

Towards a Healthy Life



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Towards a Healthy Life

Health Education Strategy at Banaskantha - Gujarat
1990 - 1995

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CHETNA

CHETNA means "awareness" in several Indian languages. For us CHETNA means Centre for Health Education, Training and Nutrition Awareness. CHETNA is a non-governmental support organisation based in Ahmedabad in Gujarat State of India. Its mission is to assist in the empowerment of disadvantaged women and children to gain control over their own, their families and communities health

Founded in 1980, CHETNA began with a single project to improve the effectiveness of the government implemented supplementary feeding programme for mothers and children in Gujarat. Over the past decade, CHETNA has broadened its activities in the field of health and nutrition education for women and children in rural, tribal and urban slum areas of Gujarat and Rajasthan through implementation of different project activities.

At present, CHETNA is supporting government and non-government organisations through its two Resource Centres. "Child Resource Centre (CRC)" (initiated in June, 1991) and "Women's Health and Development Resource Centre - CHAITANYAA" (initiated in October, 1992).

Together the centres address the needs of children and women throughout the different stages of their lives. Capacity Building of NGOs (Non Government Organisations) and GOs (Government Organisations) is done through conducting "Training of Trainers" (TOT) on specific concerns of women and children. They also develop need based training and education materials for wider dissemination.

CHETNA has a facility of Documentation Centre to address the information needs of individuals, GOs, NGOs and academicians working on women's health and development concerns and child health and education concerns.

CHAITANYAA

The World Health Organisation defines health as "a state of complete physical, mental and social well being and not merely the absence of diseases". According to this definition, do Indian women enjoy good health? Do they have control over their mental and social well-being? Does society recognise women's contribution in an equitable and non - discriminatory manner? Can a female child expect the same from life as a male child?

A close look at the state of women's health and health-care in India reveals that women lack adequate health services, that they suffer from discrimination throughout their lives and, as a result, women have little sense of their own self worth

Not surprisingly the existing health-care programmes reinforce this grim situation. women receive health-care solely because of the child-bearing role. Women as non-child-bearing individuals - infants, childrens, adolescents, single and post-menopausal women - are largely neglected.

Increasingly, women' groups are recognising that a woman's health cannot be separated from the society in which she lives. With this conviction, CHETNA has initiated CHAITANYAA - Women's Health & Development Resource Centre which envisages an egalitarian and just society where empowered women live healthy lives.

CHILD RESOURCE CENTRE

About 40% of our human resource consists of children. It is therefore, very important to nurture this agile group to ensure that they develop to their optimum potential.

The nutrition, health and developmental needs of children must be urgently met to prevent undesirable effects on this growth and development. The grim reality that children die in thousands, in a day, in our country makes us re-think about our policies and programmes on child health and development. Schools fail to provide meaningful and life-relevant health education limiting children's participation in health promotion. Adolescents depend on unauthentic sources of information as the services available are either not accessible or too obsolete to cope up with their dynamic need.

Whatever health service are available, either view children as dependent recipients or passive beneficiaries of the system. There is hardly any scope of participation and action on the part of children in them. This situation leaves children dependent and vulnerable in the hands of adults.

Can a child be sure of her / his healthy survival today?

Can a child question the kind of information given on health in a school?

Can a child who does not attend school have access to health information?

Can an adolescent quench her/his curiosity about sex information without resorting to undesirable means?

The society has to create an atmosphere where children can be active partners in health, as they too have a stake in the matter.

INDEX

Executive Summary	2
Water Situation in India and Gujarat	5
Overall Description of the Pipeline Project	8
Health Awareness Campaign in Banaskantha District - HABK, CHETNA's Involvement	12
Implementation of the Health Awareness Programme Activities	15
Building Sustainability in Health Education through Existing Infrastructure, Efforts at the Government Level.	22
Special Efforts at the Field Level	32
Communication Material for Field Based Health Education	34
Impact of Health Awareness Campaign at Santalpur Block	36
Implementation of the Health Awareness Programme Activities	38
Impact of Health Awareness Campaign at Radhanpur Blocks	41
Impact of Health Awareness on Involved Govt. Functionaries of Santalpur and Radhanpur Blocks	43
Closure of the HABK Programme	45
Learning from the HABK Programme	46

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We would like to take this opportunity to express our sincere gratitude to Ms.S.Harini, who with her expertise, experience, enthusiasm and deep understanding of the field level realities laid a firm foundation for the project. Together with Ms.Maheshwari Vyas and Varsha Bhatt, they successfully co-ordinated the field based activities during the period of December 1990-1992. The later part of the project was also skillfully managed by Mr.Vijay Jani, Ms.Alka Mehta and Ms.Arati Samajpati. Some of the programmes, the children's activities in particular, were jointly conducted by the Child Resource Centre of CHETNA. In those activities Ms.Sonal Mehta and Ms.Shammi Vohra made a significant contribution.

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Last but not least, we recognise the contribution of those village women who became a part of the HABK team. In spite of lack of time due to overburden of work and other constraints, they took active part in the health programmes organised by CHETNA and expressed keen interest to learn and teach other women and the community. The village children also showed great promise as health educators. CHETNA has gained much insight into their community from its association with the women and children and other members of the villages.

Finally, we feel indebted to all those friends and the co-workers, who have made a great contribution directly or indirectly towards the completion of the project activities and the documentation.

Ms.Indu Capoor
Director

Ms.Pallavi Patel
Deputy Director (WHDRC)

EXECUTIVE SUMMARY

Background

The water situation in India varies from state to state; the availability of water within the boundaries of individual states also varies. For example the Southern region of Gujarat enjoys substantial rainfall whereas the North/West region suffers from frequent droughts.

Banaskantha district in Gujarat state, being located in a drought-prone region, is classified as a semi desert zone and has been designated by the Royal Netherlands Embassy (RNE) and the Government of Gujarat to be the beneficiary of water management and development programmes.

Under such conditions, an integrated project known as Santalpur Regional Water Supply Scheme (SRWSS), funded by the RNE and implemented by the Gujarat Water Supply and Sewerage Board (GWSSB), was initiated to provide safe drinking water to the villages under the project area. The programme was implemented in three blocks in Banaskantha district: Santalpur, Radhanpur and Kankrej.

Initially, the project included only the provision of hardware for safe drinking water. In each village, the GWSSB initiated a voluntary local body for water management known as Pani Panchayat (Water Management Committee) which comprises the Sarpanch (village leader), the linesman - employed by the GWSSB and responsible for the technical aspects - two men and

two women nominated by the GWSSB.

It should be mentioned here that recently, on the suggestion of CHETNA and other involved NGOs, the Government of Gujarat has planned to give an official status to the Pani Panchayat which will henceforth be known as the Pani Samiti under the village panchayat.

CHETNA's Role

It was soon realised that unless the consumers practiced hygiene, the provision of safe drinking water would not make any difference in the health status of the community. In December 1990 CHETNA and Self-Employed Women's Association (SEWA) were asked to join the project to create health awareness related to water and hygiene and income generation activities, respectively, in the villages under the project area.

To create a support system at the village level to ensure effective continuation of the health education, CHETNA devised the health education strategy at two levels, village and government, based on the progress of the health education and the needs of the community. Innovative programmes were conducted and a participatory training methodology was followed throughout the campaign. Specially designed visual based health education materials, such as posters and flip-charts, were distributed among the participants. Their knowledge was enhanced and skills in communication and training were also developed through these training programmes to

build their capacity to impart health education at the village level.

Efforts at the Government Level

To strengthen the health education component for sustainability, active co-ordination was established with government organisations, particularly with the Departments of Health and Education and the GWSSB, to ensure the optimum utilisation of existing resources and services at the village level. CHETNA made special efforts to train their field level staff: Integrated Child Development Scheme (ICDS) Workers, Teachers, Linesmen and Primary Health Care (PHC) Workers in communication and health education skills. The linesmen also organised health education campaigns for men at the village level. The government health functionaries gave priority to water and sanitation issues in their on going health awareness programmes at the field level.

Efforts at the Village Level

CHETNA began its activities in selected villages under the project area with a Knowledge Attitude and Practice (KAP) Study of the communities behaviour in relation to water and sanitation. The results were later shared with the village women and a strategy for the future course of action was formulated with their consultation. Trainings were planned and education materials were developed based on this collected data.

During the KAP study, CHETNA found that many of the women were unaware of their potential role as Pani Panchayat members and some were even unwilling to take on the responsibility. CHETNA identified active, enthusiastic women and suggested their membership to the GWSSB, who readily included those names in replacement of the passive members. These women were also trained by CHETNA to be health educators at village level.

Field Level Activities

Mahila Mela (Women's Fair)

CHETNA has always been committed to introducing innovative methods of learning. CHETNA's experience has shown that content is more readily accepted by the community and receives maximum attention when it is presented in an informal learning atmosphere. Keeping this in view, as a medium to communicate water related health messages to the village women, CHETNA organised three Women's Health Melas to cover all the villages of the Santalpur and Kankrej blocks. The main purpose of the Mela was to share the KAP results and impart health education messages. Mela activities included songs and games, the traditional form of entertainment, to impart knowledge on issues of water related and water borne diseases, personal hygiene, cleanliness and water management.

Shibir (Village Camp)

Shibirs were organised at individual village level for village women to share KAP study

results, impart information on personal hygiene, household and village sanitation, water borne and water related diseases and promote personal hygiene and environmental sanitation through innovative activities such as examining water under microscope, role play, demonstration of a soak-pit, distribution of doya (ladle), etc.

Balmela (Children's Fair)

CHETNA has had a very positive experience working with children as promoters of health messages. Keeping this in view, CHETNA actively involved school teachers and children in the health awareness campaign. CHETNA used Balmela (Children's Fair) as a forum to impart health education to children. Health rallies and health education stalls were organised, in which children took an active part in learning new messages about water and sanitation.

Health Awareness and Communication Training of Women Pani Panchyat Members

The selected women of the villages were regularly trained on different aspects of water and sanitation. They were provided with health education material and trained in health communication. With newly acquired communication skills, education material and active support of the HABK team the women initiated the health awareness campaign at the village level. During monitoring phase the HABK team motivated women to continue the process of promoting health awareness. Also, linkages between the

government health functionaries and the women health educators were developed to strengthen the health education activities at field level.

Special Efforts

Apart from the regular awareness activities special efforts towards health awareness were made at the field level.

A health awareness camp was organised for Lari Gallawallas (food sellers) to impart health and hygiene education in collaboration with the Municipality authority to take necessary steps related to hygiene.

After the construction of the latrines in the selected five villages, CHETNA made efforts to promote awareness and motivate the community to utilise them.

On request of the community women a health awareness and gynecological diagnostic camp was organised in collaboration with the Department of Health, Civil Hospital and Bhansali Trust. The experience was shared in the report for other NGOs to replicate the process of a diagnostic camp.

Involving the Local NGO for a Sustainable Health Awareness Programme

CHETNA was very clear about the role of the existing government infrastructure in the sustainability of the project. During the last phase of the programme CHETNA focused on involving local NGOs who have credibility in the

community and work for its development through other health programmes and motivating the existing government infrastructure to focus more on water related health issues.

To take this ahead, CHETNA co-ordinated with a local NGO, the Bhansali Trust (BT) at Radhanpur, to include water related health education in its ongoing development programmes. CHETNA oriented them about the programme and through regular trainings and follow-up, assisted them in the implementation of the health awareness campaign in 29 villages of Radhanpur block. This strategy has proved effective due to Bansali Trust's support structure, rapport and commitment to the community and CHETNA's extensive experience in training.

Linkages of Health Awareness Campaign with Pani Samiti.

The Socio Economic Unit of state government has taken an initiative to formulate the Pani Samiti (water Committee) which will be given formal status in the near future to assume responsibility of the water source at the village level. CHETNA took the opportunity to develop linkages with the Pani Samiti so as to continue the health awareness campaign through these committees. A series of meetings were organised to implement this process and each member of the Pani Samiti discussed her/his role in health awareness campaign.

Special health education

material was developed on this topic and distributed among the participants which focused on the Pani Samiti's role in continuing health awareness activities. The material was distributed to the participants and will also can be displayed at the Panchayat building.

Assessing the Impact

At the end of the project, CHETNA conducted an impact evaluation of the health awareness campaign to compare it with the KAP study results. All field level workers who participated in the training programme conducted by CHETNA expressed that they have benefited immensely from the experience. Most mentioned that they were regularly using the health education material provided by CHETNA.

The results of a village level survey on management of drinking water at home, supply and management of standposts, change in personal habits and environmental sanitation indicate an improvement in all areas, especially personal health habits, in both the blocks. However, there was no significant change in environmental

sanitation practices in the Santalpur block. At the Radhanpur block, many activities were conducted to improve environmental sanitation by involving different government departments.

Learnings

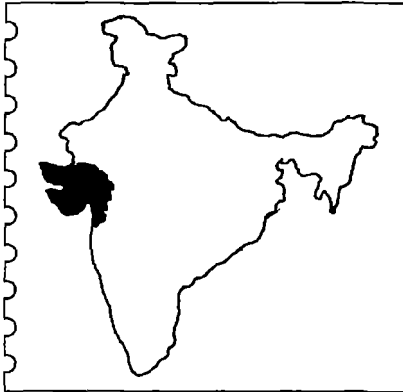
In the five years of its involvement in the health awareness campaign, CHETNA learned several important points:

- * Importance of an integrated development approach and its effect on the health awareness campaign.
- * Importance of community participation in development of the health education material and involving them at each stage of health awareness programme.
- * Need to involve all sections of the community in the health education process. The programme was initiated through women, however, the focus was shifted in the second year to incorporate children and men.
- * Need to co-ordinate with the government and local NGOs to ensure a sustainable health education process.



WATER SITUATION IN INDIA AND GUJARAT

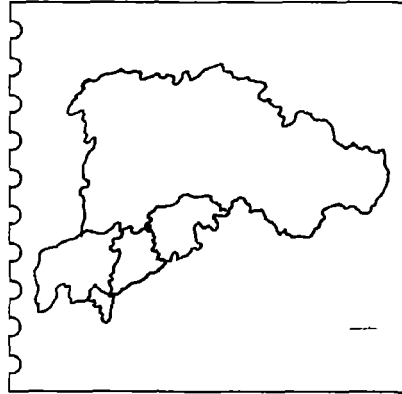
India is a vast country spanning from large mountain regions to flat plains, from deserts to forests. The water situation in



these different regions is as varied as the terrain. Parts of India are covered with lush tropical forests that receive plentiful rainfall, while vast areas of the country are arid regions with very little rainfall and as such are prone to drought on a regular basis. These areas vary from semi-desert to desert zones mainly in the North-Western parts of the country.

Within the Western state of Gujarat, the water situation varies greatly from region to region. The climate is typical of the arid zones in India, with the Southwest Monsoons accounting for 80% of the annual rainfall. Monsoon occurs between mid-June and mid-August. Even though Gujarat is known as one of the most arid states in India, the Southern regions are humid and enjoy plentiful rainfall, about 2,000 mm per year. Central Gujarat has a drier climate that receives an annual rainfall of about 750 mm. The Northern and Western regions of Gujarat suffer the most from shortage of water.

The Banaskantha district, located in Northern Gujarat, is classified as a semi-desert zone and has been designated by the Royal Netherlands Government and the Indian Government to receive bilateral aid for assistance in water development.



Background of Project Area - Banaskantha District

Water and Geographical Situation

Banaskantha district, located in the Northern part of Gujarat, is bordered by the Rann of Kutch to the West, Pakistan to the North and the state of Rajasthan to the East. The rainfall in this region usually follows a cyclical pattern, with two to three years of plentiful rainfall, followed by one to two years of sparse rainfall. This pattern makes the region prone to regular droughts.

The Kankrej, Radhanpur, and Santalpur blocks are located in the Western most part of Banaskantha, which is extremely arid and even considered a semi-desert zone. Due to its close proximity to the Rann of Kutch, salty patches are visible in the landscape, and most of the natural water sources are saline for part of, and many times the

entire year

The Banas River, the only river in this region, is the major source of water whose origin can be traced to Sirohi, Rajasthan. It then flows through the center of Banaskantha and drains into the Little Rann of Kutch.

Each village has access to traditional water sources, for example at least one pond and usually several wells. In times of drought and sometimes during the summer months, these water sources run dry. This situation obviously causes hardships and creates conflicts and tensions amongst the people, as they struggle for every last drop of water. Most of the villages in the Santalpur and Radhanpur blocks are classified as "non-source" villages or villages that have the most difficulty attaining water. Before the pipeline project was installed, many people in the villages relied on water tankers, which provided drinking water during droughts and summer months. However, this practice is expensive for the government and considered an unreliable source of water by the people in the villages.

Occasionally, a village will auction off the pond to raise funds for a community activity, such as the construction of a temple. In certain cases, a private citizen buys the pond to irrigate his fields. The pond then becomes the property of one person, and can no longer be used by the community. Since the installation of the pipeline, this practice has become more frequent because people now have access to another source of water and no longer rely on the pond water as their primary source.

The soil in this region is slightly alkaline (ph 7.6 - 8.4) and saline. Its texture is silt loamy as a result of the alluvial plain where it is located. A limited number of plant species are suitable for this soil.

Agriculture is the main activity of the local community with 90% of the agricultural land being unirrigated crop area. The percentage of irrigated crop land increases towards Eastern Banaskantha. Even though only a small percentage of land is being irrigated, the overall usage of water in Banaskantha for agricultural purposes is disproportionately high. It is estimated that 90 - 95 % of water is being used for irrigation alone. The demand for water for irrigation has put pressure on the ground water sources of Banaskantha and caused problems for the pipeline project because farmers are illegally tapping into the ground water sources around the tubewell field at Shihori.

Occupation

Agriculture is the major occupation in this region. Mainly during monsoon, when there is little agricultural work, women and men migrate to work in quarries breaking stones for gravel production. Other forms of livelihood include harvesting salt in the villages near the Rann of Kutch and raising cattle, sheep, goats and buffaloes. Herders graze their animals on the scrub lands of this area.

Cultural Description

Scattered throughout this rural region, as in most rural areas of India, are many small villages



whose populations range from 150 to 3,000 people. Families in the villages all live in similar style houses made from the light sandy colored mud of this area. The houses usually contain one big room in which general household activities are carried out such as cooking, sewing, eating and sleeping. In the front of each house is a well swept courtyard where other daily activities are conducted. Most of the houses have mud walls or hedges for boundaries.

Globally, the time consuming, difficult and onerous task of collecting water is primarily the responsibility of women. In the Banaskantha region, as elsewhere in India, women are expected to fetch water for their households on a daily basis. This is true for all villages in the project area except one, **Par, a Durbar dominated village**, where the men fetch the water, as the women are required to stay in their homes, where they observe strict "Purdah".

Before the pipeline was installed in these drought prone villages, women relied on the water from the ponds and the wells. If the monsoon was good, an adequate water supply could be

maintained during and for a few months after the monsoon. During the summer season, the water sources were known to become saline or even worse dry up. Women would fight over drinking water, whatever was left in dried up ponds and wells or that which was brought in by the water tankers. Either way, the collection of water was a large burden and a struggle for women, who were constantly worried and expending their energy on the water issue.

Along with collecting water, women are expected to do all work related to the household, i.e. cooking, cleaning, rearing of children and collecting fuel and fodder. In addition to all of their household duties, many women are also expected to spend substantial amounts of their time engaged in agricultural activities. Women may work from 12 to 18 hours a day. This gives women very little time (if any) to rest, relax or engage in activities for their own development.

By installing a pipeline which brings drinking water to the villages, the need to collect water was reduced, thus reducing the time and energy spent by women in this capacity. In general, 93%

of the women surveyed said they use the pipeline water as their primary source of water and said they prefer it to other water sources.

Village Level Political Structure

Each village is governed by a local body, called the Gram Panchayat (village governing committee). The Panchayat is an elected board that is headed by the Sarpanch (the elected leader of the village). The duties of the Gram Panchayat focus on the implementation of socio-economic development activities for the community.

At the village level, a sub-group called the Pani Panchayat (PP), a water management committee, functions independently from the Gram Panchayat. The Pani Panchayat in Banaskantha was set

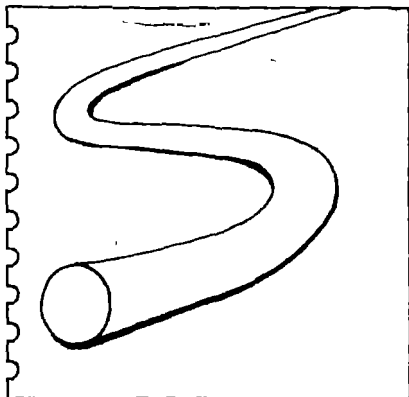
up by the GWSSB (the Gujarat Water Supply and Sewerage Board) during the inception of the drinking water pipeline project in 1986. The Pani Panchayat is a voluntary board and consists of the Sarpanch, the linesman (technician for the pipeline), two men and two women from each village. The members of the Pani Panchayat are not elected but nominated by the GWSSB. It was found that at least one woman member was nominated from the less privileged, either economically or socially, in the village. The purpose of the committee, which has no legal status, is to monitor water supply, collect water tariffs and promote water conservation amongst the people in their communities. Many NGOs and other water related agencies are working to make the Pani Panchayat a legal functioning body.

The Pani Panchayats in Banaskantha were set up by the GWSSB (the Gujarat Water Supply and Sewerage Board) during the inception of the drinking water pipeline project in 1986. The Pani Panchayat is a voluntary board and consists of the Sarpanch, the linesman (technician for the pipeline), two men and two women from each village. The members of the Pani Panchayat are not elected but nominated by the GWSSB. It was found that at least one woman member was nominated from less privileged, either economically or socially, in the village. The purpose of the committee is to monitor water supply, collect water tariffs and promote water conservation amongst the people in their communities.



OVERALL DESCRIPTION OF THE PIPELINE PROJECT

Because of the severity of the water situation in the Banaskantha region, the Gujarat Water Supply and Sewerage Board (GWSSB) constructed a pipeline to provide drinking water for the villages of the Santalpur, Radhanpur and Kankrej blocks. In this scheme the pipeline is a bilateral project sponsored by the Governments of India and the Netherlands. The pipeline project has been financially and technically assisted by the Dutch government and the authority of the project falls under the auspices of the Santalpur Regional Water Supply Scheme (SRWSS). Technical designs for the construction of the pipeline began in 1978 and by 1986, 72 villages were being supplied with drinking water. The goal of this project was to supply 151 villages with an adequate supply of drinking water by 1995.



In the initial stages of the project, tubewells were sunk into the bank of the Banas River, where there is recharged groundwater that provides a good clean source of drinking water. After a few years, the



tubewells could not adequately supply the amount of water needed by the population of this region, hence additional tubewells and one aerial well have been installed to increase the water supply.

As the number of tubewells and the demand for water have increased, the level of the groundwater table has declined at a rate of three to four meters per year. In 1994, due to the heavy monsoon, this rate of decline was halted and the levels have not decreased further.

There is a problem of high fluoride levels in the tubewell water which has been corrected by blending water from the aerial well with the water pumped from the tubewells. Fluoride levels must be checked constantly, since health problems related to fluorosis have occurred in this region. Also, an underground check dam will be constructed in the Banas River to improve groundwater recharge. Recognising the severity of the water problem, the project advisors recommend that the villagers utilise the traditional sources of water, such as pond water, for cattle, washing and irrigation purposes and conserve

the water from the pipeline for cooking and drinking only.

Organisational Structure of the Pipeline Project

Royal Netherlands Embassy Mission Team (RNE Mission)

A team of water experts from the Royal Netherlands' Embassy works as a technical advisor to the SRWSS pipeline project. Their advice is directed to the technical and socio-economic aspects of the pipeline project. The Mission visits the field activities every six months and holds a meeting with all relevant GOs and NGOs regarding the progress and problems of the project. The discussions from their bi-annual meetings and their field reports are published and distributed to all organisations involved in this project.

Gujarat Water Supply and Sewerage Board (GWSSB)

The GWSSB is the governing state level body that makes all decisions on water and sewerage policy. With the GWSSB's co-operation, the RNE was able to

install three drinking water pipeline projects, the first of its kind in the state of Gujarat. The GWSSB makes all executive level decisions concerning the installation, maintenance and control of the pipeline project. Their main office is in Gandhinagar (the political capital of Gujarat) with regional offices located throughout the state.

The Santalpur Regional Water Supply Scheme (SRWSS)

The SRWSS is the regional governing body of the pipeline project and is under the jurisdiction of the GWSSB. The SRWSS is in contact with both the state level water board and the people at the village level. It functions as an important link to help solve water problems at the village level, while recommending solutions to regional water problems to the GWSSB.

The SRWSS is managed by an engineering staff and is split organisationally into two levels: the engineering staff and the linesmen staff. At the engineering level, the duties focus on the larger technical and managerial aspects of the project. A few of the mid-level engineers have been sent to the Netherlands for training to enhance their knowledge and skills on water pipeline projects and their management.

At the village level the linesmen hold the most knowledge of the water problems. They are in constant contact with the people and know the specific water problems they face on a daily basis. A linesman is expected to

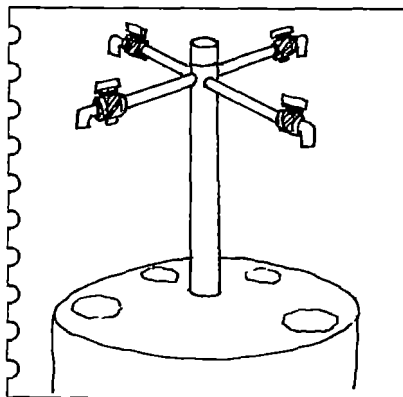
maintain the pipeline, standposts and water storage tanks for two to three villages. The job broadly involves:

- * Cleaning of the standpost, the water storage tank and the cattle trough. They also are required to keep the surroundings of these structures clean.
- * Repairing of the standpost, the water storage tank, and the cattle trough. This requires plastering cracks and replacing taps.
- * Repairing of breaks and leaks in the PVC pipeline.
- * Operating and repairing of air and sluice valves.

The linesman is provided a set of tools to execute the above activities.

The Hardware of the Pipeline Project

At least one standpost (usually there are two or three) has been erected in each village connected to the pipeline. The standposts are of varied designs and have anywhere from four to twelve taps to dispense water. The shapes of the standposts have changed over the period of the project, as engineers have been devising new, more appropriate designs. The



standpost is expected to be easy to use and maintained by the women of this region.

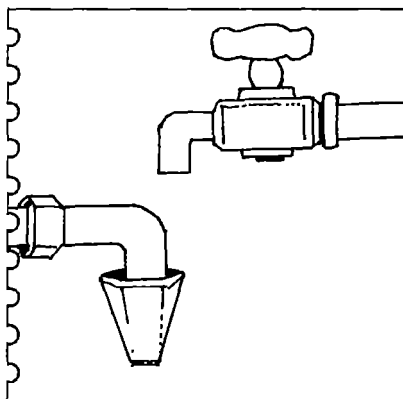
Large water storage tanks were constructed to store adequate water in each village. Initially the decision regarding the placement of the standpost was taken by the Water Board. This decision process has changed and now there is consultation with the villagers before deciding the location of the standpost.

However, technical feasibility of installation is the most important aspect, compared to any practical concerns regarding convenience of the women. Most of the standposts are placed in the low lying outskirts of the villages, near the water storage tanks, so that the optimum flow of water can be maintained.

The standposts are concrete constructions with metal pipes extending from the structure from which the water is dispensed. If the excess water from collection does not drain correctly, water can stagnate around the standpost, creating potential health problems for the people of that village.

Taps

Two types of taps were employed to dispense water:



The Wing Valve - This tap requires a simple turn to start and stop the flow of water. These taps are easy to use, but also easily broken, in which case water flows freely causing a large loss of water and in the absence of a drainage system creates a puddle near the standpost.

The Pressure Valve - This tap is more difficult to use and far sturdier than the wing valve, but is considered a hindrance in collecting water. The user must exert upward pressure on the valve and hold it up to keep the water flowing.

From observations at the village level, it has been noted that at each standpost visited, there are usually two or three taps that are not in working condition.

Water Allotted

Through this pipeline project, each person is allotted 55 litres of water per day.

Of those 55 litres :

30 is for personal use

15 is for cattle use

10 is for water leakage/wastage (22%)

In comparison, a person in an urban centre of Gujarat is allotted 140 litres of water, a difference which does not go unnoticed by the people in the villages.

Changing the Emphasis of the Pipeline Project

The Dutch government was primarily involved with the financial and technical aspects of the pipeline project. Over the time, the objectives of the project have expanded from a

technically assisted project to one that examines and provides for the socio-economic needs of the people, especially women, of the Banaskantha region. For this reason in 1990, NGOs such as CHETNA (Centre for Health Education, Training and Nutrition Awareness) and SEWA (Self Employed Women's Association) were asked to join this development project to work on health education and income generating activities, respectively.

Objectives of the SRWSS Project:

- * to improve the supply of potable water
- * to provide sanitary facilities
- * to establish local level social organisation
- * to adjust the institutional framework to the integrated approach
- * to explore possibilities for alternative income generating activities

- * to promote health awareness among the target population

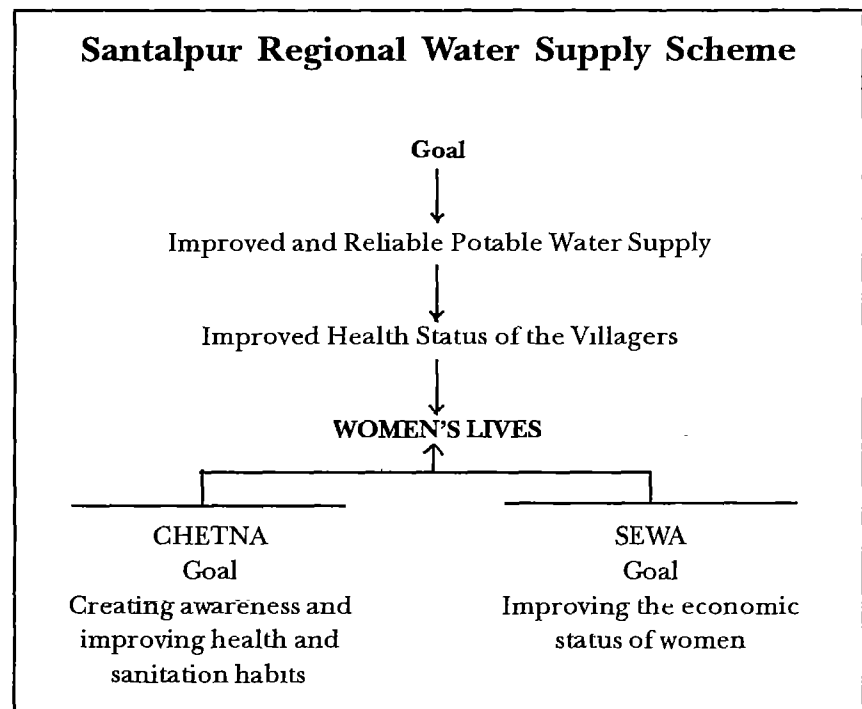
(India - Report on Mission 30 to Gujarat, July 1994, p. 3, Section 2.2, "Main Report")

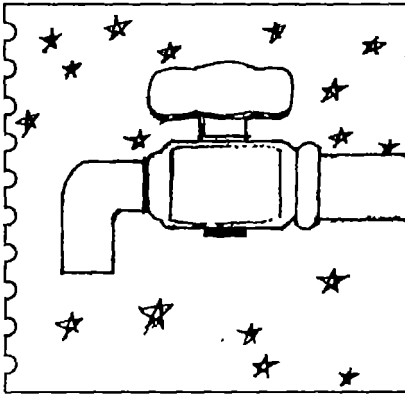
How the main NGOs and GOs effect the lives of women in Banaskantha is illustrated here:

Benefits Derived from Different Activities of the Programme

Improved Water Supply Programme

- * Decreased incidence of water borne and water related diseases.
- * Reduction in the distance to fetch water resulting in more time for women to spend on other activities.
- * Decrease in mental anguish among women over the collection of water.
- * Decrease in cooking time and fuel needed for cooking due to availability of sweet water over saline water.

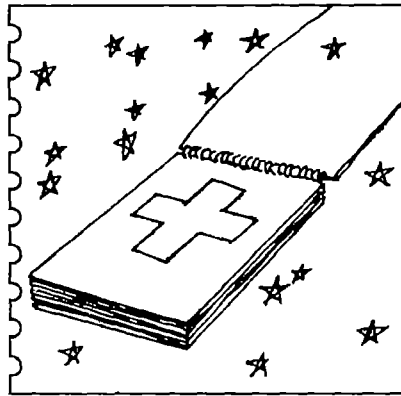




- * Reduction of conflicts and tensions resulting from shortage of water.

Health Education

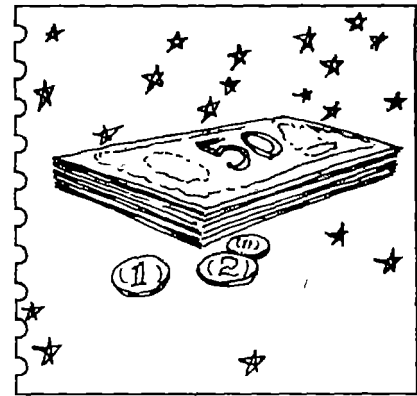
- * Increased awareness of health problems in the community, especially water related and water born diseases, and increased knowledge of how to prevent these diseases effectively.
- * Improved hygiene and sanitation related practices.
- * Cleaner standpost surroundings and village environment.



- * Improved co-ordination for health related activities between Pani Panchayat members, ICDS workers, linesmen, Sarpanch and teachers.
- * Increased health knowledge has made women more assertive in demanding their rights regarding health.

Income Generating Activities

- * Increased self-confidence.
- * Increased income earned by the family.



- * Increased respect within the household.

The Role of the Socio-economic Unit (SEU)

To facilitate effective co-operation between the NGOs and the GOs, the RNE created the SEU during 1994 as a liaison between the GWSSB and the participating NGOs in all of the pipeline projects in Gujarat.



HEALTH AWARENESS CAMPAIGN IN BANASKANTHA DISTRICT - HABK CHETNA'S INVOLVEMENT

Rationale

After the RNE and the GWSSB jointly introduced the pipeline drinking water project and established a regular supply of potable drinking water to the community, it was expected that water borne and water related diseases would be reduced. However, it was soon realised that unless the consumers practiced hygiene, the provision of safe drinking water would not make any difference in the health status of the community.

At this stage, CHETNA was entrusted with the responsibility of creating the Health Awareness Campaign in the community in relation to water through the HABK project. In December

1990 CHETNA became a part of the Integrated Pipeline Drinking Water Project.

Organisational Structure of CHETNA

CHETNA has been involved in health promotional activities for disadvantaged women and children for more than a decade. At present, CHETNA works as a support organisation and implements its activities through two resource centres: the Child Resource Centre (CRC) focuses on the concerns of children and the Women's Health and Development Resource Centre (WHDRC) focuses on women's health and development issues. The HABK project was implemented through WHDRC. The detailed organisational structure is given in Fig.1

Objective of the HABK Project

The main objective of HABK was to increase health awareness in

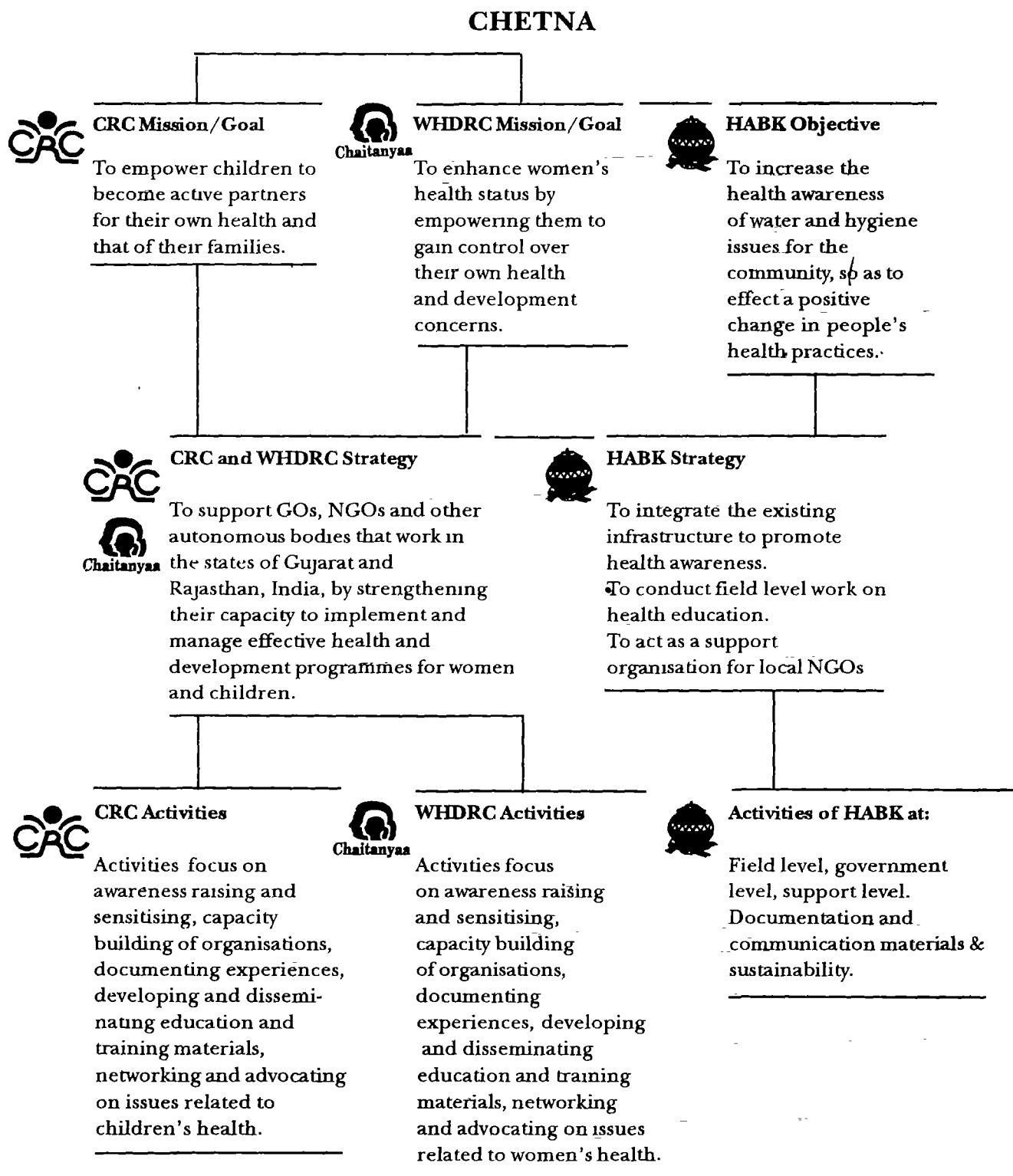
relation to water, personal hygiene and environmental sanitation issues among the community leading to positive changes in people's health and practices.

Specific Objectives

- * To create health awareness among women, men, and children.
- * To assist the existing government functionaries to improve their knowledge on water related health issues and build up their communication skills.
- * To develop field tested health education material and disseminate it both at the government as well as at the field level.
- * To adopt a sustainable approach to continue the health education process.
- * To share the experience of the project with other NGOs



**Fig.1
Organisational Chart**



Strategy

To achieve these objectives, strategies were planned at two levels, the village level and the government infrastructure level.

At the Village Level

At the village level the HABK project team initiated the process of selecting and training



women as health educators who were eventually integrated as Pani Panchayat members.

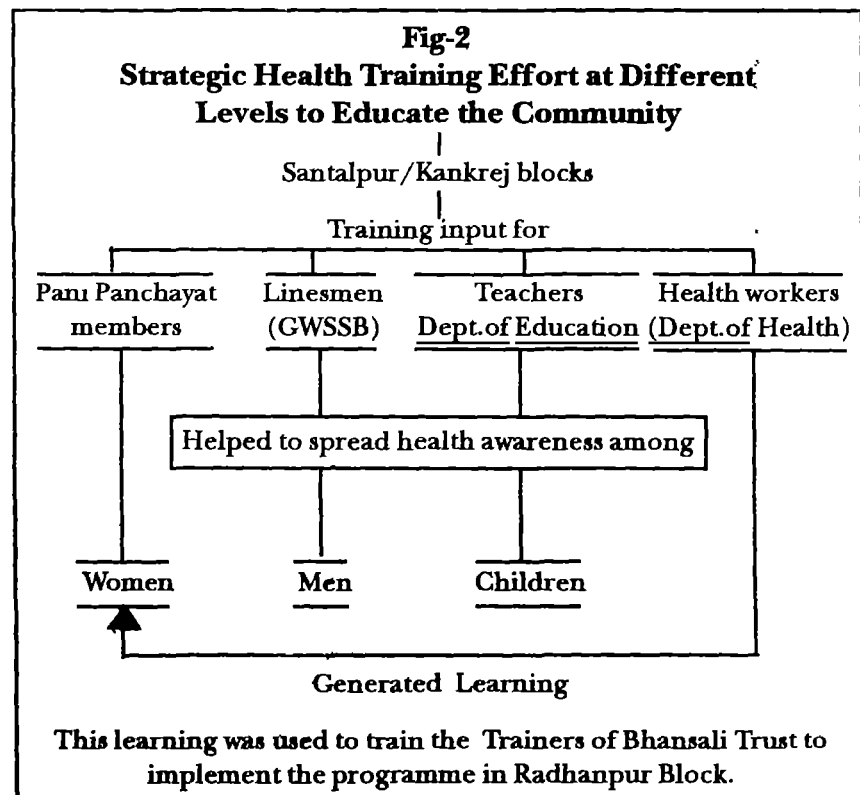
The HABK team regularly provided them with support in organising health awareness activities at the village level.

At the Government Level

CHETNA made Sustainability a priority in the HABK project. To achieve this objective, the HABK team concentrated its efforts in training the government functionaries who are directly involved in health education at the community level. These trainings consisted of imparting knowledge on water/health and communication skills. CHETNA trained the health workers of the Government Health Department to strengthen their health education skills. The teachers from the Education Department were trained to carry out health education related activities through children at the village level.

CHETNA also provided health input to the linesmen aiming to educate the men of the villages on water and health related messages.

CHETNA, being a support organisation, carried out the above mentioned strategy for Santalpur and Kankrej blocks during the first three years. The learning experience was later transferred by training the trainers of a local NGO, Bhansali Trust, to implement the programme at Radhanpur block. The strategic health training at different levels to educate the community is given in Fig. 2



IMPLEMENTATION OF THE HEALTH AWARENESS PROGRAMME ACTIVITIES

Introduction at the Village Level

Keeping the strategy of HABK programme in view the activities were planned. The programme was introduced at Santalpur block. Based on its experiences the activities of Radhanpur block were planned. For detail please refer Fig. 3.

Efforts at Santalpur Block

Of the three blocks to which the SRWSS provides water, Santalpur block has the greatest need for a consistent water supply. Even the water supply through the pipeline project is highly unreliable. The region being at a higher altitude often goes without water when the pressure



is low. CHETNA selected this region in which to introduce a health education campaign. Before starting the activities of



the health campaign, to build up trust and confidence, the team initially visited villages and held meetings with the Sarpanch, linesmen, teachers and Pani Panchayat members. During these meetings, the HABK team became acquainted with the village leaders and could determine how enthusiastic the people in the villages were about a health campaign being initiated in their community. After frequently visiting the villages, CHETNA faced no

resistance to their presence at the village level and the team was able to conduct the KAP study.

Knowledge, Attitude and Practice (KAP) Study

The next step was to conduct a Knowledge, Attitude and Practice (KAP) study in 18 selected villages in the Santalpur, Radhanpur and Kankrej blocks. Through this study, a substantial amount of data regarding the use of water, personal hygiene and environmental sanitation practices of the people in this region were collected. The HABK team used this time to select the women educators who were eventually appointed as Pani Panchayat members by the GWSSB.

Mahila Mela (Women's Health Fairs)

Community participation was of prime importance to the HABK project, therefore it was essential for the HABK team to share the KAP results at the community level as reinforcement. Women's Health Mela (Fair) was used as a media to communicate these results. The Mela was also utilised to impart hygiene

Fig: 3
Activities of HABK

At the community level	At the Govt. level	Support level Training support to Bhansali Trust	Documentation and communication material (field tested) for awareness building	Sustainability / Replicability
<p>1. Conducting Knowledge Attitude and Practice Study.</p> <p>2. Training Pani Panchayat members and helping them to organise health awareness camps at the village level.</p> <p>3. Organising women's and children's fairs and health camps.</p> <p>4. Distributing field tested health education material</p>	<p>1. Training on water related issues and health communication To: -ICDS workers -Teachers -Linemen -PHC workers</p> <p>2. Distributing field tested health education material</p>	<p>1. Training of Trainers.</p> <p>2. Training on water issues & communication</p> <p>3. Planning, monitoring and evaluation support for HABK programme at Radhanpur block.</p> <p>4. Support in training of Pani Panchayat members, teachers, linesmen, etc. and field level activities.</p> <p>5. Distributing related training education material.</p>	<p>1. Flip charts</p> <p>2. Posters</p> <p>3. Newsletter</p> <p>4. Periodical & bi-annual Progress Report</p> <p>5. Video of HABK to share experiences.</p>	<p>1. Formally organising meetings with state and district level officials to continue the health awareness process through the existing government infrastructure.</p> <p>2. Sharing of HABK experiences with other NGOs and helping them to train their trainers.</p>

related education in the form of games and songs which are traditional entertainment activities. Three such Health Melas were organised to cover all the villages of the Santalpur and Kankrej blocks. The first Women's Mela was organised on April 7, 1991.

Women from 28 villages of the Santalpur block were invited to participate in a three day Women's Fair. All women Pani Panchayat members and other enthusiastic women were encouraged to join the fair. It was realised that many of these women had never previously traveled beyond their villages and felt uncomfortable about spending the night in a strange place. They were reassured about their lodging and that they could be escorted by one male member from their village.

The women enjoyed and wholeheartedly participated in the Mela.

Beyond the enthusiasm, it was wonderful to observe the normally shy and reticent women voice their fears, feelings and opinions without any apprehension.

Through the Mela the KAP results were shared with the help of some illustrations (pictorial form) and the women's suggestions were taken. On basis of those results, health education messages were developed. The non-threatening environment helped to impart the hygiene messages without creating resentment, which strangers often invoke when they advise villagers on what they should do and should not do.

The women participants suggested that the Melas be held

in each of their villages, so many other women could participate in the fair. CHETNA responded by organising a two day camp (Shibir) in each village under the project area.

Shibirs (Village Camps)

By 1994, the HABK team had held over 60 village level Shibirs, which were organised for two days and attended on an average by about 65 women. These attendance numbers are encouraging, especially since some of the Shibirs were held during the heavy agricultural season, August to December, when women have little time to spare for activities outside agriculture. For this reason, often the women could only spare an hour or two to participate in the activities. Much of the enthusiastic attendance can be attributed to the assistance of the ICDS workers, Pani Panchayat members and the linesmen who motivated as many women as possible to participate in the Shibirs.

It has been observed at the Shibirs that the women

participants relate well with the visuals such as posters, flip charts and water related slide shows, while folk songs are a popular medium in their own environment. They are quick in creating lyrics that have a health related theme, based on popular songs. Also the village children tend to get excited by the activities and at times can be difficult to control. Though only women participate in the Shibir, their husbands usually support their attendance.

After completion of the discussions with the women, men also came to see the exhibition

Aims and Objectives of the Shibir

- * To share the KAP study results and impart information on personal hygiene, household and village sanitation.
- * To impart information on water borne and water related diseases and to promote personal hygiene and environmental sanitation.
- * To encourage problem solving on water issues through better co-ordination and community participation in the operation



and maintenance of the village standpost.

Preparation of the Camp

About 15 days before the camp was to be held, postcards were sent to Pani Panchayat members to inform them of the forthcoming Shibir and to encourage them to inform as many women, ICDS workers and teachers at the village level to attend the camp.

After prioritising the messages to be conveyed during the Shibir, the schedule for the camp was prepared. From past Shibir experiences at the village level, it was found that posters, charts, and stories with pictures are accepted more readily than information presented through electronic media. Therefore posters and charts on the prioritised messages were developed.

Even though postcards were sent, the HABK team personally visited the villages on the day before the camp to ensure that the area was ready and to remind the community of the forthcoming camp.

Creating the Environment for a Village Shibir

On the day of the Shibir, the HABK team reached the villages well in advance. Health messages were written in strategic places with the help of the youth in the village. Health related banners and posters were exhibited and the community was invited to observe. Other administrative formalities/details to organise the camp were completed.

Activities Conducted at a Village Shibir

The activities for the first day of the fair primarily focused on water use and management, whereas the second day's activities stressed water borne and water related diseases.



HABK team addressed issues/concerns of high infant, children and women's morbidity rates with stress on water borne and water related diseases and the low nutritional status of children and women in the Banaskantha region.

Introduction of the HABK Team and Participants

The meaning of CHETNA - "awareness" in many Indian languages - was explained. The activities and strategies of CHETNA were emphasized. The participants and the CHETNA team then introduced to each other.

Singing a Song

Before the programme started, a song about women's awareness was sung to create a supportive and enabling atmosphere for the participants to express their feelings and emotions. Songs were also sung in between to maintain the level of interest of the participants.

Presentation of Women and Children's Health Status in Banaskantha

Before the activities started, the

Presentation of KAP Study Results

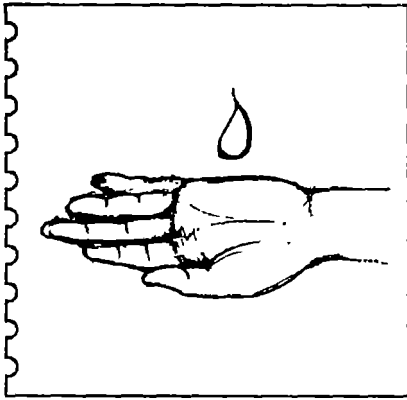
The women participants were presented the results of the KAP study through illustrations. Women had a hard look to reality. This session helped to discuss openly their health and hygiene habits.

Keys to Remaining Healthy

The next part of the programme focused on the Keys to Remaining Healthy. The activities focused on four main areas: Water Conservation, Water-borne Diseases, Sanitation Personal Hygiene and Nutrition.

Water Conservation

The participants were encouraged to conserve water and to use the water from the standpost for drinking only and the water from wells and ponds



for household and irrigation purposes. The source of the pipeline water, the process of supplying water to the users end, related difficulties and cost involved in providing water to the villages were explained to them.

Subsequently, the HABK team took the PP members to the Head Works in Shihori to witness the process involved in the supply of drinking water.

Water and its Management

After general information was covered, the discussion centered around the practice of collecting water. The following issues regarding how potable water brought from the standpost can become polluted in transportation or during storage were highlighted:



Use of unclean water pots : For example, mud is full of bacteria and viruses from people's spit, defecation, urination, and cow dung. If the pot is cleaned with mud, the water can become contaminated. Use of ash was promoted.

Method of transportation : Often a woman carries water in more than one pot, stacking one on top of the other. If the bottom of the pot is not washed properly, it can pollute the water of the pot on which it is placed.

Also, the water is normally carried in open pots. Because of the distance from the standpost to their homes, dust and sand can pollute the water.

Removal of water from the pots : Most people use a glass or lota (brass vessel) to remove water from the storage pots. If nails are not trimmed or hands are not properly washed, the water can become polluted when the person touches the water with the hand. The use of a doya (ladle) was promoted.

Often a glass is kept upside down on the paniyara (the raised platform in the household to keep the water pots). When the

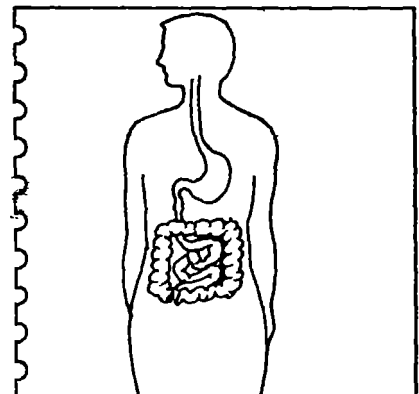
paniyara becomes dirty, it can contaminate the doya or glass and bacteria can enter the body when drinking from this glass.

Demonstration with Microscope

To demonstrate the dangers of micro-organisms contaminating water, the HABK team prepared a slide of water retrieved from an open water pot to be viewed under a microscope. It was explained that germs cannot be seen by the naked eye, but can be seen under the microscope. The participants enjoyed this demonstration since it was the first time they had ever used a microscope and were amazed at what they cannot see in the water.

Water Borne and Water Related Diseases

Diseases were presented in the sequence of Causes, Signs and Symptoms, Treatment and Prevention. Diseases that were usually discussed included diarrhoea, malaria, jaundice, worms, scabies, typhoid and polio.



Role Play on Diarrhoea

From CHETNA'S previous experiences, it is found that delivering didactic lectures

while informing about the diseases does not have much impact on people. So, the HABK team performed a role play on the problems of diarrhoea to generate interest among the participants.

Discussion was encouraged on the issues presented in the role play. This medium is effective at the Shibirs because women enjoy the presentation of the issues in an entertaining manner. From this role play the women learnt about, causes of diarrhoea, sign and symptoms of dehydration, administration of Oral Rehydration Solution (ORS) and prevention of diarrhoea.

Demonstration of Oral Rehydration Solution (ORS) was performed and women practiced it to develop the skills.

Other water borne and water related diseases were also presented in a similar manner.

Prevention of Water Borne / Related Diseases

For prevention, information was provided on personal hygiene, household sanitation and village sanitation.

Personal Hygiene

- * The following messages were presented with the help of posters, songs and discussion.
- * Wash hands with ash or soap after defecation.
- * Wash hands before cooking, eating and feeding children.
- * Regularly cut nails of children and other family members who have long nails.
- * Use Doya to remove drinking water from the pot.

- * Do not wash hands with mud, as it may be full of bacteria.
- * Do not use saree palav (end section of saree) as a multipurpose duster / handkerchief for wiping utensils, hands, children's nostrils, etc.

Household Sanitation

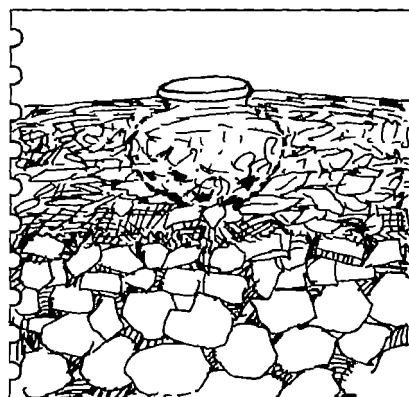
- * Clean utensils and water pots with ash or soap.
- * Wash vegetables thoroughly before cutting them.
- * Keep animals away from the house.
- * Cover cooked food items.

Village Sanitation

- * Keep the surroundings of the standpost clean.
- * Close the water taps after each use.
- * Take care not to break the water taps.
- * Ensure that there is no stagnant water or puddles near the stand post or in the village. This excess water encourages the breeding of mosquitoes.
- * Install a proper drainage system for waste water from the standpost, so that the water may be drained into a garden.
- * Water used in the household should not be disposed off on the roads. If possible, use it to grow plants, otherwise construct a soak-pit. Demonstrations on how to construct a soak pit were conducted.
- * Rubbish and waste should be disposed at a distant location.

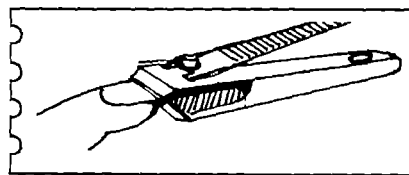
Demonstration of Soak-Pit

A pit of three feet in length, width and depth is dug. Big bricks and stones (approximately the size of a coconut) are put in the bottom 1/3 of the pit. Medium sized bricks (approximately the size of an orange) are added to another 1/3 of the pit. Small pieces of bricks (lemon sized) are added to the last part of the pit. A sack is spread on top, followed by a layer of leaves and a covering of mud.

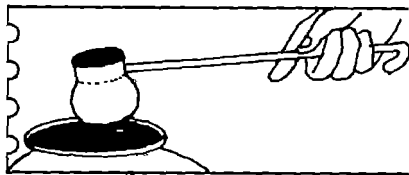


Five messages that were reemphasised during the Shibir

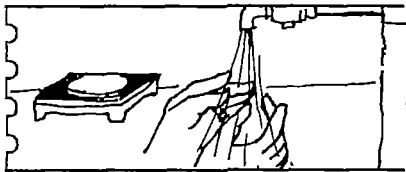
After discussing common diseases at the village level, the HABK team recapped the most important five messages of the Shibir



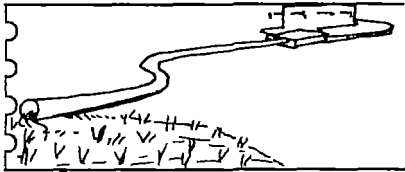
Cut finger nails regularly.



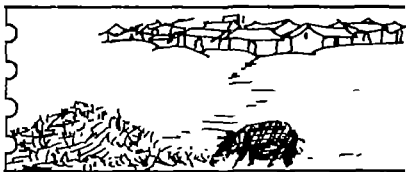
Use a doya to remove drinking water from pots



Wash hands after defecation and before eating



Install the drainage system to drain waste water from the standpost



Rubbish and waste should be disposed at a distant location.

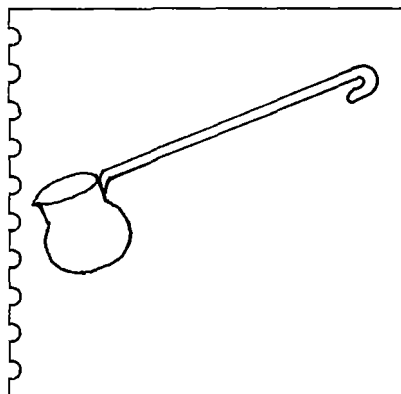
Dissemination and Sharing of Educational Material

Though many of the participants were illiterate, they were still enthusiastic about receiving educational material. They were allowed to take it back to their homes and encouraged to make their children read the

information to them and to other family members. Posters, charts, booklets and pamphlets were distributed regularly to the participants. Since most of the materials are developed by CHETNA, the education level of the particular group was always kept in view. The education material produced for the HABK project are mainly visual bases, since most of the participants are illiterate. Villagers enthusiastically participated to observe the exhibition.

Distribution of the Doya (Ladle)

Stainless steel ladles were distributed to the participants at



a subsidised rate. The price was agreed upon in the past by the

participants who said that they would rather pay a small price for the doyas, than receive a free handout. If they pay for the doya, they are more likely to use it in the future.

Conclusion of Women's Shibir

The participants were encouraged to give feedback and suggestions on the shibir, so that the HABK team could improve the programme and future community base activities.

Responsibility was given to the Pani Panchayat member, ICDC workers and any other enthusiastic women to :

- * Implement the messages presented at the shibir.
- * Read the educational material and discuss it during the Mahila Mandal's monthly meetings.
- * Promote regular use of the doya.
- * Encourage proper maintenance of the standpost.
- * Promote beneficial health habits.

BUILDING SUSTAINABILITY IN HEALTH EDUCATION THROUGH EXISTING INFRASTRUCTURE EFFORTS AT THE GOVERNMENT LEVEL

After launching the introductory Mahila Melas and Shibirs in the Santalpur block, the HABK team began to organise monthly health trainings for:

Pani Panchayat members - PP members
Integrated Child Development Scheme workers - ICDS workers
Linesmen
Primary Health Centre workers - PHC workers
Primary School Teachers

These trainings were held to increase the functionaries' knowledge concerning water and sanitation issues and skills in health education to impart this knowledge to the people in their communities.

Pani Panchayat Members

Age : 25 to 50 years.

Level of Education: No formal education or up to the 7th Standard.

Role of Pani Panchayat Members:

To attend the monthly trainings conducted by the HABK team.

To transmit the information learned at the trainings to the community, with the help of the communication material developed by CHETNA.

To popularise the use of doya, soap, nail-cutter, and filters amongst the community and spread message of cleanliness.

To seek support from the Sarpanch and the linesmen for maintenance of the water facilities.

Selection of Pani Panchayat Members

The Pani Panchayat members were selected before conducting village Shibirs and the selection was done in a participatory manner. The HABK team first approached the women Pani Panchayat members, who were registered by the GWSSB, and asked them if they would be interested in becoming active health educators in their communities. If the women agreed, then they were explained their expected role in the health awareness scheme. They were also informed about the monthly trainings they would be required to attend. If the answer was negative, other women who were interested in participating in these activities were identified with the help of the community. The participation of the new members was on a purely

voluntary basis. The HABK team then submitted the new list of women PP members to the GWSSB for confirmation of their position in the community.

Monthly Meetings

The Objectives of monthly health meetings:

- * To motivate the Pani Panchayat members to carry out their responsibilities effectively.
- * To guide Pani Panchayat members to seek community participation in the implementation of their role.
- * To create awareness among Pani Panchayat members of the importance of safe drinking water.
- * To encourage the Pani Panchayat members to continue spreading the health messages.
- * To understand the problems faced by the Pani Panchayat members in their communities and find solutions to them.
- * To emphasise the importance of team work and co-ordination.



On an average, three women from each village attended the monthly health trainings. For each meeting, one topic was chosen to be discussed, such as community hygiene, Malaria, standpost maintenance, etc. It was emphasised that as Pani Panchayat members, they had to attend the monthly training for which there was no monetary compensation. Becoming Pani Panchayat members was for the betterment of their own community and should not require a wage. It should be noted that CHETNA, however, did provide a stipend to cover travel and food costs at these trainings. The knowledge that the Pani Panchayat members acquired at these meetings was later expected to be transmitted back to the people in their villages.

The resolution of the wage issue was a constant dilemma for the HABK team and the women Pani Panchayat members. Poverty is a major problem in this area and missing even one day of work can substantially set back the income generated in and/or outside the home. CHETNA went through a difficult phase for the first few months, at times persuading the women Pani Panchayat members to continue in view of the importance of knowledge for their own growth and health. The women Pani Panchayat members at times were adamant about the salary issue and organised themselves to demand money for the time spent in the Pani Panchayat and health education activities.

After long discussions, the women came to understand the importance of health awareness and the need to sustain it. They

continued to attend the HABK training programme.

This was a positive experience for both the HABK team and the women Pani Panchayat members. By attending these trainings, they were not only gaining knowledge, but were understanding how to empower themselves through group organisation. The HABK team was able to observe the women organise themselves on an issue about which they felt strongly and come to a logical solution on their demands. They were now encouraged by CHETNA to use the organising energy from this experience and apply it to health education in their own villages.

Evaluation of Health Educators Training

After working with these women Pani Panchayat members for over a year, the HABK team wanted to discern how effective these trainings had been. An evaluation meeting was organised where the Pani Panchayat members were asked to recount what they had learned from the monthly health trainings. Instead of communicating what they learned in typical rote style, the HABK team asked the participants to draw what they had learned. The women were given poster sized paper and asked to draw the signs/symptoms, cures and preventions of the diseases that had been covered during the trainings. Most of the women were enthusiastic to try this recollection process, but some were more skeptical, especially those who had never held a pen before. In the end, all the women were persuaded to participate and the HABK team

was rewarded with descriptive drawings.

Four of these evaluation meetings revealed that the women could recall exceptionally well the information they were taught and they understood the health and sanitation message, however they were still not sure how to convey this information at the village level. The Pani Panchayat members said that they only passed on their knowledge in an informal manner when they had time. From these observations, the HABK team realised that it was necessary for them to start conducting trainings in communication skills.

Communication Trainings and Camps

The CHETNA-trained Pani Panchayat members of the Santalpur block, 162 in number, were divided into three groups that were invited to a three day communication training programme.

The Objectives of the trainings:

To develop skills in communication and health education.

To distribute and to learn the use of specially prepared flip-charts and other educational material.

Participatory methods were used in the training to facilitate effective learning and to enhance their ability to communicate. Once their confidence as educators was strengthened, illustrated flip-charts were distributed to them as supportive educational material. Mock sessions were



held so they could practice handling health education sessions at the village level. A plan of action was prepared by the women Pani Panchayat members and the HABK team. This included monthly health meetings in their villages with the help of the community and ICDS workers. By the end of the meeting, the participants indicated confidence in their role as health educators. It was also interesting to note that some of the Pani Panchayat members added small realistic episodes to the illustration while narrating the flip chart to the participants.

Activities Initiated by the Pani Panchayat Members

The Pani Panchayat members held monthly health education meetings in their respective villages. Some enthusiastic PP members had also initiated water management and maintenance activities in their own areas by:

Imposing fines on people who misuse the water or do not maintain standpost hygiene. The fines have been either monetary or in food items that are donated to the local pre-school.



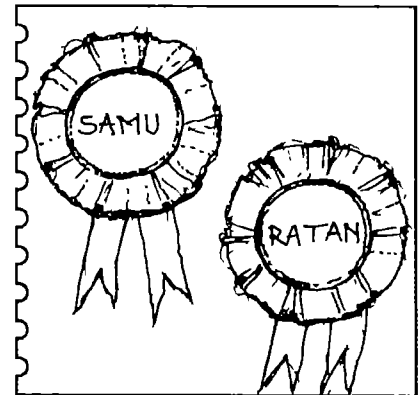
Constructing their own drainage facilities for the standpost.

Organising clean-up days in their communities.

Developing and mobilising youth groups to keep the surroundings of the standpost clean.

Samu Thakor and Ratan Sipai Wagela - Two Active Pani Panchayat Members from Shergadh Village

Samubhen and Ratanbhen are two active women Pani Panchayat



members who are employed to manage a SEWA sponsored nursery. They have both participated in the health training for Pani Panchayat members and are visited regularly by the Bhansali Trust field worker, who is involved with the HABK project. Their work is testament to the positive changes that have occurred as a result of the combined efforts of the GWSSB, SEWA, CHETNA and Bhansali Trust. SEWA provided economic activities and self-sufficiency to these women, while CHETNA introduced a new understanding of the health and hygiene habits in their community.

After attending the Training of

Pani Panchayat Members, May 1994, the two women made a concerted effort to clean up their village. They organised a cleaning committee to remove the ukardos (garbage heaps) from the common village areas, cleaned the area around the standpost and created proper drainage. When asked if women clean their utensils or bathe near the standpost, the two women stated that this does not occur because they have educated the women in their area about the importance of proper maintenance and hygiene around the standpost.

Along with increased economic opportunities and increased health awareness, CHETNA's, SEWA's and Bhansali Trust's trainings have given these two Pani Panchayat members and many other women in Shergadh the confidence to voice their opinions and the confidence to move freely about and out of their village. Both these women explained that while working on health and economic activities, these organisations have been acting as a catalyst for the women to educate their daughters and to improve their status and the status of their daughters in their community.

"Now we know the utility of daughters' education, which not only helps improve their knowledge regarding health but also their status in the community."

Both the women stated that as far as personal hygiene is concerned, a definite change and improvement has occurred. However, the sense of community environment has yet to make an impact at the village level.

Integrated Child Development Scheme (ICDS) Workers



Age : 20 to 45

Level of Education: 7th to 12th Standard

Role of the ICDS workers:

To provide Mother and Child Health Care (MCH) Services.

To organise pre-school education activities.

To manage the Anganwadi Centre (Local Creche).

To organise Mahila Mandals (Women's Groups) at the village level.

To provide health education.

To distribute supplementary food to children below three years of age and pregnant women.

To help the Primary Health Center (PHC) worker administer immunisations and Primary Health Care.

The "Integrated Child Development Scheme" is being implemented by the government of Gujarat in the Banaskantha region. The ICDS workers are paid employees of the government. The ICDS programme provides

supplementary food and imparts health education to children below three years of age and to pregnant women. The ICDS workers also organise Mahila Mandals (Women's Groups) twice a month to discuss issues that are relevant to women, their families, and their communities.

The training and management of the ICDS workers in the Santalpur, Radhanpur, Vav and Tharad blocks in Banaskantha, has been handed over to Bhansali Trust, a local NGO in the Radhanpur block. In this manner, a local NGO is managing a health programme in an area in which they are familiar with the pressing health needs of the people. Bhansali Trust has a good rapport with the villagers and the villagers find every access to Bhansali Trust. The ICDS programme has been run successfully by Bhansali Trust, satisfying both the villagers and the government Health Department in the services being offered.

Trainings for ICDS Workers

The HABK team has used the opportunity to participate in the ICDS monthly meetings to add the health issues of the HABK campaign to the ICDS training sessions. Since the ICDS workers were already acting as health educators in their communities, it was appropriate to engage their help in the HABK campaign. By including the ICDS workers in the HABK campaign, which will also ensure sustainability. Also, many of the ICDS workers are Pani Panchayat members since their role allows them access to many people in their villages.

The Objectives of the HABK



training programme for ICDS workers:

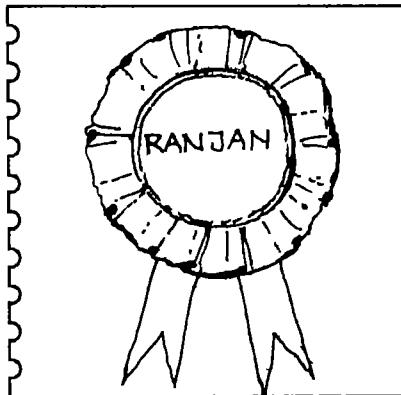
To explore the different methods used in health education in the ICDS programme.

To facilitate the role of the ICDS worker as a health educator at the village level.

The topics discussed at the ICDS monthly meetings were the same topics that were discussed at the Pani Panchayat meetings - water borne and water related disease, gynaecological health, standpost maintenance, etc. Along with providing technical information to the ICDS workers, efforts were made to develop their communication skills for imparting health education.

A Communication Training Session was also held for the ICDS workers. The format of the two day training session was based on the activities held for the Pani Panchayat members, role plays and practice using the flip charts. The ICDS workers were sensitised on crucial issues like trust, team building, co-ordination and problem solving that are needed to impart water and health education effectively at the community level.

Interview with Ranjan Vasantlal Joshi - ICDS worker from Gotarka village



Ranjanbhen is an active ICDS worker who has been working with Bhansali Trust since 1988. Initially, she became an ICDS worker for economic reasons. When the position of ICDS worker was offered in her village, Ranjanbhen knew she had the qualifications to run the local creche, since she had been a kindergarten teacher for many years. She was also interested in becoming active with women's issues, as well as imparting child education and care.

An important part of the ICDS workers role is to organise a Mahila Mandal (Women's

Group) for the village women. At first, women were reluctant to get involved with the Mahila Mandal and only four or five women would participate in the bi-monthly meetings. With the help of AWAG (The Ahmedabad Women's Action Group) Ranjanbhen was able to help set up income generating activities for the women in her village. This generated the enthusiasm needed for women to get involved with the Mahila Mandal. Now, over 100 women attend the bi-monthly meetings.

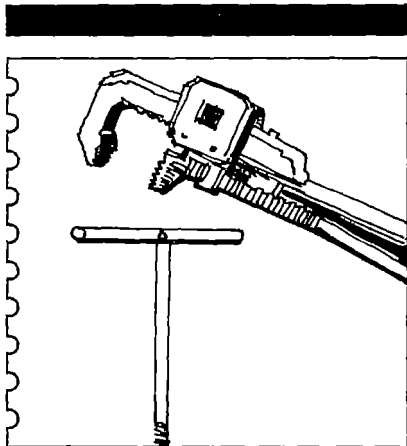
In 1993, Gotarka was connected to the SRWSS pipeline project. The women in the village were excited by the new and reliable water supply and tended to misuse the standpost water. Women would wash their pots, clothes and even fodder at the standpost. Around the same time the pipeline water was introduced, CHETNA and Bhansali Trust held a Water and Sanitation Training Session for all ICDS workers in the Radhanpur block. At this Training Session, Ranjanbhen learned about water and health issues, proper standpost maintenance and the source of water for the pipeline.

Ranjanbhen took this new knowledge back to the women in the Mahila Mandal and was able to introduce water and health issues into the bi-monthly meetings. The women were receptive to the water and health messages being discussed because they know the difficulties involved with fetching water from ponds and wells. The women in the village realised that if they took care of the standpost, they would take care of the water supply. After these meetings, the washing of

pots, clothes and fodder had reduced at the standpost, but there is still work to be done to get the whole community involved with proper standpost maintenance.

Ranjanbhen is extremely dedicated to her role as a health educator for water and sanitation issues and has become a field worker for the Bhansali Trust, as part of the HABK campaign. She now works on promoting water and sanitation issues in 10 villages near her. Ranjanbhen has also helped organise two water and sanitation Balmelas (Children's Fairs) for over 200 children. This work for water and sanitation issues is done in addition to on her role as an ICDS worker.

Linesmen



Age range: 25 to 45

Level of Education. No formal education or up to 7th Standard

Role of Linesmen:

- * To maintain the water supply at the village level.
- * To repair breakage or faults in the pipeline.
- * To report daily the water situation at the village level to the GWSSB staff.

- * To seek support from the village leaders and the community.
- * To discourage misuse or damage to the water facilities.
- * To promote awareness on the care and maintenance of the water facilities.
- * To support Pani Panchayat members, ICDS workers, Teachers and PHC staff on their education of water and sanitation issues

Linesmen's Training on Water and Sanitation Issues

The linesmen are paid employees of the GWSSB. CHETNA believed that there was a great potential to train the linesmen on health and sanitation issues. Though their work mainly focuses on the technical side of the pipeline project, repairing leaks and cleaning the water storage tanks, they are able to play an important role in the health education process at the village level if properly trained in water and sanitation issues. Since the linesmen are constantly working on the upkeep of the pipeline for two to three villages, their knowledge of the status of village standposts and the sanitation habits of the women collecting water is vast. For these reasons, it was always felt that the participation of the linesmen in the HABK project was essential to continue efficient and sustainable health education at the village level.

The Objectives for the Linesmen Training were:

- * To **strengthen** their health knowledge and communication skills in water

and sanitation related issues.

- * To **sensitise** the linesmen towards the need for community participation.
- * To **specify** their job responsibilities.

At the beginning of the HABK campaign, monthly meetings for the linesmen were held. During these meetings, the HABK team not only educated the workers on water and sanitation issues, but also held activities that emphasised the need for communication and trust between the linesmen and the people at the village level. The HABK team also asked the linesmen to describe the problems they faced at the village level. This is a list of the most common problems these workers faced:

- * Washing and bathing at the standpost and cattle trough.
- * Villagers not closing water taps after use.
- * Breaking of water taps on the standpost by the villagers.
- * Villagers climbing on the cisterns to fetch water due to delay in the water supply.
- * Villagers opening the water valves to get water but not closing them.
- * Quarrels and fights over the water collection at the stand post
- * Villagers breaking the pipeline to irrigate their fields.
- * Exaggeration of the water situation by the villagers (if water is not available for two days, they claim it to be not available for a month).

Some of the linesmen are allotted more than one village to manage. If the villages are distantly located, it may not be possible for the linemen to maintain the regularity of the water supply or take care of any other technical problems timely. It is important to note that the linesmen are assigned to open and close the water valve two times in a day.

Another difficulty faced by the linesmen is that the cluster of villages they work in is rarely their native village. The people of these villages were not familiar with the linesmen and at times resented his advice on water and sanitation issues. For this reason, the HABK team stressed that it was imperative for the Pani Panchayat members, the ICDS workers and the Sarpanch to fully support the advice of the linesmen and the linesmen had to fully co-operate with the Pani Panchayat members and ICDS workers on water and sanitation activities.

CHETNA also acted as an intervening agency for the linesmen to the executive engineers at the SRWSS. The linesmen would vent their grievances at the meetings and ask that CHETNA relay their problems to the managing engineers at the SRWSS, who the linesmen were hesitant to approach. CHETNA did this for the case of obtaining a better set of tools for repairing the pipeline. CHETNA presented the linesmen's demands and the SRWSS acted upon it.

Activities Initiated by the Linesmen at the Village Level

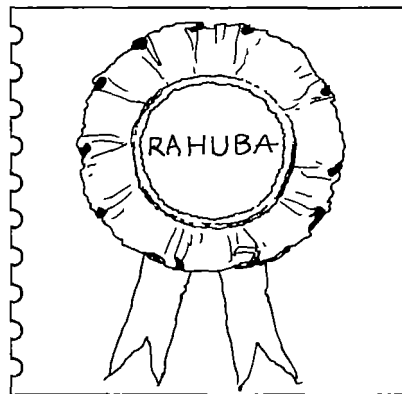
Planted garden to utilise the waste water from the standpost drainage.

Engaged in co-ordination meeting with Pani Panchayat members, ICDS workers and teachers on water and sanitation issues.

Interacted with village women in a more positive manner to help keep the standpost and surroundings clean.

Helped in co-ordinating clean-up committees for the standposts.

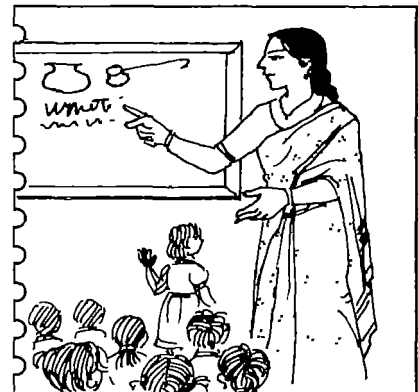
Rahuba, Linesman from Babra Village



In a village called Babra, several women said that their village linesman, Rahuba, had showed all of them the cut portion of a PVC water pipe that had become choked with the roots of a "Bavard" tree. It took the linesman one full month to investigate why the water was not flowing and where exactly the problem was located the pipeline. By examining every length of the pipeline, he was able to locate the problem area,

cut out the blocked piece and replace it with a new portion of pipe. Rahuba was also considerate enough to show the entire process to the women of the village. They watched him dig the pipe out and cut out two small pieces (10 cms long) where the roots had completely clogged the pipe. Observing this procedure, the women were able to see where the problem was, without needing an explanation for the low water pressure. This act has enhanced the position and prestige of the linesman in the community. Now the women of the village trust the expertise of Rahuba and trust his advice on other water and sanitation related issues.

Teachers



Teachers educate children on the importance of proper water and sanitation care as part of the formal school curriculum. The children are then encouraged to take this message to their homes and educate their family members on the importance of water and sanitation issues.

Before the teachers could emphasise community hygiene and water and sanitation issues as an important part of the school curriculum, CHETNA added new dimensions, such as

conducting Balmelas and emphasizing water and sanitation issues, to the school curriculum. This was done through the Education Departments at the local - village, the regional - Banaskantha and the state - Gujarat, levels. Since the government approved the new curriculum, CHETNA could then introduce more participatory and hands-on methods to teach personal and community hygiene practices.

Teacher's Training

Objectives for the Teacher's Training were

- * To **strengthen** the teacher's concepts and knowledge related to health issues, so as to inculcate these new health activities in the school's curriculum.
- * To **explain** and plan how to organise a Bal Mela
- * To **make** the teachers more responsible towards community health,

The HABK team organised a **Training for Teachers** where information and knowledge were imparted on water and sanitation issues to the teachers and they were sensitised to new issues such as community hygiene, water borne and water related diseases and proper standpost maintenance. The teachers learned about new and innovative ways to present these issues to the children and were given educational material to help them implement these new learning methods in their classrooms.

Teachers are also the key to organising and running the Balmelas (Children's Fairs) in

the villages. CHETNA would like to ensure that these fairs become a part of every school's curriculum and become a tradition in the community.

Balmelas (Children's Fairs)

The Child Resource Centre (CRC) of CHETNA regularly conducts activities related to children's development. CRC's frequent interaction with children has helped the centre become more adept at creating health related activities that are aimed at involving children in a participatory and an enjoyable manner. The members from the CRC team helped the HABK team organise Balmelas focusing on water and sanitation issues for the children of the Santalpur region.



The fairs are two day events, with an average attendance of 80 to 200 children. Children are invited from different villages to participate in the fair. The grounds and accommodations must be fairly large, since the children eat and sleep at the fair site for two days.

One of the first activities is to conduct a village rally/cleanup, where the children set out early in the morning (6:00 a.m.) and shout out health slogans throughout the village. After the rally, they are organized into small groups and given brooms to clean-up the different areas in the village.

During the day, the fair is set up so that there are eight to ten different stalls illustrating different water and sanitation issues, such as diarrhoea, water conservation, personal hygiene and community cleanliness. All the stall activities during the fair are participatory based with children's high energy levels in view. The children eagerly participate in all the activities and at night, they hold a cultural show, in which the children and teachers participate in skits or song and dance sequences that

incorporate health messages.

At the end of the fair, the teachers and the children are asked to write up an action plan for their own villages, outlining the points and activities they will carry out in their own villages.

The HABK team conducted 20 children's camps in Santalpur on

which the emphasis was given to personal hygiene, clean water, water management, diarrhoea and worms. Two of the camps included a "Puppet Show" into the format of the fair's activities. Eventually, children's camps were organised in every village with the help of the teacher, PP members ICDS workers and linesmen.

Note For more information on activities conducted at a Balmela, CHETNA has published an instructional booklet and video on the organisation and management of a Balmela.

Primary Health Care Staff - PHC staff

Age : 20 to 45

Level of Education : 10th to 12th Standard

Role of the PHC staff

- * To **engage** in field level activities related to familywelfare, maternal health, family planning and immunisation.
- * To **help** improve environmental sanitation at the community level.
- * To **promote** health education activities.
- * To **co-ordinate** with Traditional Birth Attendants and ICDS workers for health related activities.
- * To **take initial** steps to control communicable diseases.

The Indian Government has sponsored a health programme designed to provide primary health care to people with no access to health facilities in rural regions. Since many diseases are

water borne/related or spread by unhygienic conditions, the PHC staff can help to prevent these diseases by disseminating information on water and sanitation to their patients.

The para-medical staff and the Block Extension Officer of the PHC department have health education as a major responsibility in their official job responsibilities. As the ICDS workers have close contact with women and children, it is the PHC staff who has contact with the rest of the villagers (men primarily) needing medical attention. Hence, information on water and sanitation can be spread by them to everyone. In fact, 80 percent of the diseases in the country are allegedly caused by drinking unsafe water. Therefore, it is very appropriate for the government to focus on water and sanitation aspects to prevent occurrence of illnesses.

The PHC staff Training

The first step of the training was to discuss the problems the PHC staff faced at the village level. The list of some of the common constraints is as follows:

- * Misbeliefs, myths and customs concerning common diseases.
- * Villagers not interested in placing confidence in government run facilities. Immunisation schedules not followed correctly.
- * Drinking water availability is irregular in most villages.
- * Diarrhoea is widespread in villages.
- * Shortage of field staff in the government health services.
- * Irregular field visits by the PHC workers.

Since the PHC staff was already educated on problems related to water and sanitation, the CHETNA training sessions were more focused on improving skills in communication and co-ordination. CHETNA was aware that the need for these skills was essential to facilitate the PHC staff to effectively get the water and sanitation message across to the community. Participatory activities were followed during these meetings, emphasising the problems with one-way communication and lack of co-ordination and co-operation skills.

Orientation Tours to Shihori Tubewell Field for Pani Panchayat Members, ICDS Workers and Linesmen

As part of the training in water and sanitation issues, orientation tours to the Shihori Head Works, where water is drawn for the pipeline project, were organised for the Pani Panchayat members, ICDS workers and the linesmen. This tour was organised to educate all the trained health educators on the amount of energy and the financial cost that is incurred in the pipeline project. Several trips were organized, with 20 to 30 participants joining each tour.

At the tubewell site, the executive engineer of the pipeline project explained the technical process of drilling and transporting the water in easy to understand terms. The women were also encouraged to pose questions and express their doubts to the executive engineer. It was a positive experience for the women to

engage in this discussion, because male engineers were answering the women's questions in all seriousness and were not making light of their problems.

All of the participants were pleased with the experience and they were glad to know about the technical aspects of the pipeline.

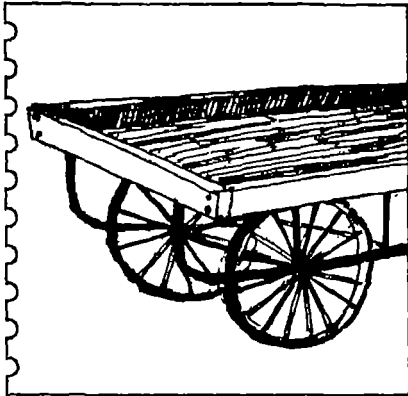
Most participants thought the water came from a check dam on the Banas River and were fascinated to see the water being drawn from the tubewells.

Another benefit derived from this orientation tour was that it was an excellent opportunity for these women to set foot outside of their villages. Many of these

women rarely leave their villages during their lifetime, and CHETNA made it possible for them to take a trip. Most women said that after this orientation tour, they had more confidence to travel outside of their villages to attend other meetings and to engage in other outside activities on their own.



SPECIAL EFFORTS AT THE FIELD LEVEL



Camp for Lari Gallawalas- Hawkers (sellers of food)

The HABK team felt that along with the education of the Pani Panchayat members, ICDS workers, linesmen, teachers and PHC staff, it was imperative to hold a health camp concerning water and hygiene issues for the lari-gallawalas (hawkers that sell exposed food items from stalls that are located on the road side). These food sellers are present all over India and are frequented by most citizens. They could play an important role in propagating correct hygiene standards.

A preliminary meeting held with them highlighted problems like scarcity of water, no place for waste disposal and no legal areas marked for stalls.

The meeting was held on Sunday which was convenient for as many vendors as possible to attend. At the health camp, the HABK team described how water borne and water related diseases can be spread through unhygienic conditions that occur in the

stalls. The team also stressed the importance of using a doya (ladle). The doyas were kept for sale at the camp site and were bought by the vendors. The poster on drinking water management was also distributed.

The Nagar Panchayat (township council) pledged their support to the lari-gallawalas and 10 days after the health meeting, the Panchayat had arranged for a new standpost for the stall owners and a place for garbage disposal.

Gynaecological Health Camp

Even though gynaecological health is not directly linked to water related diseases, its impact on women's general health is of paramount importance. This fact was evident after speaking with the Pani Panchayat members and the ICDS workers who stressed the need of educating the women in the villages on the subject. Although the HABK campaign focused on water and sanitation issues, but CHETNA believed it was important to address as many health problems faced by these women as

possible.

With assistance from the Health Department, the concept of a gynecological camp took shape. The camp required the input of the whole CHETNA team for management and organisation and of the Health Department for the field level activities.

The camp was held on March 12, 1993, to celebrate International Women's Day with financial assistance from CHETNA's Women's Resource Center as a women's health programme. The local PHC staff, members of Bhansali Trust and the SRWSS staff offered their support in organising the camp.

A team of 11 doctors from Ahmedabad Civil Hospital arrived with the necessary equipment at the Varahi PHC Centre. The HABK team expected about 200 women to attend and were amazed when over 300 had registered for the camp. Although three doctors simultaneously examined the women and the other doctors helped in writing prescriptions and supplying free medicine, it was impossible to clinically examine more than about 250 women.



This camp was a prime example of how NGOs and government departments can work together to successfully administer to the needs of the people.

Sanitation Efforts

Usually, the villages in India do not own any concrete toilets; the villagers use open fields or remote corners for defecation purposes. Open defecation pollutes the environment and is the principal source of many illnesses. If these practice could be prevented and the community encouraged to use concrete

latrines, its health status would improve. Sanitation is one of the main components of the integrated project of Santalpur Regional Water Supply Scheme and the Environment Sanitation Institute has been identified as the implementator of this aspect ESI approached CHETNA to conduct village level Shibirs in the two pilot villages, namely Kalyanpura in Santalpur block and Tembi in Kankrej block, where it planned to introduce 100% concrete latrines.

After the latrines were constructed, these two

organisations initiated a joint study cum evaluation campaign regarding the usage of the latrines in these villages. The survey indicated that in Kalyanpura 40% of the latrines and 75% of the bathrooms were used by the population. In Tembi latrines and bathrooms were used by 73% and 93.5%, respectively. A number of reasons are responsible for the rest of the community's reluctance to use these facilities. However, CHETNA had no direct involvement in the latrine construction thereafter.

COMMUNICATION MATERIAL FOR FIELD BASED HEALTH EDUCATION

Poster



A poster was developed to promote the use of a doya (ladle) and the importance of filtering water. The drawing on the poster was extensively field tested before CHETNA printed the final copy. The poster was produced to motivate people to use it.

Postcards

A postcard was designed with the symbol of the water pot on it. This postcard was sent to the Pani Panchayat members, ICDS workers, teachers and linesmen whenever an HABK activity was being organised in their village or to invite them to a CHETNA training session.

Flip-charts

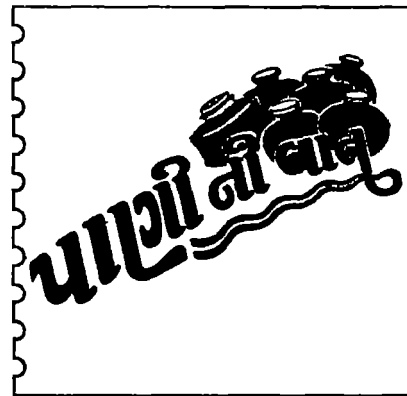
User-friendly flip-charts were created to help the Pani Panchayat members, ICDS workers, linesmen and teachers spread the water and sanitation messages in a more effective manner. There are four separate



flip-charts depicting the following issues:

1. Water and its Uses
2. Water at its Source
3. Community Cleanliness (Key to cleanliness)
4. Role of the Linesman

While the scripts were written elaborately for the story line, pre-testing essentially involved assessing whether the women were able to weave a story out of the visuals. If the story they created was nothing like the script or did not convey the message, the visuals were modified



Pani ni Vaat (Newsletter cum poster on water and sanitation)

Three issues of the newsletter cum poster "Pani ni Vaat" have been published. Each newsletter discusses an individual issue on Water and Health Activities, details about Diarrhoea and Malaria, etc.

The newsletters have been distributed to all village Pani Panchayat members, ICDS workers, PHC health staff and teachers. During the village follow-up visits, it was observed that the "Pani ni Vaat" was displayed on the walls of many ICDS centres, schools and at the GWSSB office in Radhanpur.



Video Documentation of the HABK Project

CHETNA has filmed many of its field level activities in the Santalpur block on video. Towards a Healthy Life is a 13 minute video documentation which depicts the strategy and activities conducted in the first two years of the HABK campaign.

Reports on the Follow-up Activities

After a Women's Mela was held

and the Pani Panchayat members, ICDS workers, linesmen and teachers were also trained in water and sanitation issues and communication skills, the HABK team then encouraged the trained health educators at the village level to take on the responsibility of health education

Instead of leaving the health educators entirely on their own after the training sessions, the HABK team continued interaction at the village level by conducting regular monthly

follow-up visits

After the meetings, the HABK team submitted a report of their observations of the village hygiene conditions and recorded the issues that the villagers discussed. These reports were documented as a reference to monitor future progress of the village.

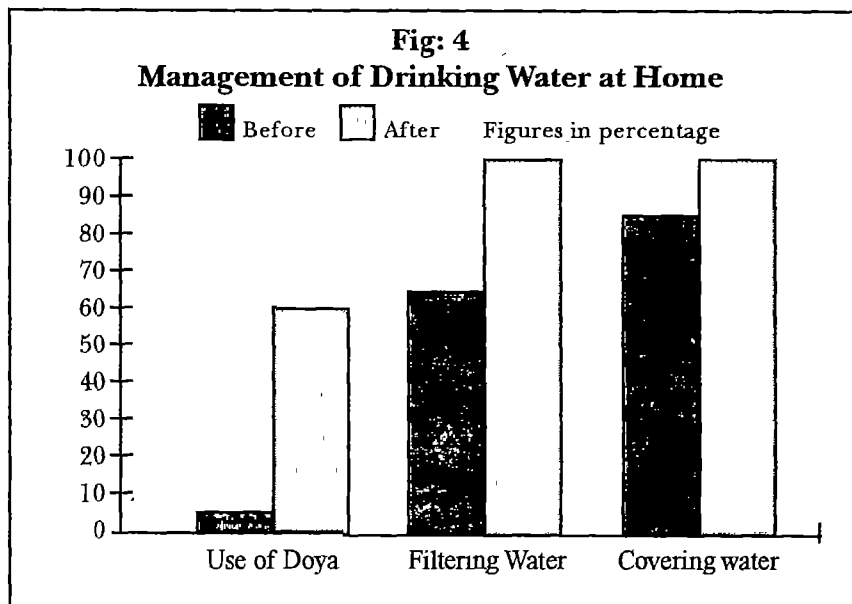
IMPACT OF HEALTH AWARENESS CAMPAIGN AT SANTALPUR BLOCK

A sample size of 47 households was surveyed from nine selected villages. A selected KAP study was conducted in the year 1991 to understand the knowledge, attitudes and practices related to water and hygiene. At the end of the awareness campaign, another KAP study was conducted in the same villages to assess the change. Though the study was conducted on a small scale, it gave an overall idea of the impact of the health awareness activities.

CHETNA's strongest impact on these communities has been on the management of drinking water and change in personal hygiene habits.

Management of Drinking Water at Home

Management of drinking water at the household level was emphasised during camps. Three main messages were given: filter water, cover water and use doya. A special poster was developed and widely distributed. The villagers, especially women, were encouraged to display it at the Paniyara (A wooden or concrete stand to keep drinking water pots).



As can be seen from Fig - 4, the practice of filtering water increased from 64% to 100% and the practice of covering the drinking water increased from 85% to 100%. The important habit of using the doya to remove the drinking water from the pots has increased from 4% to 60%, an encouraging achievement. It is worthwhile to mention here that the survey conducted by IIM Ahmedabad for World Bank also indicated that 60% of the community is using doya in the villages where CHETNA has conducted health awareness activities. Doya was sold after village camps by CHETNA team which was appreciated by villagers and has also led to the positive effect.

Water Supply and Management of Standposts

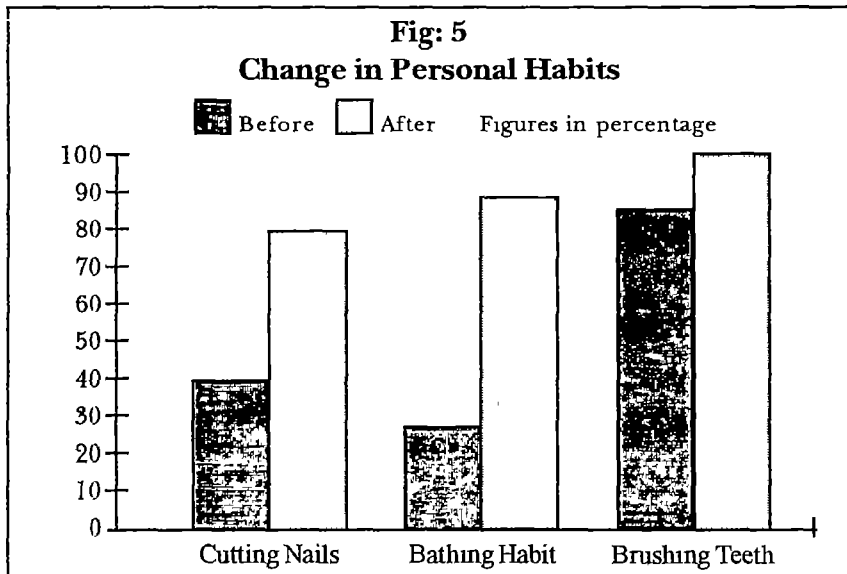
The villages in the Santalpur blocks are located on the tail end of the SRWSS pipeline. Of the 10 villages surveyed, six reported that water was not being received regularly.

The activities to clean the standpost have been initiated in various villages by the linesmen, women or children. The results indicate that 55% are maintained by the villagers, 48% by the linesmen and 2% by the PP members. Also, washing of clothes does not take place at the standpost level. The data indicated that after the campaign, at present 78% wash at the household level and 22% utilise pond or well water to wash their clothes. 13% of villages use plantations to effectively dispose waste water.

Change in Personal habits

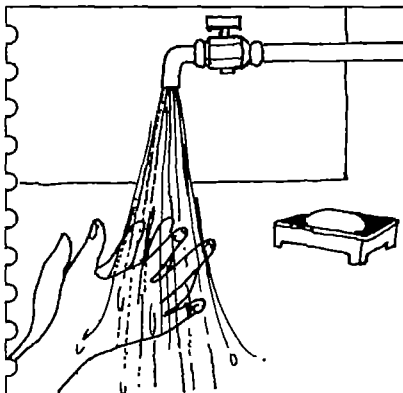
In terms of personal hygiene habits, awareness activities emphasised cutting nails, bathing regularly, brushing teeth and washing hands after defecation.

As can be seen from Fig - 5, the practice of cutting nails has increased from 40% to 79%. It is important to note here that since women and men are involved in physical labour, their nails rarely



grow. The important change indicates that communities have taken the initiative to trim their own children's nails which was a positive impact. Nail cutters were sold during village camp to encourage this habit. The practice of bathing habits increased from 26% to 87%. Prior to the campaign, they bathed once a week which has now become every alternate day or three times a week. It is important to note that availability and regular supply of water affects the change in this kind of practice.

Regarding washing of hands



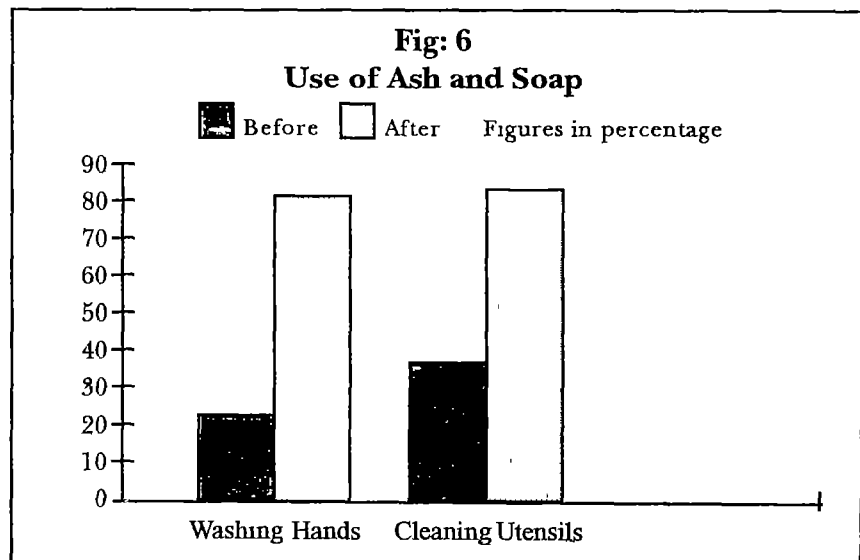
after defecation, prior to the campaign 100% had indicated the positive answer. There was no change in percentage, but the important change noticed here

is that they started using ash/soap to clean their hands, as can be seen from Fig - 6. Prior to the campaign only 23% used ash. This number increased to 81% after the campaign.

The use of ash was repeatedly discussed during the campaign as a means of avoiding worm infestation. 79%, as compared to 36% before the campaign, use ash to clean utensils.

Observations related to environmental sanitation

During the post KAP study,



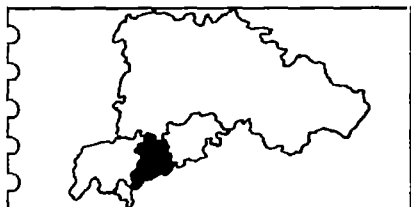
efforts were made to observe the surroundings of households and villages. It was noticed that 96% of household surroundings were clean. Regarding waste disposal the results were not very encouraging. The villages still had garbage heaps near the houses. It is important to mention here that this message was not presented and related activities were not conducted at the village level during the health awareness campaign.

Conclusion

The overall results of the impact of health awareness are encouraging. However, the environmental sanitation aspects need to be strengthened. It is felt that this aspect was overlooked. It was, however, strengthened in the Radhanpur block. Supplying doya and nail cutters has had a positive effect in their use. This strategy can be repeated in other health awareness programmes.

IMPLEMENTATION OF THE HEALTH AWARENESS PROGRAMME ACTIVITIES

Efforts at Radhanpur Block



As mentioned earlier, CHETNA mainly works as a support organisation. In this capacity, CHETNA has been collaborating with a local NGO, Bhansali Trust, in the Radhanpur block.

Bhansali Trust has been working in the Banaskantha region for the last 25 years and has established a rapport with the villages in this area. Bhansali Trust has set up hospitals and one school in the Radhanpur block and it has organised eye

camps and a famine relief effort as part of its overall development activities. Bhansali Trust is also dedicated to water conservation and the promotion of traditional water sources. Because of its strong interest in water issues, Bhansali Trust was willing to work in collaboration with CHETNA on the water and sanitation campaign.

One of the projects implemented by Bhansali Trust is the government initiated Integrated Child Development Scheme (ICDS), an on-going government project which Bhansali Trust is managing. The ICDS workers are trained to provide pre-school education to children and general health education to new workers. Adding water and sanitation education to the existing ICDS curriculum was not a difficult task. The ICDS workers have been enthusiastic to integrate these new issues into their health education and they have been an integral part in the planning and implementation of

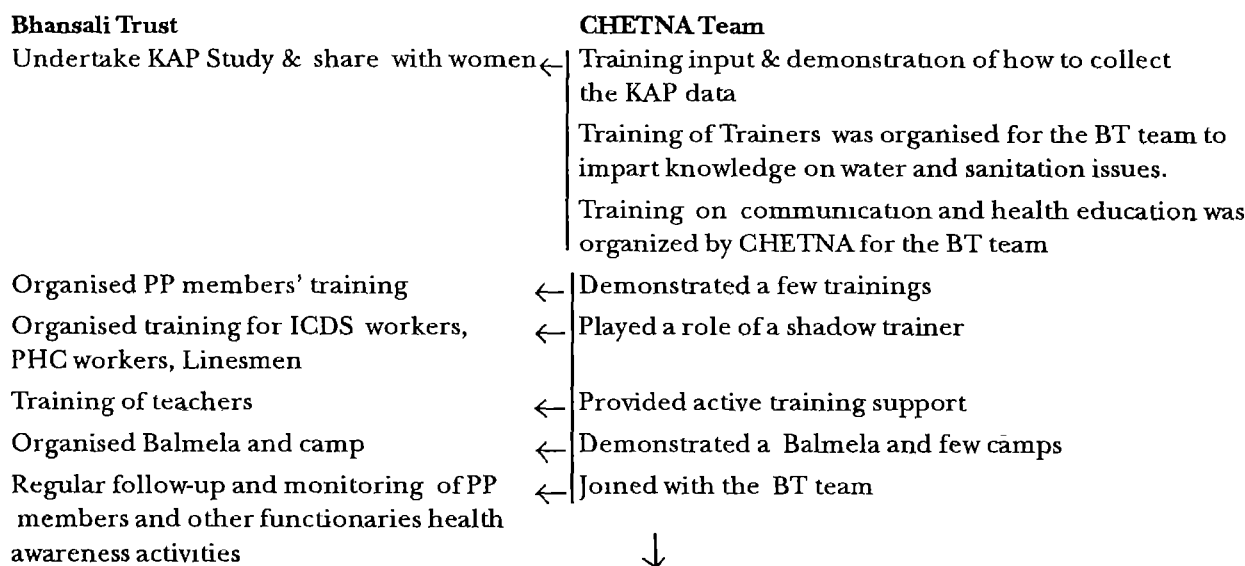
the Bal Melas in the Radhanpur block.

Due to Bhansali Trust's wide experience at the field level in the Radhanpur block, they were able to launch an effective Health Awareness Campaign in this area, as well as ensure its effective implementation at the field level. Their organisation is known by both the people in the villages and by the Bhansali Trust sponsored ICDS workers. CHETNA is a support organisation and it was a natural step for CHETNA to work in a support capacity with Bhansali Trust. This collaboration continued until Sept. 1995.

With a mutual understanding Bhansali Trust took the responsibilities of implementing the health awareness campaign. CHETNA provided support in planning, monitoring and evaluation of the programme. It also continued to provide training input and necessary health education materials.

Strategy of the Programme

The implementation strategy of the health awareness campaign at Radhanpur was the model of Training of Trainers. The details are given in the following chart.



Jointly evaluated efforts

The HABK Field Staff of Bhansali Trust

Bhansali Trust has a team of workers that are doing field level work that CHETNA conducted in the villages of the Santalpur block. The team consists of one full time worker and two enthusiastic ICDS workers that have taken on the work from the HABK campaign on top of their ICDS duties. Bhansali Trust started their campaign by conducting a KAP study, with CHETNA's support. CHETNA then held a Training of Trainers (TOT) for the HABK staff of Bhansali Trust so that they could effectively execute the work of the HABK campaign in the Radhanpur block.

KAP Study in Radhanpur Block

To ensure a firm foundation of the HABK campaign, the central theme of the participatory approach was used to strengthen the existing knowledge at the community level. For this purpose, a KAP study to collect data on the knowledge, attitude and practices of the community regarding their habits related to

drinking water, personal hygiene and sanitation was conducted. A questionnaire was developed that surveyed four topics to elicit information on:

- * General information and observations at the village level.
- * General information and observations at the personal level.
- * Personal hygiene.
- * Environmental sanitation.

The KAP study was conducted in March 1994 by the BT team with training input of CHETNA.

Training of Trainers by CHETNA

Bhansali Trust has extensive experience and an established network to function at the field level. To utilise this infrastructure effectively for health education, CHETNA conducted a Training of Trainers (TOT) programme for the members of the Trust. The objectives of this TOT were:

- * To orient them about the HABK programme and the role of the BT team in it.

- * To strengthen their knowledge regarding water related health and sanitation issues.
- * To improve their communication and health education skills.

The three members from the Bhansali Trust's HABK team, three supervisors from the ICDS project and the engineers linked with Bhansali Trust's ground water management programme participated.

The programme started with an introductory session informing them about the objectives of the training, followed by introduction of the participants. To understand the village situation and the practices that villagers follow related to water and sanitation, the data related to the KAP study was discussed in detail. Other activities included sessions on health related issues, water borne and water related diseases and communication skills. The staff from Bhansali Trust was also requested to make suggestions as to how to make this campaign more effective in the Radhanpur block.

Activities at the Field Level

In the Radhanpur block, the emphasis of Bhansali Trust, with the support of CHETNA, was to organise health education meetings, women's camps, village clean-up days, Balmelas (Children's Fairs), to distribute of CHETNA educational material and to monitor activities in the villages of the Radhanpur block. The Bhansali Trust team eagerly promoted these activities and worked efficiently and quickly promoting the HABK campaign





through their field staff and ICDS workers.

Bhansali Trust, while continuing with these activities also organised women's camps and Mahila Melas (Women's Fairs) in the Radhanpur villages. Bhansali Trust reached as many women and children as possible.

Efforts at the Government Level

Bhansali Trust has been involved in a number of development schemes/projects in Banaskantha district, some of which work closely with the government departments. In addition to this, they have assumed the major responsibility of implementation of several government programmes, namely ICDS and the government immunisation programme. It has developed a very good rapport with the district and block level government officials.

Bhansali Trust has continued at Radhanpur the co-ordination efforts which CHETNA initiated with the government functionaries at Santalpur block. With support from CHETNA team the communication

training for the teachers, PHC staff and linesmen was organised successfully.

Monitoring Activities

Follow-up Visits

Bhansali Trust conducts regular follow-up activities in the Radhanpur block. The team goes into villages in the Radhanpur block, reports on the conditions of the standpost and holds village level meetings with the Pani Panchayat members, ICDS

workers, PHC staff, linesmen and teachers to discuss the successes and problems they face at the village level.

ICDS Worker's Village Reports

Along with the follow-up visits in the Radhanpur block, Bhansali Trust has engaged the help of the ICDS workers in the monitoring process. The ICDS workers are a valuable resource for this project, since they know the health and water conditions of their villages very well. The ICDS workers of the Radhanpur block meet once a month at the head office of Bhansali Trust. During these meetings the ICDS workers fill out a form about the condition of the standpost, the hygiene of the community and the actions that have been taken on these issues. This information is then given to the HABK team at Bhansali Trust to use. This consistent form of monitoring is an effective tool to check the progress of the HABK activities in these villages.



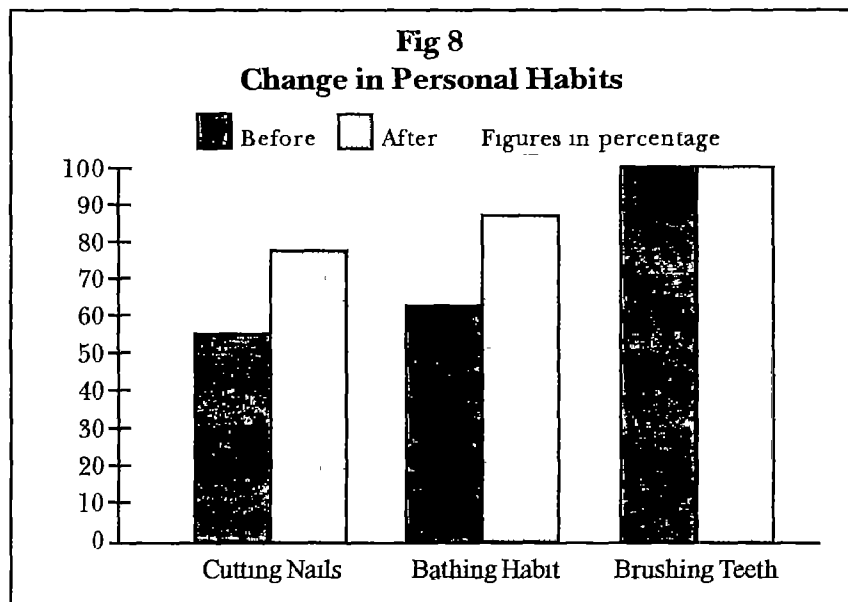
IMPACT OF HEALTH AWARENESS CAMPAIGN AT RADHANPUR BLOCK

Similar to Santalpur block, the KAP study was conducted before and after the health awareness activities. 9 villages were surveyed in Radhanpur block. The first survey was conducted in the year 1994 and the final survey was carried out during 1995. The interval was about 1 ½ year. In Santalpur block the time interval was three years.

Management of Drinking Water at Home

As can be seen from Fig.7 filtering of drinking water has increased from 87% to 93%

There was no change in the practice of covering of the drinking water as it was 100% from the beginning. Regarding the use of doya the percentages have changed from 0% to 13%. The change is not very encouraging. One of the reason would be that in Radhanpur



block the 'doya' was not distributed keeping in view the fact that since the villages were near Radhanpur town, the villagers would have taken the initiative to buy their own doyas. The distribution of doya may have helped to promote its use.

Supply and Management of Standposts

The supply of water in Radhanpur block was more or less regular. it was noted that

84% of the villages surveyed had clean standposts and 98% of the villagers indicated that it is the responsibility of the villagers to keep the standposts clean. This indicates ownership of the water source among community. All the villages had well maintained cattle troughs which were used only by animals.

The villages have taken initiatives to stop the other activities such as bathing, cleaning utensils and washing clothes at standposts. After the campaign 94% were washing clothes at home and 6% of at pond. No one is using standpost. 90% indicated that breakage of taps decreased after the campaign. In two villages plantation for disposing waste water from standposts has taken place.

Change in Personal Habits

As can be seen from Fig-8 the practice of cutting nails has increased from 55% to 76% Bathing habits from weekly changed to an alternate day and increased from 61% to 85%.

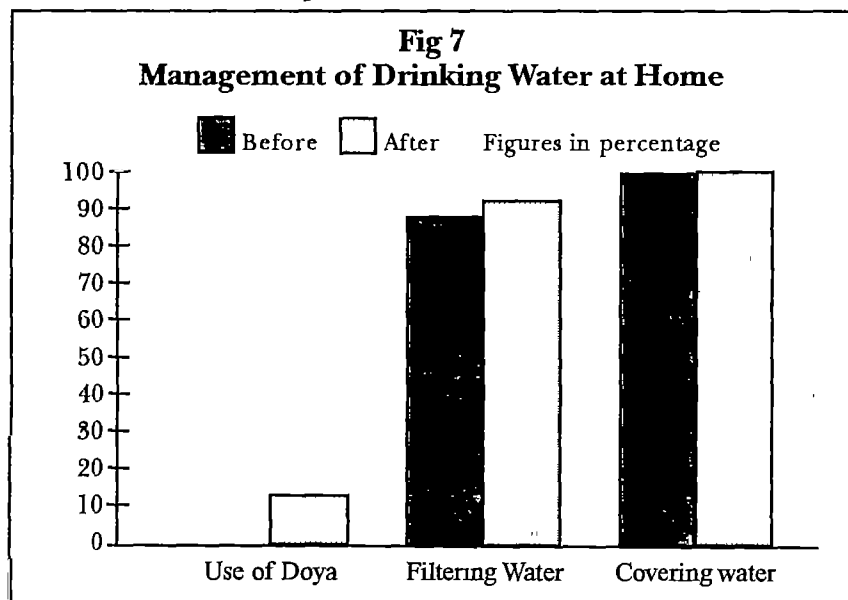
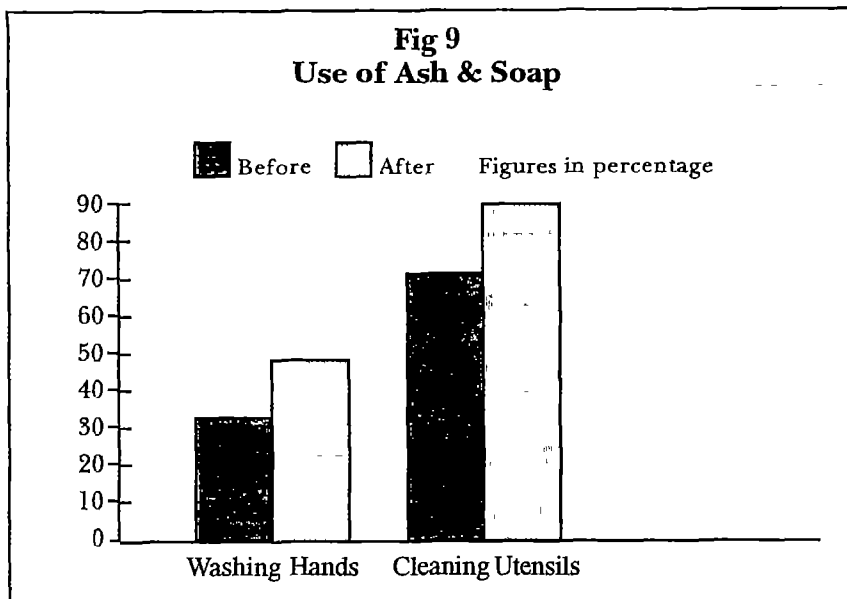


Fig 9
Use of Ash & Soap



Since 100% has mentioned cleaning of teeth prior to the campaign as expected there was no change.

As the data indicates only 33% were using ash/soap and water for washing hands. This percentage increased to 48%. The habits of cleaning only with water and mud remained prevalent. Use of ash was promoted to 87% for cleaning utensils - Fig - 9.

Observation Related to Environment Sanitation

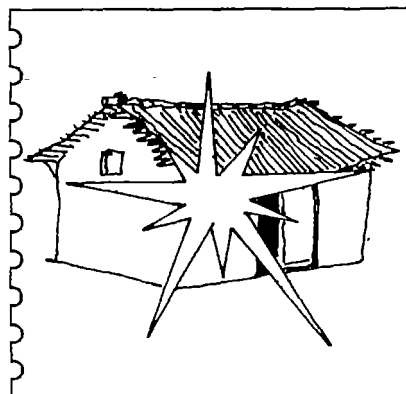
In Radhanpur block extensive

efforts were made by involving the local leaders in the change of location of Ukarda (garbage heaps). 50% of the surveyed villages have changed the place of Ukarda from inside the village to the outside village. In one of the villages the Ukarda was a major problem. Villagers removed it and constructed a religious structure at the site. This was a positive use of religion and cultural practice. The household surrounding in 100% of the villages were clean and 90% of the families mentioned that they go to the field for defecation. They do not defecate near the pond or inside the village. They also cover the

feces of the children if they defecate near the house.

Conclusion

For Radhanpur block the 1 ½ year period for implementation and evaluation of the programme was short. However, the impact was positive, especially in term of environmental sanitation and involvement of community for the same. The practice of percentage of personal hygiene can be increased with a longer time frame.



IMPACT OF HEALTH AWARENESS ON INVOLVED GOVT. FUNCTIONARIES OF SANTALPUR AND RATHANPUR BLOCKS

CHETNA has invested time, energy and other resources in educating government functionaries to help them to develop their communication skills. The health education material specially developed in the HABK programme and other health reference material developed by CHETNA was distributed among them to improve the health education component at the field level. At the end of the programme their views on this effort and how it has proved useful was discussed. The data is presented here.

Anganwadi Workers

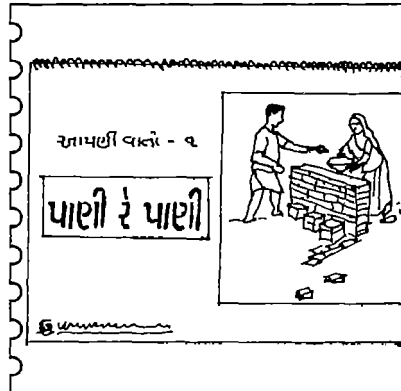
CHETNA team held regular monthly meetings with the AWW to strengthen their field level perspective on water and sanitation. About 134 AWW benefitted from the health awareness programme. A special training programme was organised to develop their health education skills.

New Knowledge

According to the AWW, through the HABK project they gained new knowledge on the importance of maintaining water sources and its relevance to water born diseases, how to prevent water born diseases, how to promote community participation in water related programmes, and how to impart health education effectively at

the community level among both adults and children.

Impact of Health Education Material



The education material was found very useful and effective. As it was in the form of an illustrative story, it was easily understood at the field level. They are continuing to use the material during village or women's meetings to impart education at the field level.

Impact of Training

The impact of the training was assessed at two levels: the improvement of their health education component and their personal development. At the work level they felt that due to training and available health education material, they are no longer dependent on the CDPO or the supervisor to impart the health education at the community level. The skill of imparting health education has been developed. The community listens to and respects their health messages.

At a personal level they shared that their overall confidence has increased, they are now able to understand many issues from a scientific perspective. Family members also respect them due to their increased knowledge on health. They have personally

been able to implement many healthy practices at the household level.

Health Worker

During the HABK programme, about 76 para medical staff members, including Auxiliary Nurse Midwives, Sanitary Inspectors and Block Extension Educators, were trained on different aspects of health focusing on water and sanitation and health communication. Their views on the impact of the health trainings are as follows.

New Knowledge

They explained clearly that these trainings helped them to understand cause and prevention of water borne and water related diseases and how to impart such education at the field level, especially among the illiterate group. They recognised the importance of their own attitude on health education and its impact at the community level.

Impact of Health Education Material

They expressed that prior to the HABK programme, very little health education material was available that would have been appropriate for the illiterate community. The material given during the HABK programme has proven very effective and at present they are using it during their village visits.

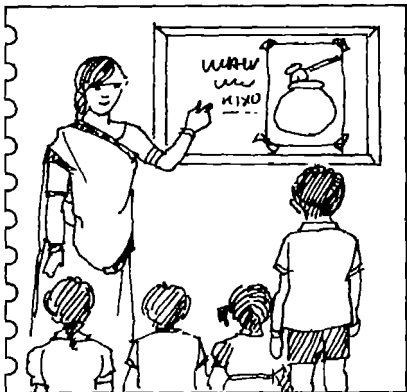
Impact of Training

While discussing the training programme, they mentioned that it has enhanced their training and communication skills. They are now effectively organising health education trainings at the

grass-roots level. The improvement has been observed in their on-going programmes, especially in the organisation of village camps on various health subjects. The health staff now gives priority to water related topics in their health camps. Also, community participation has increased.

School Teachers

About 203 teachers participated



in different trainings organised under the HABK programme. School teachers were included in the HABK programme to facilitate the involvement of children in the health education process. In this context their role was very effective. In addition, they benefitted equally from the HABK programme. Their views are as follows.

New Knowledge

As all others, the teachers also felt that they learnt new concepts in the field of health, specifically in the areas of water and sanitation.

Impact of Training

For the teachers this was the first such exposure in the field of health education. They strongly felt that their communication skills improved and that the process of learning how to make education interesting for children has been initiated. The concept of the Balmela - Children's Fair was well accepted by them. They are using the concept and the activities with children to impart health education related to water and sanitation.

CLOSURE OF THE HABK PROGRAMME

Efforts at Field Level

During the year 1995, end of the HABK project, two major events, Panchayat election and decision to formalise the Pani Panchayat as Pani Samiti under the Panchayat Act took place. Both these events had close linkages with the HABK project. The Panchayat election brought the formal administrative structure at the village level. Due to special reservation for women in Panchayat it provided golden opportunity to village women. In the project area many PP members were elected. Immediately after the election the process of the development of the Pani Samiti was initiated by SEU in collaboration with Panchayat department.

Keeping these in view, it was thought worthwhile to organise a field level co-ordination meeting of the Pani Samiti members and the formal Panchayat members in collaboration with Executive Engineer, GWSSB, Taluka Development Officer (TDO), SEU Ahmedabad.

The objectives of this meeting were:

- * To sensitise the new formal leaders about the importance of health education and the past efforts made by CHETNA and Bhansali Trust in HABK.

- * To clarify the role of each Pani Samiti and formal Panchayat member in the maintenance of the water source at the village level and in the continuation of the health education process.

- * To encourage communication and rapport between the formal village leaders, Pani Samiti with GWSSB and Panchayat department to ensure the regular supply of water at the community level.

A cluster of 10-12 villages were called at one place to attend this meeting. After the general discussion on health education efforts, each village Pani Samiti discussed their individual roles in the maintenance of the water source and continuation of health education activities in their village.

The magazine Pani Ni Vat was developed on the same theme and distributed among the participants. The necessary health education material was distributed as per the need of the Pani Samiti.

At the end of the meeting the main objective of the coordination was achieved. It was the first opportunity for the TDO to know about the water programme in detail and the health education efforts done at the village level. As a follow up of the meeting the TDO would now discuss the issue of water and health education in their regular

meetings. And actively coordinate with GWSSB through Pani Samiti. The meeting proved most useful to the women members as they could give suggestions about the coordination at village level in front of all concern officers and individuals.

Efforts at Government Level

In the SRWSS scheme, CHETNA had strategically aimed to involve the government departments in its health education activities. To ensure that the initial benefits gained by CHETNA's health campaign continued even after completion of CHETNA's programme. After holding meetings at regular intervals at state level with the Department of Health. Two monitoring forms for household and community level were designed and field tested.

These forms would be introduced at district level through the existing health infrastructure. At district level DHO through regular review meeting and coordination with the Department of Panchayat and GWSSB will ensure the necessary follow up activities.

This development was a major step towards the sustainability of CHETNA's health education campaign in relation to water, hygiene and environmental sanitation.

LEARNING FROM THE HABK PROGRAMME

After a five year involvement in the process of health education, the team experienced many situations and new concepts evolved which we would like to share here.

Integrated Development Approach

The Netherlands assisted programme was well thought out in terms of integrated development of the community. It addressed the needs of drinking water, health education and income generation. However, the three components were introduced at different times. After the hardware was installed, they realised the importance of income generation and health education components, which were incorporated at that time. However, due to administrative problems at CHETNA, the health education component could not be introduced simultaneously with SEWA's income generation component.

Although it does not appear to be a major problem, the lack of co-ordination had a continued effect on the health education programme. The main reason was that the community immediately received the water without making a monetary contribution. The Dutch government envisaged that the income generation activities would pay for the pipeline. However, when this programme was finally introduced, the people were not willing to begin

paying for the water. Income generation activities are the priority at the village level. When the health education programme was introduced one and a half years after the income generation programme, there was no immediate gain, financial or otherwise, and hence no support. To win the confidence of the community, CHETNA had to make concerted efforts at the field level. This situation affected the overall planning and the time frame of the programme.

Community Participation in Health Education

To ensure the effective output of health education, CHETNA aimed to ensure community participation at all levels. Initially the process was slow but it proved to be extremely effective; conducting the KAP study, developing health education material in collaboration with the community, organising Women's Health Melas, selecting the PP members and training women as health educators and workers were the key components in the process of eliciting community participation. Looking at the scope of the achievements of the HABK project, it is evident that these processes played major roles. Also, to a great extent it has helped overcome the problem of the health education programme versus the income generation programme.

Inclusion of all Sections of the Community in the Health Education Process.

CHETNA initiated the health awareness programme exclusively through the women of the community for two main reasons: women are closely linked with the water issue and CHETNA has extensive experience working directly with women. In this process, the other members of the community, mainly the children and the men, were excluded from the first year's health education efforts.

From the second year they were involved strategically and it helped to achieve the goal of health awareness at the community level. We would like to suggest that if such programmes are initiated again in the future, they need to include all sections of the community from the start. This implies class and caste structure of the community also.

Inter Relation of Hardware and Water Related Health Education

During the HABK programme, we realised that maintenance of the water source and supply of the water has a direct impact on the health education processes. Wherever the supply was not regularly maintained, it was difficult to impart the health education. Rather than concentrate on the health education activities, the team had to spend time listening to the community's problems and

hardships related to water.

Due to this constraint, the HABK team spent a considerable amount of time as liaison between the community and GWSSB. This role was not visualised prior to implementation of the programme. The major learning we concluded from this process was that prior to the implementation of a health awareness programme, the hardware problems need to be solved. The best solution would be to present hygiene education to the community just before the installment of the water source. This would help to ensure community participation in the maintenance of the water source at the village level and the effective implementation of health education.

Co-ordination with Government

CHETNA was very clear about what was needed to sustain the programme at the field level and therefore made maximum use of the government infrastructure from the beginning. This process helped to develop a health education structure parallel to that of the government, ensuring easy withdrawal from the community and continuation of the education.

CHETNA initiated the link with the government through the informal block level relationship and then later formalised the process at the state government level. Though this process was effective, looking back at our experience we feel that to have made efforts simultaneously, formally at the state level and informally at the block level, would have helped to achieve more in the same time frame.

However, the most important lesson learnt is that co-ordination with the government is required to ensure continuation of the health education process at the community level.

Co-ordination with Local NGO - Bhansali Trust

To implement its health education strategy, CHETNA initially worked at Santalpur block. Later it co-ordinated with Bhansali Trust to implement the same strategy at the Radhanpur block through the Training of Trainers model. This strategy was found to be more effective due to Bhansali Trust's rapport with and commitment to the community and CHETNA's extensive training experience.



