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SOUTH PACIFIC COMMISSION

REPORT ON A TRAINING VISIT TO THE
BRITISH SOLOMON ISLANDS PROTECTORATE

(28th March - 24th May 1960)

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by

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General Background

The Solomon Islands are a group of islands generally volcanic in origin and mountainous, though a few consist of low coral atolls. They are mainly inhabited by a Melanesian population who have diverse languages, even within one island. This means that a different common language must be used for general communication. (There are a few Polynesian groups also). Unfortunately, though perhaps naturally, this has in the past tended to be pidgin rather than English. English must then be learnt as a third language.

Subsistence agriculture is still largely the role of the majority of the population. For many years however a high proportion of the younger men have left their villages for varying periods in favour of paid employment elsewhere. This is generally either on plantations or in government service which is for the most part at the larger centres. There is a quite considerable labour force at Honiara and at other major centres within the Protectorate. These people tend to work for a number of years and then to return later to their own districts. However, there is a growing permanent corps of workers in employment.

Education is a major problem. In pre-war years it was left entirely to the Missions but since 1945 the Government has established primary schools at a few of the main centres and has also established a secondary school for boys and a teacher/technical training college. Local government councils are now taking an increasing interest in education. It is only recently that scholastic standards and curricula for primary schools have been established but even so the shortage of trained teachers is hampering progress. There are approximately five hundred schools in the Protectorate but only approximately half of these are registered under the Education Ordinance the remainder being exempted schools, mainly concerned with religious instruction. The teaching standards in most schools are not high but the establishment of the training college will, in time, improve the quality of the teachers.

Except for the Government's secondary school for boys already referred to and a few secondary classes in one or two mission schools facilities do not extend beyond the primary level. Generally speaking education for girls has lagged behind that provided for boys. The scattered population of the archipelago means that educational institutions above the village level are mostly boarding establishments which in turn means that pupils at such establishments must assist in growing their own food at the expense of the time available for class work.

Medical services throughout the Protectorate tend to be concentrated in hospitals in the larger centres and in dresser units throughout the villages. The dressers, like the teachers, may be employed by government; by district councils; or by the missions. There is a tendency for more to be government employed than is perhaps true with the teacher group. The development of the new Medical Assistants' Course parallel to the development of the Teacher Training College should make a considerable difference as graduates spread throughout the Protectorate and make their influence felt. At the present time, many dressers are employed who had, owing to the nature of things, very little training in their early years. Many of them indeed, being older people, had comparatively little schooling either.

The Protectorate is divided into four Districts each of which contains a number of local government Councils. The Councils are taking an increasing part in dealing with problems of health and education, and have shown themselves to be interested in whatever development can be undertaken.

Preliminary Visit

In January 1960 I made a preliminary visit of two weeks to the Solomons to attempt to plan for training courses later in the year. The original request from the Solomon Islands Government to the Commission, had been for a training course in health education for "village leaders". However, when the matter was discussed with officials of the Administration it became evident that the Protectorate was not yet in a position to go ahead with such a training course and that indeed there was an even greater need for more basic training for village dressers and for village teachers before this further course for village leaders could be undertaken.

It also became evident that there would be an opportunity for putting health education training methods into the comparatively new Teacher Training programme at the British Solomons Training College and into the Medical Assistants training programme at the General Hospital, Honiara, which is being developed with the assistance of Miss Journeaux, Nurse Educator from the World Health Organisation. It was agreed that as far as possible planning for the later visit during the year should include some provision which would enable these two institutions to take advantage of whatever training advice was available.

It was finally agreed that the forthcoming visit should be spent

on two main projects. The first of these would be a dresser refresher course to last four weeks, and to have particular emphasis on the main topics of environmental sanitation and of nutrition (particularly in a general sense). The Teacher Training Course would be a refresher course for village teachers and would last only ten days. It was at this point assumed that the teachers would have sufficient factual knowledge to enable them to concentrate very largely on method rather than on content; and for this reason it was felt that the shorter period might be adequate. It was agreed that for the Dresser Training Course, Miss Journeaux should attend full time and assist with it and would thus be in a position to take from it such aspects as she considered advisable and to incorporate these into the Medical Assistants' training. It was agreed that Miss Pelham-Johnson would attend full time for the Teacher Training Course; and if possible someone from the Teacher Training College as well; so that similar action might be taken for teacher training in the future.

In view of the difficulties in accommodation it was agreed that the Dresser Training Course should be held at the Malaita Council Headquarters, on Malaita, and that the Teacher Training Course would be accommodated at the Training Centre at Kukum, near Honiara, during the school holidays. It was also agreed that time would be allowed at the end of each course for assessment of what had been achieved.

I asked if it would be possible to have the assistance of a local Assistant Medical Officer from each of the four districts to assist with the two training courses. It was felt that this would be a possible way of ensuring that the work was continued afterwards, since these Assistant Medical Officers might during their touring of their own district both keep in touch with the trainees from the original courses, and also conduct from time to time smaller and shorter courses for small numbers within a reasonably close area. Even though there might be only two or three people on such a course, but it would still be a means of extending health education training. In the event it was found possible to have three Assistant Medical Officers rather than four, owing to shortage of staff; but at least it was then possible to make them sufficiently familiar with health education principles and methods that they should be able to continue this work independently later on.

It was agreed that where possible excursions would be undertaken to show in practice what was learnt in theory; and it was also agreed that where possible the cooperation of other sections or departments such as agriculture should be sought to assist with the course.

It was agreed that any projected training course for village leaders should be deferred for the time being until it was seen what might develop from the courses as planned. However, consideration was given to the fact that a malaria eradication programme with the World Health Organisation's assistance is likely to be commenced in the near future, and that this would be a most suitable time to undertake a training course for village leaders. In view of the anticipated arrival of the malariologist from the World Health Organisation for preliminary discussions in the Solomons during the month of April, it was decided to leave further consideration of the suggested "village leaders" course until then.

The Dresser Training Course

It was originally planned that there should be representation of dressers from each district. Eventually we had twenty-two dressers for the training course; unfortunately only one of these came from the Eastern District owing to shipping difficulties. The majority of the dressers were from Malaita District itself. Again owing to shipping difficulties, many of them did not turn up at the time when the course was due to commence; and in fact the last one arrived on the third day of the second week. This series of late arrivals made for considerable difficulties in keeping people up to date and in ensuring that those who came late had in fact grasped the points which had been discussed by the others earlier. Extra strain was thrown on the teaching staff in this regard. It is not good practice, but with shipping in the islands as it is, it is probably unavoidable. We also unfortunately lost one staff member for ten days as he was called to attend Court. This again was unfortunate as it came at a crucial point in the work, but was apparently unavoidable.

The Dresser Course was planned to give a small amount of coverage for factual review and then to introduce the notions of public health and health education into each particular subject that was studied. The amended time-table is attached in Appendix I. The dressers, in addition to their factual information in class, spent time discussing this in small groups, each with an Assistant Medical Officer in charge. The dividing of the class in this way enabled the Assistant Medical Officers to ensure that each student had grasped the main points of the lesson and that there were no serious errors in their ideas. It was also a method of introducing the techniques of group discussion without having to do so on a purely theoretical basis.

The course was conducted entirely in simple English for the teaching sessions. Group discussion frequently used pidgin and the reporting back from the groups was also frequently in pidgin. It was felt in spite of the difficulty of using English, and the fact that some dressers were slow to grasp this, that the principle should be maintained, since any form of higher study for personnel of the Solomons must of necessity be in English and any reading material which is supplied to them must also of necessity be in English. In spite of the difficulties it did seem that sufficient of what was being taught was grasped even by the older dressers who had most difficulty with English.

From each formal teaching lesson, notes were made which were duplicated and handed out, the bulk of them before the dressers left though a few had to be done and posted later on. It was also possible to give a few coloured drawings which could be retained by the dressers, to illustrate some of the teaching points. In addition dressers made their own posters, some of them made flip-cards and all made flannel-graphs. Before they left, each of them illustrated how he would use his flannelgraph in teaching in the villages. A number of them also ordered books of a simple nature but suitable for giving facts and for using in teaching in the villages. The majority of these were paid for from their own pocket. It is thus likely that they now have a reasonable volume of correct factual material in their hands which can be used in village teaching work and which will serve to refresh their own memories about their work. It would seem desirable that some provision should be made to maintain and supplement both the amount of factual material and the equipment with which to make their own teaching aids, at more or less regular intervals.

Arrangements were made for a number of excursions so that practical examples could be given of the theory that was being taught. This applied particularly to reporting on villages and to discussing with villagers what could be done for their improvement. Again, the class, working first in groups and later as a whole, were shown the principles on which a report should be constructed and the way in which it should be worded if it is to be made to a village, so that offence will not be given and the village will be more likely to cooperate in improvements. This was also done in actual fact on the third village visit that was made, where one of the Assistant Medical Officers immediately following the visit, spoke to the assembled villagers in front of the class and discussed with them some of the problems which occur in a village and ways in which these might be remedied. It is interesting to note that this village, which had previously refused to take the advice of local staff on siting and improvements, now began to discuss the question in a reasonable manner and itself suggested long range ways in which

improvements might be effected. This object lesson I think was of considerable value to the dressers and impressed them very much with the idea that a friendly approach, praising what is already good, is a better way of gaining change than merely a statement of what is bad.

Visits were also made to the local market and to the local hospital at Auki. Unfortunately it was not possible to make a visit in conjunction with the Agriculture Department, but one morning was spent in discussions with one of the agriculture staff.

From all of these visits the dressers themselves composed two reports for the Malaita Newsletter: one on general village conditions and the other on markets and their use. It is interesting to note that the one on markets, which was composed before the agricultural officer made his visit, did in fact make a number of points which he also stressed in his talk to the dressers.

Although there will be still a number of difficulties and errors it is felt that now the majority of the dressers attending should be able to fashion some kind of report when it is asked for. They had never previously had training in this kind of work and this probably accounts for their reluctance to undertake it and their inability on many occasions to provide the information required.

Some time was given also to discussing the problems likely to be met with and the resistances likely to arise when change is required. Group discussion, group techniques and ways of influencing people were approached through practical rather than theoretical means. This was necessary since the vocabulary is too limited to allow of free discussion of theory on abstract subjects; and in any case it was felt to be more meaningful to the dressers in the way in which it was attempted. Most of them have returned much more prepared to meet and discuss with their village members, rather than to demand that changes should be made.

A number of evenings were given to showing movie pictures and filmstrips, mostly related to the work, though a few of general interest were also added. Some of these were held at the King George VI School through the kindness of the Headmaster there; others were held at Aimela village itself using the District Officer's projector and generator. For most of these, even the ones which were announced as specifically for the dressers only, a large village audience arrived and watched with keen interest. Much of the filmstrips, which were explained in English, were not fully understood by the villagers but enough was grasped that a number of requests had been made before the course ended, for more information and more help to be given to these villages on the

prevention of disease and the promotion of health.

It was felt that in addition to its function of providing factual revision, reorientation towards public health and health education outlooks, and enabling dressers to meet each other and discuss common problems, the prestige value of the course on return to their villages would be enhanced if certificates were presented. No formal examination was made indeed this would have been undesirable. However, certificates of attendance were presented to each dresser to take back with him to his own village.

The Teacher Training Course

The Teacher Training Course was held in Honiara, the students living at the British Solomons Training College at Kukum. Staff for this course consisted again of the three Assistant Medical Officers; and in addition for the first week we had assistance from Dr. Norman-Taylor, the Public Health Officer of the South Pacific Commission. Dr. Norman-Taylor, at his own request, took specific responsibility for the section of this course dealing with the responsibility of teachers for maintaining and improving the health of children and for maintaining a healthy school environment.

The course had originally been planned for teachers from village level since it was felt that they were the ones most in need of help. In the event, it turned out that Missions sent not merely junior primary teachers but some from senior primary boarding schools and even in one or two instances those who had been working as school supervisors. The teacher group was thus an extremely mixed one also, ranging from village teachers with little or no teacher training to several who had been either to Fiji or to New Zealand for higher training. This made for considerable difficulties in pitching the work at a suitable level, ensuring that the better teachers were not bored and the poorer ones not bewildered. A copy of the timetable is attached. (Appendix II).

In addition to the twenty-two teachers, a request was made that some of the teacher trainees from Kukum should be permitted to attend. It was agreed that there should be a group of eight and that the Teacher Training College would provide one staff member as group leader. The three Assistant Medical Officers again acted as group leaders for the teachers participating in the course. Once again we had the same difficulties of people arriving late, but this again was unavoidable.

The work included from Dr. Norman-Taylor's section observations

of the building of three simple latrines such as could be erected in most villages in the Solomons; and with a visit to a village to observe in practice those matters that had been dealt with in theory. No attempt was made to teach the writing of reports but discussion was held on the village visit.

Emphasis was very heavily on teaching methods and teaching aids as well as on factual material; the latter presented very largely at a simple level in order that the teachers might be able to use it in their own work later on. Each teacher made for himself a considerable number of teaching aids and the amount of material that "disappeared" was really phenomenal considering the shortness of time. Once again the feeling was that this was one of the greatest needs and that teaching, whether at village or at boarding school level, had been considerably hampered in the past by lack of such teaching aids.

The short length of the training course for teachers did not permit of maximum benefits to be gained from group discussions. This was to be expected and indeed in any case for the majority of their teaching work it is probably necessary for these teachers to be somewhat didactic in their general approach. However, they are still leading members of the community and should know something of community organisation and community approaches. It was recommended to them very strongly that they should wherever it is possible work in close collaboration with the dressers. This means that they must at least understand the way in which the dressers are approaching the community. It would be desirable I think for a minimum of 3 to 4 weeks for teacher training of this kind in order to allow for this to develop.

The teachers also were presented with certificates of attendance at the training course. This was done at a final ceremony following the closing of the course.

Summary and Conclusions

It is difficult at this stage to assess accurately what has been gained from teaching courses and what has been left for the future. The dressers have certainly a new appreciation of the public health aspects of their work. They have also a few simple tools which they know how to use and which they can adapt for their own need in the villages. They have also, at least in three of the Districts, an Assistant Medical Officer who knows what happened at the training course, who should be able to help individual dressers with problems which arise from time to

time, and who should be able to conduct, on his own, smaller and shorter training courses of a similar kind for limited numbers of dressers. I would envisage for this something like a 2 or 3 day course for three or four people from nearby villages. Little has been left for the benefit of the Medical Assistants' Course in Honiara owing to the unfortunate situation whereby Miss Journeaux was unable to attend the dresser training course. However, it is hoped that she will be able to use some of the material that was developed on the course, adapting it to suit her needs.

For the teachers, probably there is a new sense of cooperation between Misssons and between Missions and Government, and it is hoped that this may increase in the future. The teachers have also learnt something of teaching methods and teaching tools; and provided they can get equipment, should be able to continue to make their own materials for some considerable time to come. The factual information on health matters which they received was probably also new to most of them. They have I hope also some feeling now of the necessity for cooperation with the dressers and for working with the community as part of their broader contribution in teaching.

The general implications for the territory are again hard to assess. There are now three Assistant Medical Officers who should be able to continue health education work to at least a limited extent with both dressers and teachers in their own districts. There is a growing appreciation and understanding of the importance of the public health aspects of medicine, and of the need for education of the community, and for co-operation of the community in raising standards of health and cleanliness.

It is felt that the residential nature of the dresser course was of considerable advantage in enabling development of group feeling and of the rather more intangible assets gained from the training course. This was not so apparent at Kukum due to two factors: one, the fact that staff were not living on the spot, the other that the course was itself not long enough. It is difficult, knowing the circumstances, to see how the Teacher Training Course if repeated could be made longer unless it were done during the Christmas holidays; or unless the schools were closed for a certain period. However, this latter would also involve the circumstances of the Training College itself, and would be difficult to achieve since during term time classrooms are needed for the College programme. It is my own opinion that ten days is far too short and that a minimum of 3 to 4 weeks is absolutely essential even for the teachers.

While using local staff (who are themselves initially untrained in methods and techniques of health education) presents certain difficulties, it is still felt to be more valuable than running the course entirely with outside staff or with local European staff.

The advantages to be gained from the training of local staff who are likely to remain for many considerable years working in the Protectorate far outweigh the possible temporary advantages of using other staff who may have had more background training. In fact it is essential, if continuity in the Protectorate is to be maintained, that more and more this kind of responsibility devolve upon local staff members.

Specific Recommendations

1. I would strongly recommend that one of the Assistant Medical Officers, and preferably a Solomon Islander, should be sent overseas for formal training in health education. The course that I would recommend is that conducted in London by the Institute of Education of the University of London. This course is approximately nine months in duration and at the end the certificate of the Diploma in Health Education is presented to those who have passed the examinations. Other courses at Schools of Public Health in various parts of the world might give better oriented training as far as the Pacific is concerned, but do not necessarily provide any kind of "qualification" for those who have not already university graduate status. Weighing possible advantages and disadvantages on all sides, my recommendation is that the London course is overall the most suitable at the present time. However, I would recommend that it be supplemented by three months of field training, preferably in the Pacific area, under the direction of myself or some other approved health education officer. If a World Health Organisation Fellowship were obtained for a candidate from the Solomon Islands, I am sure that the World Health Organisation would be only too happy to allow for the full twelve months in order to enable such field work to be carried out.
2. I would strongly recommend that, once a local staff member had been trained, consideration be given to repeating rather more formal training courses in health education at various set intervals. These should be both for the dressers and for the teachers. It would also be desirable that smaller and more limited on-the-spot training be carried out in villages themselves as visits are made from time to time. These might be in the nature of refreshers, particularly for those who have already attended a formal course in the past.
3. Any such formal training course would need to be of at least four weeks' duration. Probably for the first one or two, assistance from the South Pacific Commission might be desirable in order to help the local staff member become accustomed to the running of such courses.

However, such assistance should be designed so that it merely gives needed support for the time being, enabling the local staff member to learn sufficient that he can carry on independently afterwards.

4. Incorporation of health education principles into the Medical Assistants training and into the courses of the British Solomons Training College should be carried out by the local staff member who has had formal health education training. Details, of course, can be worked out locally after such an individual becomes available.

5. Some assistance might be offered to the agricultural training courses, in incorporating health education principles into the training of assistant agricultural officers.

6. While it is realised that for the future considerable emphasis should be placed on incorporating health education principles into initial training, there is still a large body of dressers, teachers, and other workers who have not had the advantage of being able to undertake health education training in the past and who will continue to require considerable support and encouragement and the provision of suitable inservice training courses. Consideration should be given to their needs as well as to those of the newer and better qualified trainees.

7. Development of training courses for village leaders in the principles of health education would, to my mind, be best commenced for the moment in conjunction with the malaria eradication campaign. This would enable the development of local village committees with a specific objective and with the need initially for limited factual knowledge. Once the malaria campaign is under way and things are running more smoothly, then such committees could be developed in scope, and other health matters brought under their eye. This would enable the gradual development of a sound body of village opinion on health matters and provide an excellent channel through which health information and health education might be disseminated to the community at large. Dressers and teachers who have had some training in health education should of course be key workers in this regard.

8. It is recommended that close collaboration in health matters continue to be developed and maintained between Missions and Government.

9. There will be a need from time to time for provision of further factual information. It is suggested, subject to approval and agreement, that some kind of arrangement might well be made with the Literature

Production Training Centre in Honiara for the duplimat printing of health material which might be used by both Education and Health Departments and which might also be available for sale outside the Protectorate. This could provide an extremely useful cheap source of factual material which could be adapted and varied from time to time as need arose.

10. It is hoped that the South Pacific Commission may be able to develop a health education newsletter particularly for field workers. This would be a supplement to the factual material suggested above and would be able to provide two things; (1) Information on the methods and techniques of health education, and (2) morale building, in the sense of keeping workers in touch with each other and of letting them realise that many people have similar problems and that there are many ways of tackling any problem.

Acknowledgements

I should like to express my sincere thanks to the Administration and the staff of the British Solomon Islands Protectorate for the courtesy and help extended to me during my two visits there. Special thanks are due to His Excellency Sir John Gutch, and to his staff; to Dr. J. Macgregor, Chief Medical Officer, and his staff; and to Major G. Bovey, Chief Education Officer, and his staff, particularly Miss Pelham-Johnson and to the Principal and Staff of the British Solomons Training College and of the King George VI School. I should like to pay particular tribute to the three Assistant Medical Officers - Assistant Medical Officer William Taylor Fakaomea, Assistant Medical Officer John Nasome, and Assistant Medical Officer Gideon Zoleveke - who, in spite of the newness of the work, did a magnificent job in the two training courses. The willing help of the President, members, and the staff of the Malaita Council was no small factor in the success of the Dresser Course at Aimela and all of us appreciated their kindness. Last but no means least, was the interest and enthusiasm of all the trainees, and their courtesy and the willingness of village people themselves to allow us to visit and observe in their villages and homes, which made working with them all a pleasure. I am very grateful to everyone, and shall look forward to returning to the British Solomon Islands Protectorate.

Appendix I

DRESSER COURSE TIMETABLE

- April 4 - Introduction. Elementary anatomy and physiology. Placement in three groups for general working purposes.
- 5 - Anatomy and Physiology.
 - 6 - Germs and sickness. Personal hygiene. General introduction to "public health" ideas.
 - 7 - Hygiene and public health continued. Teaching and teaching aids. Commence malaria.
 - 8 - Malaria. Public health side of malaria.
 - 9 - Commence practical work.
- April 11 - Filaria and how it is spread,
- 12 - Visit to villages - malaria control and general public health.
 - 13 - Flies and dysentery. Roundworm, threadworm. Diarrhoea.
 - 14 - Visit to village - Fiu, for filaria
 - 16 - Practical work for those who wish.
- April 18 - Practical work and general revision.
- 19 - Hookworms - how they are spread. Leprosy. Tinea. Scabies. Lice.
 - 20 - Respiratory diseases - whooping cough, pneumonia, tuberculosis. Discussion on visit.
 - 21 - Personal cleanliness.
 - 22 - Village visit - latrines and general public health.
 - 23 - Practical work. Visit market and Auki hospital.

April 25 - Work food does for us.

26 - Maternal and child diets. Weaning.

27 - Visit in connection with agriculture.

28 - Good agriculture. Good buying. Cooperatives.

29 - General revision.

30 - a.m. Presentation of Certificates

p.m. Feast.

Pictures of some kind on Mondays and Wednesdays, either at the school or at Aimela.

Work on community organisation, discussion groups, etc. to be taken in conjunction with the specific diseases.

Appendix II

TEACHERS COURSE TIMETABLE

Tuesday 10th May

- 8 a.m. - 10 a.m. Teachers responsibility for health of children.
General introduction
- discussion - report back.
- 10 a.m. - 12 Anatomy and physiology.
Teaching and discussion.
- 2 p.m. What makes good teaching - some teaching aids.
Resources - levels of teaching.
Practical work begins.

Wednesday 11th

- 8 a.m. - 10 a.m. Health promotion. Eyesight and measurement.
Hearing and testing.
"Medical Aid".
- 10 a.m. How can we teach these?
1) Our eyes and seeing. Year IV Term I
2) Practical lesson care of wounds, sores, etc.
Year IV Term 2
- 11 a.m. Group discussion - trying to find other ways of
doing this too.
Refer to anatomy and physiology and teaching these
e.g. Good blood in our Bodies - Year III Term 2
Nerves and feeling and thinking - Year IV Term 1
Sleep and rest - Year III Term 1
Water - Year III Term 1
- 2 p.m. Practical work.

Thursday 12th

- 8 a.m. - 10 a.m. School environment.
- 10 a.m. How can we teach this?
1) How can people tell if a village is a good village.
Cleaning up. Year IV Term 3

- 11 a.m. 2) The lavatory - different kinds, etc. Year IV Term 3
3) Hookworm. Year IV Term 2

2 p.m. Making teaching aids.

Friday 13th

8 a.m. - Visit to a village

2 p.m. Practical work. Begin preparation of own lesson.

7.30 p.m. Films

Saturday 14th

8 a.m. - 10 a.m. Discussion etc. on village visit.
Germs and sickness.
Germs and their transmission.
Dysentery, diarrhoea.

10.30 a.m. Germs and their transmission.
Whooping cough, Tuberculosis

11 a.m. Germs and their transmission
Leprosy.

11.30 a.m. Germs and their transmission.
Scabies, lice, bakua.

2 p.m. Practical work. Puppets.

Monday 16th

8 a.m. Malaria Facts.
Filariasis.
Miss Pelham-Johnson's lesson on Malaria, etc.

11 a.m. Final inspection of latrine.

2 p.m. Practical work.

7.30 p.m. Filmstrips.

Tuesday 17th May

8 a.m. Facts about Nutrition.
Teaching lesson nutrition.

9.30 a.m. - 12 Group discussion. Preparation of a teaching lesson.

2 p.m. Practical work.

Wednesday 18th

8 a.m. Revision or new facts as required.

2 p.m. Practical work.

7.30 p.m. Filmstrips

Thursday 19th

8 a.m.) Teaching of an individual lesson by students.
p.m.) Others may complete "workshop" assignments.

Friday 20th

9 a.m. Presentation of certificates by H.E. Sir John Gutch

10.30 a.m. Discussion of course by course staff.

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