

Lhasa BHE Training Program – Technical Report

Timing and program development details:

On August 2009 a first meeting was organized to evaluate the possibility of integrate interactive techniques such as theatre, acrobatics and circus practice in a health education curriculum for the development of healthcare and health education for children in Lhasa and in other Tibetan Prefectures.

The program was planned in the following month and was presented to the local authorities. It was structured as a 6 months course, including assisted and semi-assisted training sessions, plus specific sessions of training of trainers in order to guarantee the sustainability of the project in the future and a monitor and evaluation mission to fade-out the presence of the foreign support and let the program develop locally and independently. The program was going to end with a final performance involving the local community in the activity and bringing out from the class the content about hygiene and health education. *(See appendix 1)*

The foreign expert Federico Moro (who is writing the following report), who developed the project, should deliver the course in Lhasa, develop the training materials and implement the course within the local social and cultural environment. He has been selected for the technical background of intercultural communication and ten years international experience in children training. During the program he would be assisted by a local expert of health education training Dawa Gyatzo with the precise objective to integrate the two specific competences in order to achieve an effective result in the short and the middle term.

In April 2010, two weeks before the starting day of the activity, the program was rejected by the local authorities because the background of the expert selected for the project was considered not appropriated in terms of medical skills by the local Health Bureau.

The personal opinion of the present writer is that the local authorities were probably expecting for a more traditional training program and that this decision was due to the complex structure of the project, difficult to be understood on paper by professionals not used to work with non-conventional techniques.

In July 2010, during a meeting among the expert Federico Moro, the Director of UTL Rosario Centola and the Program Officer Maria Santonastaso the opportunity to submit again the program has been evaluated. The suggestion of the present writer (p.w.) was to focus on the training and implement a short and simple module to illustrate to the local authorities the content of the training, in order to be able to carry out with effective result the full training during the following year. The idea of Rosario Centola and Maria Santonastaso was to represent the full course in a shorter version (3 months), ending with the final performance to ensure the visibility of the program.

In August 2010 the approval of the program has been communicated to the p.w.: 7 weeks of training (two in September, two in October, three in November) ending with a final performance at the end of November with the presence of UTL office members from Beijing, local authorities and local media. *(See appendix 2)*

In the beginning of September 2010 the p.w. with the Head of the Tibet Program, Mrs. Rossana Marilli, had the first introduction meeting in Lhasa with the Health Bureau representative, the CDC,

and the Vice Director of the School in order to illustrate the program and to explain the details of the training.

The p.w. find a lot of difficulties in explaining the difference between the methodology involved in the training and the content that the methodology would transfer, confirming his idea about the reason of the first rejection of the program.

With the possibility of a direct dialogue, the doubts and incomprehension about the development of the course started to reduce and the counterpart had the chance to understand the dynamics of the training.

Together with the school the training space, materials and class timing have been set and the counterpart asked a few days time to be able to organize the presence of local teachers during the class.

The training started within two days with two classes of 15 children each, aged between 8 and 12 years old.

Methodology and program structure:

A draft of the program has been planned in Beijing before the beginning of the mission and developed in Lhasa according to the feedback received by the students and the class dynamics by the p.w. and Dawa Gyatzo.

The program content focuses on 5 main areas:

- Physical exercise
- Development of physical skills
- Hygiene
- Nutrition
- Prevention of communicable diseases

The methodology is based on 6 different interactive techniques:

- Class discussion
- Improvisation theatre games
- Gymnastics
- Coordination and balance games
- Physical groups interaction (acrobatics)
- Creative simulation games (theatre scene)

The content of basic health education and hygiene transferred to the children through this methodology and verified by a pre-post-test are:

<ul style="list-style-type: none"> • Keep your body fit 	Explanation on body structure and functioning Importance of Personal hygiene and Healthy Body: How to protect the body, especially the feet and Nail cutting.
<ul style="list-style-type: none"> • Prevent the passage of bacteria 	Importance of Hair Washing Dirty hands and hands washing Why the teeth are important for a healthy body Problems of the bad smell from mouth

	Importance of teeth brushing Problems of smelly feet
• About nutrition	The food pyramid About healthy and unhealthy foods
• About Safe and Clean Environment	Problems of the Dirty Environment Collect the rubbish around the school yard Where to throw the rubbish
• About the use of Toilet and water.	Toilet and personal waist Clean water management and bad water treatment

The classes have been run every day for 1 hour and 45 minutes each for a total of 50 hours per class. Respect to the original plan some hours have been lost due to national holidays and a building renovation unexpected issue. The need of a public final performance with official administrative and media audience has also affected the timing dedicated to the training to focus more on the effective result of the play. Thanks to the training dynamic it was possible even in a short term to make the children assimilate the most of the health contents in the program.

Children feedback and content reception

Out of 30 children attending the course, no one missed a single class except a few occasional absence for health reasons.

The children come enthusiastic and excited every lesson and they try to stay as long as possible in the training space for playing or doing extra practice related to the exercises done during the lessons. In general the two classes have been very receptive about all kinds of content. The interactive process was extremely effective in the memorization of the health education content.

All the children took extremely active part in the training following all the exercises and expressing their thought and their opinion. They gladly joined the group discussion and shared their ideas.

From the physical point of view, the children are much less fit compared to their coetaneous in Europe, China and Africa the p.w. had experience with.

From the psychological and social point of view their attention and interaction is in the majority of cases above the average. The most of them are quite shy but able to follow the instruction of the teachers and to try new activities that expose themselves to the class.

School and institution reaction:

The school reaction was less excited that the children one. The main reason is due to the fact they were not able to fully understand the program before the beginning. The urgency of starting a full version of the program before the end of 2010 also compromised the possibility of analyzing the current curricula on health education and to propose an effective implementation of the program activity inside the official school curricula.

It was difficult for the school to arrange the time for the presence of the teachers with that short

notice; the school had no time to reorganize the year planning and find the teachers available to follow the program as requested, but tried anyway to find some last minute solution and some teachers were able to follow the training.

Due to these reasons the presence of the teachers was not strong enough to guarantee a deep understanding of the training methods and it was possible to achieve the continuity of the program the following year only through one teacher (Dawa Gyanzo) making the sustainability less stronger than what defined in the planning phase.

During the first part of the training the imposition of the program was perceivable and also affected the interest of the person in charge in the administration. Only after two months of training, by the visible reaction of the children and the feedback of the teachers who participated in the process, the school administration started to regain interest on the program development and raised the level of involvement and support.

In the final phase, the school, the CDC, the Health Bureau and the Educational Bureau show a good and honest interest about the future development of the program. The effect to the training methods on the children and on the teachers was pointed out during the last meeting in the school the morning before the performance where the local institution above, confirm to the director of UTL Rosario Centola the interest of running again the program the following year and the concrete possibility to insert the activity in the school curriculum.

Final Performance

The final performance was a success. All children came to play on stage as well as the teachers. All institution involved in the program were present as well as the families, some of the local NGOs and media.

The children performed on stage for over 30 minutes with a great response of the audience that was laughing and clapping at every bit. Local TV reporter stayed until the end and gave an interview asking questions about cooperation between the Italian cooperation office and the school and the future development of the project.

The support on the logistics aspect of the event (buffet, invitation and.....) by the local staff of the Italian Cooperation office in Lhasa was excellent and very effective. Everything went according to the plan with the full appreciation of all participants.

Testing result

Pretest and post test have been submitted to the children during the training. (see the manual for the full test).

52 questions about 5 main health related topics:

1. General Anatomy
2. Personal Health Care
3. Clean and safe environment
4. Food and nutrition

5. Use of toilet and water

The pretest shows a decent knowledge about general healthcare but a very poor knowledge about all the other training subject. The post test show a general average improvement of the class of 29.71% since the beginning.

Since the last three weeks of training was dedicated to the development of the final performance this result has been achieved in 20 lessons.

Following more details about the test results topic by topic.

Totals:	
Total questions:	52

Pretest result	27.61%
Posttest result	57.32%
Training effect	29.71%

Subject	Pretest	Posttest	Training effect
About the body	5.17%	57.47%	52.30%
Personal Health Care	60.03%	78.53%	18.50%
About clean and safe environment:	16.48%	42.15%	25.67%
About food and nutrition:	9.48%	35.34%	25.86%
About the use of toilet and water:	46.90%	73.10%	26.21%
			29.71%

Federico Moro
Lhasa 30 November
Federico Maria Moro

Appendix 1: Attachment from mail Dec 16 2009 - Part

Health Education in Tibet

Objective: Contribute to the empowerment of health education activities for the Tibetan population through the introduction of theatre techniques in the local schools.

Results:

1. Local communities sensitised to themes of health education (i.e. prevention and correct nutritional behaviour);
2. A group of middle school teachers trained in theatre and motor techniques, with the ultimate aim of transmitting health education;
3. Student theatre groups established (13-16 year old);
4. A pilot programme of theatre and health education is inserted in selected schools curricula.

Description	May	June	July	August	Sept	October	Nov	Dec
Activities								
Presentation of the project to the identified teachers and students	1 week							
First module – body playing	1 week							
	1 week							
First module Partially Assisted realization of the first module – body playing - by selected trainers		1 week						
		1 week						
First module Autonomous realization of the module –body playing - by selected trainers			1 week	1 week				
			1 week	1 week				
Second Module - Integration of health education topics with body playing					1 week			
					1 week			
Partially assisted second module and preparation of simple stages						1 week		
						1 week		
Stages performed						1 week		

SECOND YEAR: 2010-2011

Activities:

1. Situation assessment and beneficiary identification and selection
2. Implementation of the first training course
3. Autonomous implementation of courses by the schools and monitoring
4. Implementation of the second training course
5. Teaching material production
6. Theatrical events in Lhasa on health education

1. Assessment e beneficiary identification and selection

Selection of 5 local schools, 2 classes per school and 1 teacher per class. 10 teachers are involved (To be checked).

The preselection of the schools will be done at a local level, based on the modules returned by the schools (or by the counterpart, if the former option is not available)

The final selection of the first schools involved in the project will be done during the first field trip visit by the expatriate consultant.

The teacher selection will be done immediately before the beginning of the training through an on-spot psycho-aptitude test (possibly written) and an interview.

2. First course

The course, of 2 weeks, will be carried out in Lhasa, within the selected schools, and it is directed towards teachers and classes of students.

The course is articulated in an introduction and application of a series of theatre and motor techniques, aimed at fostering a higher knowledge of psychophysical abilities and assimilation of basic health education. The concepts will include information on prevention and correct nutritional behaviours. These information will be assimilated by teachers and students through a regular physical and recreational trainings including circus and theatre elements.

The course will be articulated in two modules:

First module (first week) Training of trainers: 1 session/day, 2 hours each, aimed at training a group of selected teachers in health education and motor and artistic techniques.

Second module (second week) Training of trainers and class working: 2 sessions per day, 1 dedicated to additional training for the trainers and the second to class working. The second session is organized as a workshop, in which teachers start to work with their own classes on the application of artistic and motor techniques previously learnt, with the coordination of the expatriate consultant.

Total time dedicated by the teachers (estimated): 12 hours in the first week (2hr./ day for 6 days). 18 hours in the second week (3 hr./day for 6 days, out of which 2 for training to trainers and 1 for class working). The time dedicated by each class will be 1hr./day for 6 days, only in the second week.

3. Intermediate period: autonomous realisation of the courses by the schools and monitoring

In this phase, the teachers will autonomously put in practice the techniques learnt, by working in the respective classes for one hour per week, within the school curricula.

2 missions of the expatriate expert will be done, each lasting a week, and will be done in order to: 1. monitor the activities, 2. gather feedbacks from teachers/students, 3. prepare the activities related to the second course.

4. Second course

The second course will last 2 weeks and will mainly focus on the artistic activities and the preparation of plays by classes/groups of students.

Scenic material will also be prepared for the plays, possibly by every-day material, which will be thus recycled.

5. Teaching material production

A manual for teacher on artistic-theatre techniques will be produced by the expatriate consultant, and then distributed to the teachers.

6. Theatrical plays realised

The plays will take place in the schools. The local community, in particular the student families, will be invited. In this way the performance will be used to convey outside the principle of health education, already assimilated by teachers and students.

If the plays cannot take place within the schools, it will be considered the renting of an external venue.

THIRD YEAR (2011-2012): OVERVIEW (T.B.C.)

In the third year the project will follow a similar pattern to the second year:

- 2 courses for trainers and classes
- Monitoring
- Preparation and performance of plays

The beneficiaries of the training will be teachers of county and xiang schools.

The optimal situation would involve 5 teachers from Lhasa already trained during the second year. They will be invited to participate to training sessions in the field as tutors. This configuration will create a cascade formation of the trainers.

In the courses, there will be an active involvement of the xiang doctors, trained in PHC during the second year of the project. They will have the chance to put into practice the concepts learnt and provide their ideas and opinions on the contents of the plays and, ultimately, join the trainings.

Appendix 2: Attachment from mail 12 august 2010

Period: September: 11st - 26th
 October: 16th - 30th
 November: 6th - 28th

Age of participants: 11-13
Total number of student: 36
Lesson hour for class: 2
Teachers involved in the program: 6
Lessons Hours: 130 (+ works with the teachers + time for final representation)

First Module: September

Total hours with children: 40
Total hours with teachers: 15 – to be confirmed

Aims:

First module of the course is focus on the class group building and on the presentation of the program. At the same time the work in the class focus on the development of the basic mobility skills and to develop the motivation connecting the content of the class to the daily life of the students.

At every lessons the children will learn the basic functioning of the body connected to the possibility of their body development.

Second Module: October

Total hours with children: 40
Total hours with teachers: to be confirmed

Aims

In this module are introduced the content of health education using theatre games and experience games focusing on verbal and non verbal communication. The students are push to use their own resources to find effective way to present the content they learned to an audience. During this phase the teachers will collect and prepare the materials that will be use to develop the final play in the last module.

Third Module: November

Total hours with children: 50 (plus final performance)
Total hours with teachers: to be confirmed

Aims:

Third module if focus on the preparation and the representation of the final performance