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# ASSESSMENT OF NEEDS AND RESOURCES

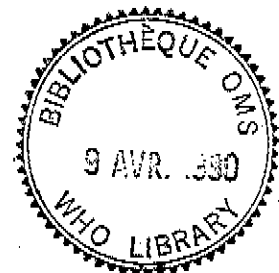
## A first step in planning a national Health Learning Materials project

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WORLD HEALTH ORGANIZATION

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# ASSESSMENT OF NEEDS AND RESOURCES

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*Training must be supported by relevant training and information materials*

## ASSESSMENT OF NEEDS AND RESOURCES

### A first step in planning for a national health learning materials project

#### 1. INTRODUCTION

If the social goal of *Health for All* is to be achieved by the Year 2000, training and continuing education of health staff, as well as promotion in the community of healthy life styles, must play a vital role. Training and information for all those involved in primary health care (PHC) activities is essential - doctors, nurses, community health workers, school teachers, community leaders, rural development officers, as well as individuals and families in the community.

To be effective, **training must be supported by locally relevant training and information materials** (manuals, brochures, posters, audiovisual aids). These materials must reflect national health priorities, as well as the language and educational levels of the users. There is a desperate shortage of such materials throughout the developing world.

To remedy this shortage of materials at country level, the *Interregional Health Learning Materials (HLM) Programme* was established by WHO with the help of UNDP. Its aims are to:

- help developing countries achieve **national self-reliance** in the design and production of teaching, learning and health promotion materials in support to PHC;
- promote the creation of **intercountry networks** of participating countries to pool resources and to exchange materials and experience.

*The long-term aim of a national HLM project is to furnish all those who work in the health sector with regularly updated information, in the form of reference texts, brochures, radio broadcasts, posters, newsletters, correspondence courses, and so on. It demands a strong commitment by the government, external funds in the initial stages of project activity and, above all, a very high standard of management.*

These guidelines are concerned with the **initial stages of planning a national HLM project**, to provide a basis for the wide range of project managerial activities. Evidently, if a project is to produce materials relevant to national needs and priorities, these needs and priorities and the resources to meet them must be clear from the very beginning. It is for this reason that the countrywide "Assessment of needs and resources" features as the primary activity in any national HLM plan of action. Its **first aim** is to find out what materials exist, identify the important gaps, and then develop a materials production schedule geared to the actual needs of the country. Its **second aim** is to explore the means whereby this production can be achieved through use of existing, and supplementation by additional, human and material resources.

The identification of needs for materials and of resources to meet these needs is treated separately in the following sections, as each of these two components of the assessment follows a logical progression of activities. In practice, many of the activities will take place concurrently. The methods of conducting the investigation will vary, depending on such factors as the national administrative structure, the effectiveness of local communications, and the staff available. Different approaches will include questionnaire, interview, workshops and group discussion, and direct observation, or a combination of these.

*The important thing is to ensure that the country's HLM project will have a **sound basis for long-term planning**. This will not only help it to achieve its goal of self-reliance and to monitor its progress along the way, but will also inspire confidence among the donor community.*

## 2. IDENTIFYING THE NEEDS

This involves a logical sequence of procedures in order to answer the following three questions :

- What HLM are already in existence in the country?
- How accurate, relevant and usable are they?
- What are the overall needs for HLM in health and health-related sectors, and what priority should be assigned to their production?

The outcome of this part of the assessment will be a **priority production schedule**, which will form the basis for planning.

### 2.1 What materials already exist in the country?

Although there is an acute shortage of materials in most developing countries, there are always some which exist and are regularly used. The first task of the HLM project is to identify them. This part of the investigation is technically the easiest, although it involves a great deal of tedious detective work.

**Primary targets for study** will be training institutions, health education departments, international agencies (especially UNICEF), and non-governmental organizations (NGOs), which together group the major HLM resources in a country. What is available in the country - on what subjects, for which level of staff, how many copies are in use and in stock, and where are they produced (locally or imported)? The study should include information on textual materials (manuals, brochures, handouts) as well as on visual/audiovisual support (teaching aids and promotional materials for use with the community).

In many countries, the higher the professional level of the user, the more material is available. Physicians and medical students, for example, have recourse to textbooks and professional journals. In most HLM projects, however, the emphasis is placed on materials available for middle- and peripheral-level health staff and for communities, for whom the shortage is more acute. Training school libraries are pitifully inadequate. Until recently, there were no books, journals or newsletters for the many categories of subprofessional staff who form the bulk of the health workforce and play a vital role in primary health care. This is why the majority of national HLM projects cater more for these staff than for their professional university-level colleagues.

The techniques for survey include the use of **questionnaires**, **interviews** and **direct observation**, and **workshops**.

In Fiji, detailed **questionnaires** were sent to training schools for completion by directors of training institutions, teachers, samples of students, health educational departments and NGOs. These questionnaires, adapted to a new country situation, were successfully applied in Guinea-Bissau. The same principles apply to the questionnaire as to all such enquiries. They are tedious to complete and demand a lot of time from already overburdened staff. Questions should therefore be kept to a minimum. Apparently simple questions are sometimes misinterpreted, which leads to considerable difficulty in analysis, so care must be taken in their phrasing. Distribution should be preceded by an explanation of why the questionnaires are needed, how to complete them, and what the outcome will be. Even so, the results are often disappointing, the answers are incomplete, and need to be followed up.

Modified forms of some of the Fiji questionnaires are attached as Annex 1. **Specimen questionnaires** for instructors at Health Training Schools, District Health Centre workers, and Governmental and Non-Governmental Organizations, will provide models for adaptation to local situations. A list of the organizations included in the Fiji survey gives an idea of the broad range of HLM production outside the recognized "health sector".

In Tanzania, when the original "book inventory" was prepared, the questionnaires were backed up with **interviews** by the national HLM project manager and his team in each of the main training institutions. The interviewer can make sure that each question is interpreted correctly and answered fully. This is more time-consuming, but the outcome is much richer in terms of information gathered.

Yet another approach is that used by the WHO Eastern Mediterranean Regional HLM clearinghouse. A large number of health training school teachers are brought together in **national workshops**. This has the dual advantage of combining an educational experience in HLM development with group efforts in identifying materials available. Each participant is sent a questionnaire in advance, and is asked to complete it and bring it to the workshop.



*Workshops have the dual advantage of combining educational experience in HLM development with group efforts in identifying materials available.*

## 2.2 How accurate, relevant and "usable" are the existing materials?

If the intended users cannot understand or fully profit from materials produced for them, the materials are of little value. The concept of **usability** is a key element in an HLM project, and there are several aspects to be considered. Are the materials **accurate** and **up-to-date**? Methods, techniques, and even concepts, change. Many of the books available to students in health staff training schools were written a long time ago and directed at a different audience. Their contents are no longer relevant to the health problems of today.

However, accuracy is not the only criterion. Auxiliary health personnel and community leaders often have limited reading skills. The text must therefore be simple and clearly presented. Illustrations help, but only if they are readily understood. The only way to be sure that materials are usable is to test them out with a sample group of users. **Fieldtesting must be an integral part of all HLM production.** Although it takes time, it is an essential component of an HLM project, and it should begin during the assessment phase.

Assessment is not easy. Subject specialists should review content to ensure that the material is accurate. Teachers and supervisors of intended users can, from their experience, give an indication of its usability. If there is any doubt, the material should be submitted to representatives of the actual target groups. Language level, presentation and illustration should be reviewed on an interview basis. Although it is essential that HLM are accurate, relevant and usable, the testing should not be too exhaustive, in view of the urgent need for materials. It is a case of "not letting the perfect be the enemy of the good". Useful information on methods of fieldtesting materials is outlined in Guidelines on how to produce a manual, published by the HLM project in Kathmandu, Nepal.

*Fieldtesting gives the project manager, editors, writers and artists an opportunity to understand the reading levels and perceptions of their audience. The initial assessment survey will not permit full-scale fieldtesting due to the shortage of time. However, a start should be made, and the experience will be invaluable. It will also highlight the problems and difficulties of materials evaluation, which may call for consultant advice and assistance once the project begins.*

### 2.3 What are the overall country needs for HLM?

Identifying overall needs is the next task to be performed. This information is best obtained from national decision-makers in a workshop setting.

The objectives of the workshop(s) will be :

- to identify the immediate and long-term needs of the country for materials to support primary health care; and
- to assign priority for production.

Participants should include senior officials responsible for primary health care planning and health promotion, teachers, and representatives of district management. To ensure a wide coverage of needs, other sectors should feature among workshop participants, especially education and information. Programmes and agencies concerned in materials production, such as UNICEF, national AIDS control, family planning, and religious/educational NGOs, should also be invited.

**Target groups for materials** are: health staff at all levels (basic training, reference in service, continuing education);

- teachers and supervisors of health staff who need instruction manuals and audiovisual support;
- national staff working in health-related areas (e.g. development, water supplies and sanitation, agricultural extension, primary and secondary schools);
- community leaders and the general public.

*The outcome of the workshop will be a priority listing of materials to be produced during the next few years, based on recognized needs. This priority production schedule will form the basis for planning the HLM project's production activities.*

## 2.4 The priority production schedule

The results of the survey and assessment of materials existing in the country are then compared with the priority schedule. A number of these materials, either in their present form or revised to ensure accuracy and usability, will meet some of the identified needs. Others will be satisfied by adaptation of materials produced in other countries, or by agencies and NGOs. It is here that the WHO clearinghouse and intercountry HLM networks can play an important role by assuring the exchange of information and materials between participating national projects. The remaining needs for materials, especially those which have to be culturally country-specific, must be met as part of the project's activities, respecting the order of priority assigned in the schedule.

This logical, step-by-step procedure helps to ensure that the country's limited resources are used to best effect, and that materials required most urgently will be produced first. The priority schedule must, however, be reviewed each year, not only to evaluate progress but also to allow modification to meet new or changing needs. For example, a few years ago no-one could have foreseen the present needs for massive materials production to educate health staff and the community on AIDS prevention.



*WHO clearinghouses and intercountry HLM networks assure an exchange of information and materials between participating national projects.*

### 3. IDENTIFYING THE RESOURCES

A consensus, in order of priority, of materials to be developed and produced over the next few years, has now been reached. But how will this production be effected? What facilities, both human and physical, will be needed, and how many of them exist already? This investigation is the second part of the assessment, and once again sets out to answer a number of important questions:

- How are materials being developed at present, and how are they used?
- What human skills are available for HLM conception and production?
- What production facilities exist in the private and public sectors?
- What premises and facilities are, or could be made, available for an HLM unit?

Some procedures to follow in answering these questions are outlined in the following sections. Partial answers will be obtained from analysis of questionnaires such as those in Annex 1. This applies particularly to the questionnaire addressed to **non-governmental organizations**. In many countries these NGOs are very active in the development and production of materials, both for health staff and for communities. They therefore have experience and resources which can be of immense assistance to a national HLM project in its early stages. Often they employ their own artists and operate small printing presses. In any case, they will have explored the market and will be able to advise the project manager on the quality and costs of local production facilities. They may even be able to provide training for national staff - writers, artists, printers.

Another important source of information is the country office of **UNICEF**, which is usually a major promoter of materials production in the health sector. For this reason, UNICEF has always been a strong supporter of national HLM projects, and should be involved from the beginning.

### 3.1 How are materials being developed at present?

Educational materials are recognized as an essential support to learning. Even in the most unfavourable circumstances, there will be examples of HLM production. Depending on the availability of equipment, this might be in the form of assembled health teachers' notes, duplicated handouts and manuals, or silk-screened posters. In a more sophisticated setting such materials are printed, and audiovisual aids to teaching (projection slides, transparencies, audio- and video-cassettes) are produced locally.

The accuracy and relevance of content will have already been assessed (see section 2.2), but what about **appearance** and **durability** of materials in the field? Manuals duplicated on poor-quality paper have a short life, but this type of paper may be the only sort available locally. The appearance also has an important psychological effect on the user. Health staff take more care of, and treat with more respect, materials which are attractively printed, illustrated and bound. The HLM project must aim for the best presentation within the resources available. Once it has developed an established production facility, with well-trained staff, the project can progressively upgrade the quality of its products.

Most of the emphasis of this document is on the development of textual materials, such as books, manuals, brochures and posters. This is because the production of printed materials is the cheapest and most cost-effective HLM activity, and one which is the first priority of most national HLM projects. Audiovisual aids (e.g. projection slides, videos) are more expensive to produce. They demand special skills and equipment, and tend to be introduced at a later stage, when the project is well established. Used properly in teaching, however, and as a means of stimulating discussion, visual materials can be very efficient learning instruments.

It is worth noting from experience that audiovisual aids are frequently not used effectively in a country due to the fact that the projection equipment is not functioning correctly. On many occasions, the fault is not due to the absence of duplicating and projection equipment, but rather to its poor repair and maintenance.

### 3.2 What human skills are available for HLM conception and production?

#### *Range of skills*

The search should not be limited to government employees. Many agencies and NGOs have contributed a great deal to materials development at country level in an effort to remedy the shortage. It is important to identify writers and illustrators with practical experience in producing materials for various levels of user. Information intended for a nurse will be presented very differently from the same information aimed at the general public. Health education departments often have good artists, but these are often not involved in fieldtesting. Their competence in matching their illustrations to user understanding has therefore not been developed. Other important skills to look for in relation to an eventual HLM project are editing, photography, microcomputing, equipment maintenance, and the whole range of printing (duplicating, platemaking, offset, collating, binding, silk-screening).

#### *Team work*

To show the relationship between the different project skills which need to be developed as a result of the assessment of needs and resources, Annex 2 outlines the sequence of steps required in the development and production of a technical manual. Ideally, writers, artists and editors should participate in at least part of the fieldtesting, so that the final version corresponds to the needs and reading capacity of the target group. Often the fault lies not in the content but in the presentation. Skills in layout can transform otherwise unusable text, and a layout expert should be a key member of project staff. As project staff gain experience, the procedure can be accelerated.

#### *Motivation*

A problem which will have to be faced sooner or later is that of incentive. HLM project skills are marketable, and government salaries are usually lower than in the private sector. Ways must be sought to train, motivate and retain HLM staff. Many projects have overcome this difficulty either through negotiating better salary scales or by gradually establishing themselves as small publishing houses, accepting contracts which include incentives as part of the overhead costs.

### 3.3 What production facilities exist?

#### *The private sector*

The first place to look is in the **private sector**. Here one can find the realistic cost of materials production. Commercial printers have to quote competitive prices. To survive, they must be efficient, maintain their equipment properly, operate during power cuts, and work to a tight schedule to meet deadlines. **Even if the HLM project does not make use of commercial facilities, there is much to be learned from their experience.**

#### *Reducing cost*

In most developing countries, private printers must import most of their raw materials - paper, coverstock, offset plates, inks and so on. These items are usually subject to a heavy import duty which must, of course, be passed on to the client. This is where HLM projects have an advantage, as their supplies often come from WHO, UNICEF, NGOs like the Canadian Organization for Development through Education (CODE), or bilateral donors, and can often be imported free of duty. If an HLM project can offer a private printer photoready copy together with all the paper and plates required, the cost of printing can be reduced by as much as 80%. This may therefore provide a solution, at least in the early stages of a project.

**Many HLM projects will find it cost-effective to develop their own offset printing capacity**, at least for short runs. This will depend on how competitive prices are in the private sector, especially if the project can supply raw materials as well as photoready copy. Such a printing facility will become increasingly important as the project advances towards self-reliance. This can only be achieved through marketing products, accepting external contracts and handling a revolving account to pay for project supplies and operation. A useful guide in this respect is a WHO document, Handy Hints on Cost Recovery (HMD/89.5). The project manager will also do well to study Meeting the Need for Health Learning Materials (HMD/HLM/88.1), a problem-solving approach to project management.

Even at a later stage of the project, it is likely that long runs (say 20,000 copies of a brochure, a manual or a poster) can be handled more efficiently and cheaply in the private sector than by a small project press.

### *The public sector*

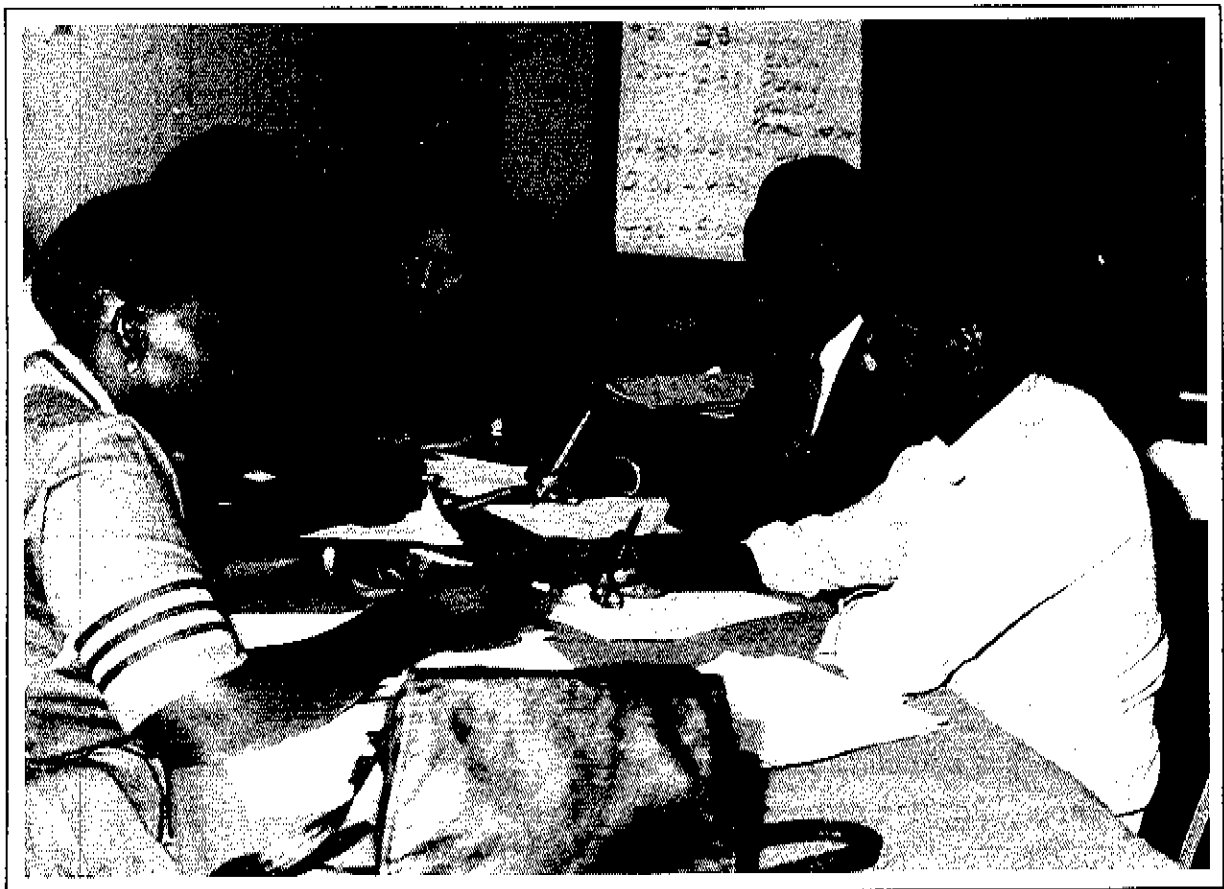
The situation in the **public sector** is a very different one. A common picture is that of a heavily overworked government printshop, unable to meet deadlines satisfactorily, thus obliging those that can pay to take their work to a private printer. In those cases where a public-sector printshop is entirely dependent on an unreliable local market, prices tend to be high, and the quality indifferent. The health education department of the Ministry of Health will usually have a production unit for posters, brochures and other promotional materials for use with and by the community, and this has provided a valuable resource for many HLM projects.

There are many reasons for poor performance in a public-sector printshop. Examples are low salaries, lack of competition and incentive, electric power cuts, poor equipment maintenance, holdups due to irregular supplies of essential items. A commonly seen bottleneck is that of collating and binding by hand, which cannot keep pace with an electrically-operated offset printer. The same problems also exist in the private sector, but solutions are found in the interests of survival.

Although public-sector resources are usually limited, there are exceptions. For example, the Ministry of Health printshop in Maputo, Mozambique, a Swiss-financed initiative, is an excellent example of an efficient concern with enough capacity to handle the Ministry's needs. The same can be said of the Ministry of Primary and Secondary Education printshop in Kigali, Rwanda, and the Department of Health Press in Manila, Philippines. These three well-equipped production centres benefit from considerable external aid and a regular supply of imported raw materials.

There is sometimes, however, an alternative solution in the public sector. Printshops, provided as part of externally financed projects, suffer from lack of staff or supplies, and are working well below capacity. **Strengthening a facility which already exists** may be a practical alternative to creating something new.

As the HLM project plans to be self-reliant in the long term, it is to the private sector that the printshop manager should look for inspiration. The project aim should be to create a high-quality product which will attract external contracts and find an open market - in fact to become a small publishing house. This is how the HLM project in Nepal was able to pay for its own new premises.



*HLM development is team work*

### 3.4 What premises and facilities are available for the HLM project?

Adequate space is needed to accommodate the two components of HLM development, conception and production. The vital and most difficult activity of the project is not the production but the **conceptual process**. This embraces the identification of needs and priorities, decisions on content, writing, illustrating, fieldtesting, editing, layout and preparation of photoready copy.

**Production** is a more straightforward process, and the space needed will depend on the way the project develops and on the equipment ordered, as well as on the costs, quality and availability of production facilities in the private or public sectors.

Space must be available for administrative (including secretarial/word-processing) staff, one or more illustrators, and reproduction equipment (photocopier, electronic scanner, electric duplicator, etc.). There should also be storage space for printed materials, paper and other supplies. Meeting rooms must also be available, for teaching workshops, editorial committees and a steering committee. Air-conditioning is desirable, as it not only makes for a better work environment, but also protects equipment from dust, damp and heat.

Such premises usually represent the main government contribution in the initial stages of a project, and they are best associated with an ongoing institution or activity. A health education department, a health auxiliary or teacher-training school, a national continuing education project, and a medical faculty, are examples of host institutions to existing HLM projects. Ideally, good premises are available from the start, but often a project has to prove its worth locally before new extensions or buildings are provided (as in Benin, Kenya and Sudan).

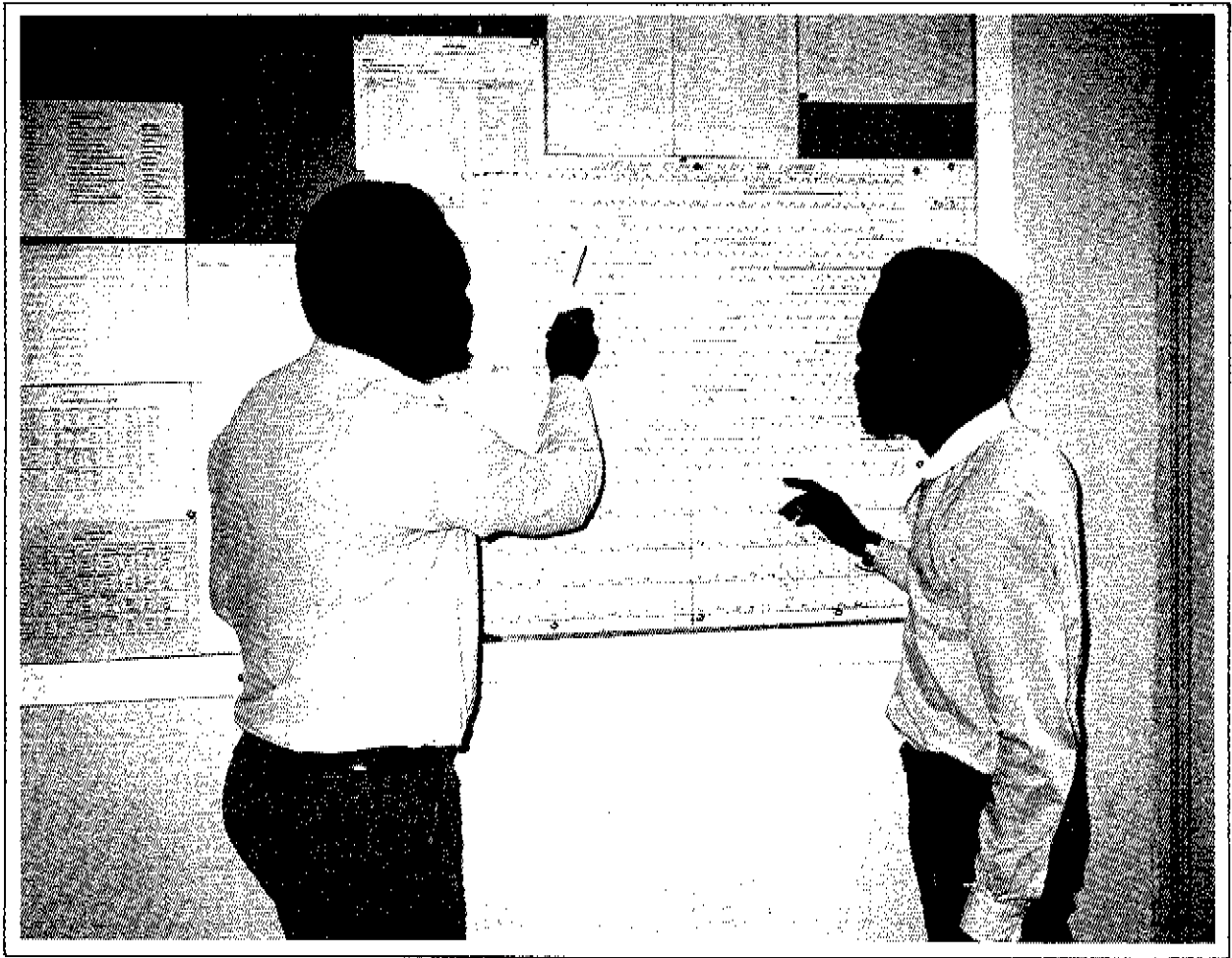
**HLM development is team work**, and good working conditions make a lot of difference. If it is decided to embark on a printing facility, then the advice of a successful printshop manager from the private sector should be sought before ordering equipment or designing workspace, including paper and product stores.

#### 4. PUTTING THE PIECES TOGETHER.

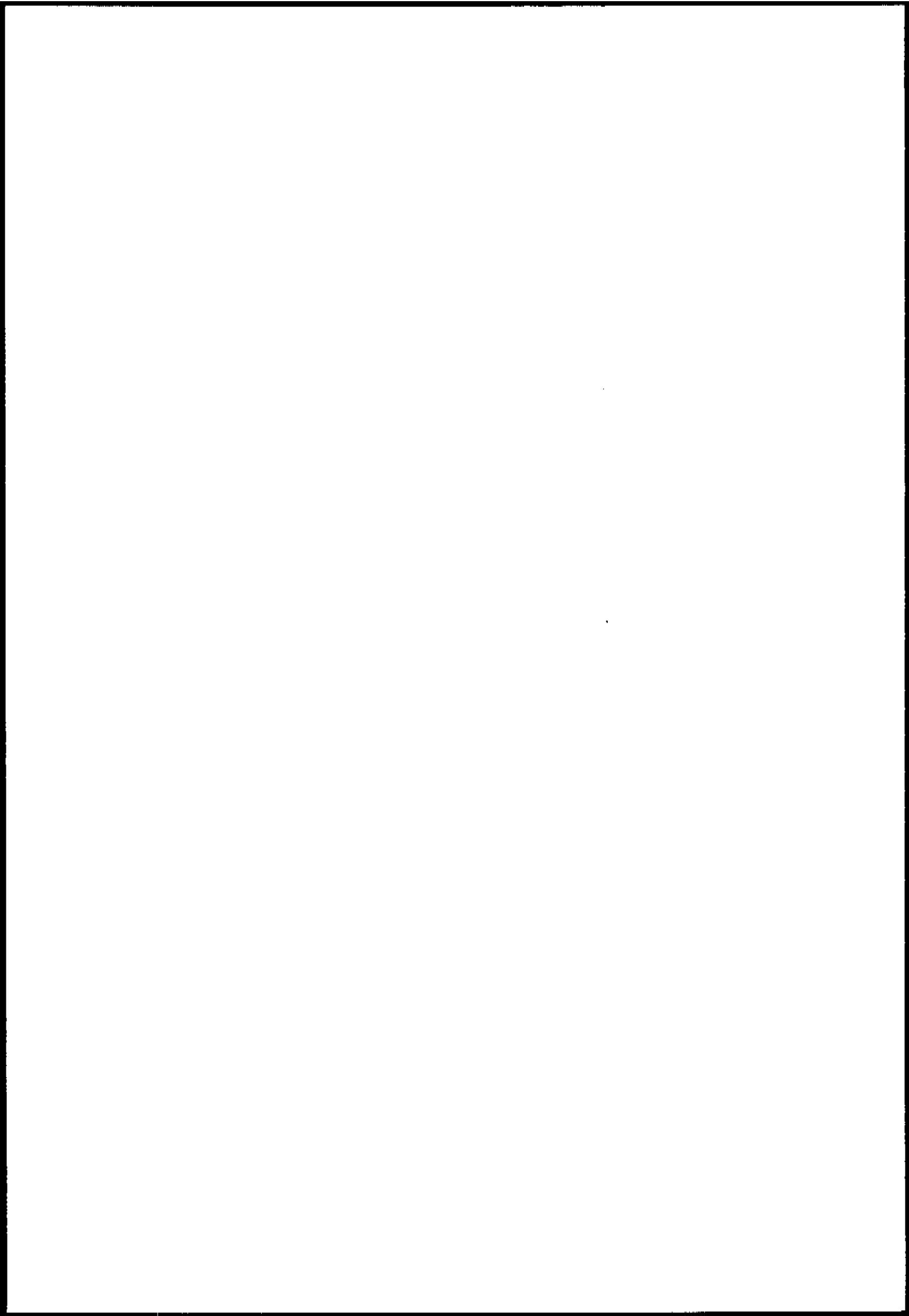
At this stage, like a jigsaw puzzle, all the pieces are present, and it only remains to fit them together to form the picture. Equipment and supplies will need to be ordered to allow the new project to develop HLM to the stage of photoready copy. Given the priority production schedule, and the consultant assistance of an experienced printer, a preliminary assessment can be made of needs for consumable supplies (paper, plates, etc.), at least for the first year of operation. A programme of staff training must be undertaken with the help of consultants - either from other sectors in the same country (e.g. Ministries of Education and Information, NGOs) or from other well-established national HLM projects.

All of this costs money, and the action plan based on the assessment will have to be converted into a well-justified request for external funding. A WHO document, Raising Funds for Health Programmes (HMD/89.4), takes the project manager step by step through the development of a proposal in the UNDP format which is accepted by most donors. UNDP, UNICEF and WHO at country level will be able to help with the preparation of the plan and the identification of donors.

*In conclusion*, success in the assessment phase and in the subsequent project depends on the **availability of good managers**. The **achievement of national self-reliance** demands a high level of management at the country level, backed up by the sharing of resources between countries. However, there is no doubt that this "institution-building" is feasible, as several national projects have already proved. The increasing number of countries participating in the programme (24 at the end of 1989) has ensured an impressive pool of resources, both in materials and expertise. New country projects should now be able to advance more rapidly as a result of all the experience gained in the interregional programme.



*Achievement of national self-reliance demands a high level of management at country level, backed up by sharing of resources between countries.*



ANNEX 1. HEALTH LEARNING MATERIALS (HLM) NEEDS AND RESOURCES SURVEY

**1. QUESTIONNAIRE FOR INSTRUCTORS AT HEALTH TRAINING SCHOOLS**

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

Post: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Subjects you teach: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Students:

1. Total number of students in the school? \_\_\_\_\_  
 Number graduating each year? \_\_\_\_\_
2. Indicate the main problems (number in order of priority) which your students have in learning the subjects you teach:
  - Inadequate previous education
  - Difficulty with language
  - Insufficient learning materials for student use
  - Teaching and learning materials not suitable to learners' needs
  - Technical nature of the subject too difficult
  - Difficulty applying theory to practical application of the subject
  - Others (please specify): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Elaborate on ways in which the problems you have indicated above might be reduced with improved health learning materials. This should include materials both for your own reference and also for use by your students during their training and after they leave the School.

1

Textbooks

1. What books are available to you for your subjects?

Title of book	Year of issue	Applicable to local conditions?		Available for students?	
		Yes	No	Yes	No
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. Do you feel that the reference books available to you for your teaching should be specific to local conditions? Yes \_\_\_ No \_\_\_  
 Please comment.

2

Training in teaching methods

Have you received training in teaching? Yes \_\_\_ No \_\_\_  
 If yes, please describe the training:

Course title: \_\_\_\_\_  
 When attended: \_\_\_\_\_  
 Length of training: \_\_\_\_\_  
 Qualification or certificate received: \_\_\_\_\_

Health Learning Materials (HLM) development

1. Have you received training in producing HLM? Yes \_\_\_ No \_\_\_  
 If yes, please describe:

Course content: \_\_\_\_\_  
 When attended: \_\_\_\_\_ Where: \_\_\_\_\_  
 Length of training: \_\_\_\_\_  
 Qualifications or certificates received: \_\_\_\_\_

2. Please describe any additional training in HLM development you feel you need for your work?

Health learning materials needs

1. What HLM (in order of priority) would you like to see locally produced to assist you in your teaching? Be specific.

Topic	Type of HLM (textbook, manual, etc.)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Which of the following teaching aids would you like to have available to assist you in your teaching?

- Flipcharts
- Projection slides
- Film
- Videocassettes
- Other

3. What HLM would you recommend to be produced for issue to your students, both for learning during the course and for taking away with them to use in their services?

Topic	Type of HLM (textbook, manual, etc.)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## 2. QUESTIONNAIRE FOR DISTRICT HEALTH WORKERS

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Area: \_\_\_\_\_ District: \_\_\_\_\_

Major language spoken in your area: \_\_\_\_\_

Your first language: \_\_\_\_\_

Number of years you have been active as a health worker: \_\_\_\_\_

Population of your area: \_\_\_\_\_

1. What HLM were used during your training?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What handouts were you given?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you still using these handouts? If not, why not?

5

3. Were you given any manuals? Yes \_\_\_ No \_\_\_  
If yes, what were they (title, author, publisher)?

Where are they now? How often do you refer to them?

6

4. Tick those subjects below which were included in your initial training.  
Make an additional tick for the topics in which you have received  
follow-up training.

	Initial	Follow-up
First aid	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate technology in health	<input type="checkbox"/>	<input type="checkbox"/>
Environmental health	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition	<input type="checkbox"/>	<input type="checkbox"/>
Safe water supply	<input type="checkbox"/>	<input type="checkbox"/>
Ante-natal care	<input type="checkbox"/>	<input type="checkbox"/>
Post-natal care	<input type="checkbox"/>	<input type="checkbox"/>
Labour and delivery	<input type="checkbox"/>	<input type="checkbox"/>
Communicable diseases (STDs, tuberculosis, malaria, leprosy, filariasis)	<input type="checkbox"/>	<input type="checkbox"/>
Chronic diseases (diabetes, hypertension, heart disease)	<input type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>
Health education	<input type="checkbox"/>	<input type="checkbox"/>
Essential drugs	<input type="checkbox"/>	<input type="checkbox"/>
Dental health	<input type="checkbox"/>	<input type="checkbox"/>
Safe food preparation and storage	<input type="checkbox"/>	<input type="checkbox"/>
Primary eye care	<input type="checkbox"/>	<input type="checkbox"/>
Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Mental illness	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>
Care of the handicapped	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhoeal diseases	<input type="checkbox"/>	<input type="checkbox"/>
Acute respiratory infections	<input type="checkbox"/>	<input type="checkbox"/>
AIDS	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

5. How often do you deal with the following problems and conditions?  
(Please tick as appropriate)

	Seldom	Occasion- ally	Often
Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhoea/dehydration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper respiratory infections: (sore throat, runny nose)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breathing problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetic urine checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood pressure checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty or problems with urination (passing water)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty or problems with menstruation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tooth ache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sore, red eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ear pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fits (seizures, convulsions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Malnutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poisoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fractures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuts, abrasions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drowning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



### 3. QUESTIONNAIRE FOR GOVERNMENTAL AND NON-GOVERNMENTAL ORGANIZATIONS

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

Description of Organization

1. Name of organization: \_\_\_\_\_

2. Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

3. Person interviewed (where applicable): \_\_\_\_\_  
Title: \_\_\_\_\_

4. Brief description of the overall aims/objectives of the organization:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please describe the organization's current role in HLM development:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Total operating costs per annum: \$ \_\_\_\_\_

7. Operating costs in HLM development: \$ \_\_\_\_\_

Equipment

1. Do you currently have any equipment to develop and produce health learning materials (HLM)? Yes \_\_\_ No \_\_\_  
If yes, please provide an inventory or fill out the checklist provided at the back of this questionnaire.

2. Is your equipment available for use by other agencies to create HLM or other materials? Yes \_\_\_ No \_\_\_  
If yes, please provide details on conditions of availability, and costs or fees (if any).

Staffing

1. Please list your current staff employed in HLM development and production:

Position	Title
_____	_____
_____	_____
_____	_____
_____	_____

2. What training has this staff received in HLM production, and where (overseas or local training)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Is your current staff adequately trained to produce HLM? Yes \_\_\_ No \_\_\_  
If not, describe the training needed, numbered by priority:

- \_\_\_\_\_ Multimedia design and development
- \_\_\_\_\_ Communications strategy
- \_\_\_\_\_ Writing and editing
- \_\_\_\_\_ Microcomputing skills
- \_\_\_\_\_ Graphics and paste-up
- \_\_\_\_\_ Video production
- \_\_\_\_\_ Radio script production
- \_\_\_\_\_ Printing
- \_\_\_\_\_ Photography
- \_\_\_\_\_ Maintenance of equipment
- \_\_\_\_\_ Administration and management
- \_\_\_\_\_ Other (please specify) \_\_\_\_\_

4. Are any of your staff currently receiving training or will receive training in the near future? Yes \_\_\_ No \_\_\_  
If yes, please describe: \_\_\_\_\_

Training courses

1. Do you offer HLM development training courses? Yes \_\_\_ No \_\_\_  
If yes, please provide a list of courses offered during the last 2 years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
If no, in what areas (see 3. above) could you offer training for HLM staff?

2. Please describe criteria/eligibility of participants to take your courses, and fee charged to participants.

HLM production

1. What HLM has your organization produced in the last 2 years? Describe (use separate sheet if necessary), giving title, type of material, authors, language, quantity produced, target audience, distribution, costs to produce, how funded:

2. How were these HLM produced? Did you use your own equipment, or use the services of a commercial printer or other agency? Please specify:

3. Have you produced HLM for other organizations in the last 2 years? Yes \_\_\_ No \_\_\_  
If yes, please describe and list co-sponsoring organizations:

4. (To be answered by health organizations only)  
Do you currently produce, or have access to, an adequate supply of HLM to fulfill your objectives? Yes \_\_\_ No \_\_\_  
If no, describe your current HLM needs (number below in order of priority).

Type of HLM	Priority	Subject & Target audience
Books/booklets	_____	_____
Videos	_____	_____
Radio scripts	_____	_____
Slide shows	_____	_____
Pamphlets	_____	_____
Posters/charts	_____	_____
Flipcharts	_____	_____
Other (please specify)	_____	_____

5. Are you currently in the process of developing any new HLM? Yes \_\_\_ No \_\_\_  
If yes, please describe (title, type, subject): \_\_\_\_\_

General comments

1. Do you think there is a need for the Ministry of Health to set up an HLM unit? Yes \_\_\_ No \_\_\_  
If yes, describe how it might be best organized to meet the health learning needs of the country:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
If no, please explain why not:

2. In your opinion, what should be the main functions of a Health Learning Materials unit? List in order of priority:

4. LIST OF GOVERNMENTAL AND NON-GOVERNMENTAL ORGANIZATIONS SURVEYED IN FIJI

1. University of the South Pacific:
  - Media Centre
  - Extension Services
  - Information Section
  - Department of Health Administration
2. South Pacific Commission Media Centre
3. FIT Printery School
4. Telecommunications Training Centre
5. Fiji Red Cross
6. Fiji Rehabilitation Centre
7. National Food & Nutrition Committee
8. Ministry of Health Family Health Unit
9. MOH National Diabetes Centre
10. MOH Primary Eye Care Programme
11. Fiji School of Medicine
12. Fiji School of Nursing
13. Ministry of Information
14. National Video Centre
15. Fiji Government Printing Office
16. National Trust of Fiji
17. Centre for Appropriate Technology and Development
18. Ministry of Primary Industries

ANNEX 2. Typical sequence for development of a technical manual.

