need to include the concentualization and planning of campaigns, along with emphasis on the need for coordination with as many other NGOs and associations as possible.

The Project will be responsible for making available the resources that will be needed for the execution of heath education campaigns, given that fund-raising/ sponsorship will have to be one of the tasks of the Regional Coordinators.

STRATEGY 4: SENSITIZATION OF HEALTH CENTER PERSONNEL

Workers in Health Centers (Physicians , nurses, health workers, etc) need to be introduced to the concepts and issues of health education. While they may not be expected to become health education experts, they need to be aware of the important role that health education can play in the prevention of most of the illnesses that they see, as well as its importance in the promotion of healthy behaviour and habits. Short introductory training sessions need to be held for those workers in such a way as to built support for health education efforts and activities both in the health centers and outside, in the community.

STRATEGY 5: HEALTH AND ENVIRONMENT CLUBS IN SCHOOL

This is in line with the pilot project that was recently launched by the National center for Educational Research and Development, Unicef, and WHO. The project involves the re-training of Ministry of Education Health Educators to become school club monitors. The Monitors will be trained on the planning of health and environmental educational activities to carried out by students in schools. It is also foreseen that the monitors will also play the role of focal points for the program of oral health in schools. Central to the project is coordination with the monitors of arts and sports clubs in the schools.

The health and educational clubs will need to be supplied with basic materials and kits.

STRATEGY 6: NETWORKING

Among the responsibilities of both the Regional Coordinators and the local health education focal points will be coordination and networking with NGOs and other local associations in the catchement areas. Coordination should include collaborative work on several levels, from addressing small specific problems to the organization of village or town-wide campaigns (e.g. Cleanup).

TRAINING

Target trainees:

Focal Points need to be identified for training. Some are already identified within the scope of the IRDP, such as the school focal points within the oral health program, and the Club Monitors within the national School Health program. Others will need to be selected from within the communities they are to serve. Clear selection criteria should be developed in such a way that the focal points identified represent the various involved sectors as follows:

1. At the level of the Qada: from the MoPH, the MoSA, and the MoEd
2. At the level of schools: from the Oral Health program, and the School Health Clubs program
3. At the level of health centers: from active health centers taking into account geographical distribution, work load, and outreach orientation.
4. At the level of the community: from local clubs, associations, and municipalities, as well as from among previously trained CHWs whenever possible.

Training:

1. Training should be undertaken as a series of short "specialized" training modules. Having a number of training sessions over the period of two years, rather than one or two longer workshops offers the advantage of building a mechanism of continuity, and facilitates follow-up and technical support and supervision.

2. Training should be carried out in the area of Baalbeck-Hermel such that trainees remain close to their work environments.

3. The identified focal points will need to be trained on a number of issues:

- Needs assessment and prioritization
- Campaign design and implementation
- Campaign monitoring and evaluation
- Social mobilization and communication
- Design and production of appropriate materials (small scale)

4. Trainers of focal points can be found either locally or internationally. A number of international consultants are available with both Arab and Lebanese experience. Recently increasing numbers of local trainers have also become available. The identification of individual trainers or a team of trainers will depend on the exact training plan to be followed.

Support and Supervision:

Support for the implementation of identified health education is essential for the success of programs. Support is needed for both the Regional Coordinators and the health education local focal points. Support needs to take one of the following forms:

1. Technical support: Ensuring that trainers are available to answer queries and concerns and to assist technically in case of problems or obstacles. This can take several forms, both structured and informal. (Follow-up workshops, regular meetings, occasional site

visits, etc..). Technical support can also be provided in the form of access to health education materials by making health education materials and resources available locally (such as a "documentation center" through the QPO or through the Health Coordinator for print and audio-visual materials).
2. Funding: Making small funds available for the local production of health education material and for the facilitation of meetings and local mobilization activities.
3. Follow-up: Ensuring that the system of routine follow-up and supervision is in place.
4. Incentives: A system of incentives will need to be designed for the focal points as they will be expected to carry out these increased responsibilities in addition to their current work loads. This could take the form of attendance at workshops and meetings, certificates, or small payments to cover transportation costs.

Evaluation

An evaluation exercise of the entire health education program should be carried out at the end of the initial two-year period. The evaluation should examine the process of selection of focal points, the appropriateness and success of training, the efficacy of the support and supervision mechanisms, and the satisfaction with health education services.

ADMINISTRATIVE STRUCTURES

Technically, the Regional Coordinators and the trained focal points will be responsible to the health education team at the central Ministry of Public Health level, which is currently in the process of being formed.

In terms of day-to-day administration and management of the project, it is suggested that the focal points be responsible to the Regional Coordinators who report to the IRDP Health Coordinator, who is in turn accountable to the Health Sub-Committee which sets the broad guidelines on priorities.