COMMUNITY PARTICIPATION
HOW IT WORKED
IN
HALDUMMULLA AND SEELATENNA

BY

H.I. KARUNADASA

NATIONAL WATER SUPPLY AND DRAINAGE BOARD

FOREWARD

The Public Standpost Water Supply and Sanitation Project is organised and implemented by the National Water Supply and Drainage Board of the Ministry of Local Government Housing and Construction. This programme is sponsored by the International Reference Centre for community Water Supply and Sanitation, Netherland.

This interim report presents the progress so far made in various aspects of the project in which community participation and Health Education played a dynamic role in making communities understand the objectives and realted activities of the project and working with them and getting their assistance to plan their own Water Supply and Sanitation Programme.

It is indeed encouraging to note that when people are made to associate and given the opportunity and much needed guidance with the appropriate technological assistance they themeselves are capable of assisting in planning and implementing a programme of Water Supply and Latrine Construction within their effordarability. The more striking feature is the awakening and the realisation of the people that the programme is theirs and the responsibility for the maintenance falls on them without it being a burden on Government resources.

17.11 With participation they have been able to identify their own resources, mobilise them for community work and share the benefits.

17.12 With participation they have been able to forget their differences and get together and work for their own growth.

17.13 With participation they have been able to select volunteers and arrange for their training in health education.

17.14 With participation they have been able to get the volunteers to visit families and conduct health education work.

The association of community in making decisions as regards planning and implementation of the community share of the construction of the water supply, performing these activities by utilising local resources on donation of local labour basis, the understanding and the commitment that they have to construct their own latrines using low-cost technological models and the involvement of local population actively in project activities reflect the extent to which the community participation has been intergated into the project.

This is a brief statement of what we have been able to achieve so far in this project. It is assumed that much more could be achieved if community participation could be utilised in a proper manner.

The constrains which have emanated during the process have successfully been overcome by palnned interventions. What has been achieved with community participation is seperately edited illustrating areas achievable in a project of this nature. I thank the project staff for their efforts in making this project a success.

The project with is the first of its kind being implemented by the Board has generated considerable interest amongst donor agencies and others who are interested in organising similar programmes. I will be happly to have comments that will promote further improvement beneficial to all .

N.D.Peiris,
Chairman, National Water Supply &
Drainage Board.

ACKNOWLEDGEMENT

The objective of this report is to describe briefly the progress already made in respect of the Water Supply and Sanitation project where major emphasis was laid on health e education and community participation and to request comments of the Project Management Committee and the others who are keen in projects of this nature.

I am grateful to Mr.N.D.Peiris , Chairman NWS&DB whose wide experience, dedication and enthusiasm to ambark on a project of this nature to evolve a process to build the future rural water supply programmes has strengthened my ambition to undertake this project. The reviews and comments of other members of the Project Management Committee Messrs, RHP Fernando S.AS. Ministry of Local Government Housing & Construction, Mr.T.B.Madugalle, General Manager, Dr. T. Munasingha Director , Health Education and Publicity and Mr.Percy Lao WHO Sanitary Engineer are gratefully acknowledged.

The guidance and support received from Mr.Michael Seager the Project Manager of the sponsoring agency, the WHO International Reference Centre for Community Water Supply in Netherland was helpful in a big way from the early inception of the project. His services are appreciated with grateful thanks.

Mr.P.M.R.Pathiraja who functioned as Project Manager from the beginning of this project has made strenous efforts to bring the project to the present standard and contributed a lot in encouraging me to write this brief progress report. We both did out best having undergone an experience which involved a deeper understanding of rual communities, planning and working with them to realise the project opjectives. His efforts are gratefully acknowledged. I owe my special thanks to Mr.J.A.Kulatilleka Manager, Construction, Bandarawela and Mr.K.M.S.A.Bandara , Manager Construction Anuradhapura for their contribution from the begining to make this project, a success and Mr.D.J.L.Jayasinghe, T.A.Padaviya Mr.H.E.Tennekone, T.A. Haldummulla for their co-operation.

The valuable guidance and co-operation received from Mr. A.S.Kaluarachchi A.G.A. Padaviya and his field staff, and Mr. K.D. Piyasena A.G.A, Haldu mully and his field staff is much appreciated.

I am also thankful to Dr.S.W.M.Perera M.O.- H.E.B.Messrs R.A.C.Banaweera, B.A.Ranaweera, M.D.Dharmasena , Sirimal - Peiris Health Education Officer, Mr.Thusita Malalasekera Publicity Officer all of the Health Education Bureau of the Ministry of Health Mr.Jinandasa Seneviratne, HEO SHS office Kurunegala, Mr.A.D.Ariyadasa , HEO SHS officer, Anuradhapura , Mr.M.E.M.Somasekera, HEO SHS office Badulla for assistance in conducting socio-economic surveys and training programmes.

The contribution of Mr.S.I.M.Laleel HEO and Mr.S. Disanayake PHI Haldummulla in implementing field programmes is very much appreciated. My thanks are also due to Dr.E.Gunatilleka MOH Kahatagasdigiliya and Dr.E.A.Padmasiri MOH Bandarawella Dr. Mahinda Perera, DMO DH Haldummulla Dr. M.A.Bishral Hafi DMO DH Padaviya Mr.M.Jayakarunatilleka PHI Padaviya for their assistance to make this programme a success.

Finally is is with deep sense of gratitude and appreciation I mention the Gramodaya Mandalayas and Voluntary Organisations and people of Haldummulla dn Padaviya for their co-operation extended to us in implementation of this project.

My thanks are also due to Mis.Suwanthri Karunaratne and Miss. Shyamalie Dewasurendra, of NWS&DB for typing this report , Mr.A.P.Harrison Office Peon for his assistance and others in Design Section for giving their support and co-operation in the implementation of this project.

H.I.Karunadasa

TABLE OF CONTENTS

INTRODUCTION :

Community participation has become an integral component of all development programmes in the rural sector of Sri Lanka. Different project coordinating agencies, Government Departments and NGO 's apply different processes in utilising community participation for planning and implementation of their respective programmes in the rural sector.

At the time when the International Reference Centre, Netherlands supported rural water supply and sanitation project was undertaken by the National Water Supply and Drainage Board of the Ministry of Local Government Housing and Construction, the field for community participation and Health Education in water supply and sanitation was wide open for there had neither been attempts made in this sphere of activity nor any programmes of similar nature planned and implemented by this technical institute.

The planner had the complete freedom in evolving a process feasible for the construction of rural water supply schemes and sanitation with community participation. Every endeavour was made to try out a new line of approach deviating from the traditional and sophisticated pattern of planning that took off from within the four walls of the 'planning rooms'. To my mind all such 'four walled planning' has accelerated the gap between the planners and the beneficiaries in every possible way.

During the exploratory survey one Gramodaya Member remarked, saying "Various types of people come with different types of plans and they want us to do this and that. We, without knowing this or that do something (this or that), to please them . This a big headache to us. They think that we are their servants and a set of fools". These were the very words received during the survey. In another instance

where we were trying to identify local leadership by applying a sociometric technique a middle-aged housewife suggesting the name of a person whom she believed to be a leader to do some work in the village, remarked "all these are for them and not for us. There was no instance where we received any benefits from any programme. This will also go to their bags".

Although it was decided to have the participatory planning approach these remarks made the planner to think deeply as to how to involve all the people for planning; how to convince them; how to approach them; and how to get them to understand that this is something of theirs. It was not definitely the way that the earlier programmes of this nature have been done. It was gradually a step by step process modifying wherever it was needed. The Project Management Committee was informed at every step and guidance obtained. So it became a challenging task to the present project to evolve a process and to develop a set of guidelines on the experiences of the present project which was successfully completed this year.

The guidelines developed here were completely based on the experiences of the Public Standpost Water Supply Projects, the Rehabilitation Project of Seelatenna and the Sanitation and the Sanitation Programme of the Ministry of Health for which the project provided technical expertise and health education in an experimental strategy of participatory approach where community participation played a dynamic role.

The guidelines are a product of the guidance of the Project Management Committee, nearly thirty years of experience of the writer and the contributions and comments of the community where projects were in operation. It should also be noted that the process developed here was not a preset one but one which has emerged while the project was in operation. During this process necessary modifications were made changing the actions preconceived to be feasible to the ones that have emerged as a result of project interventions. Therefore, these guidelines are considered to have the virtues of practicability.

The experiences of the first project of Haldummulla were invested in the Rehabilitation Project of Seelatenna. It was a tremendous success where the community rehabilitated the technical system with great enthusiasm within a two month period. Although the technical rehabilitation was achieved within a short period the socio-cultural rehabilitation appears to be taking more time and the rehabilitation efforts are being made to achieve the rehabilitation of undesirable behaviours.

The problems that were identified are intended to be discussed further at a workshop along with other guidelines.

The operation and maintenance, recovery of costs and other technical aspects etc. would be covered in another report.

1. OBJECTIVES :

1.1 To develop appropriate strategies, methods and techniques for the planning implementation and management of Public Standpost Water Supply System and Sanitation in the rural sector of Sri Lanka.

1.2 To evolve processes which are socially and technically feasible to rehabilitate Public Standpost Water Supply Systems that have failed, in rural sectors of Sri Lanka.

1.3 To develop low cost sanitation models technically and socially feasible, and within easy manufacturing potentials of rural communities on the basis of self-help and self-reliance and promote sanitation programme of the rural sector of Sri Lanka.

2. ADDITIONAL OBJECTIVES :

2.1 To generate knowledge on various organisational and socio-cultural aspects of Public Standpost Water Supply Systems and Sanitation.

2.2 To promote the international collaboration, transfer of knowledge and exchange of information on various aspects of Public Standpost Water Supply Porogrammes in line with TCDC concept.

2.3 To promote the planning and implementation of large scale public standpost water supply schemes, as a follow-up of the present programme.

2.4 To allocate funds for the implementation of these schemes and for other follow-up activities

In the long run the programme aims at improving the organisational and technological infra-structure and the strengthening of the operation and managerial capacity in the community water supply and sanitation sector at national and local level.

3. PROJECT MANAGEMENT :

National Water Supply and Drainage Board of the Ministry of Local Government, Housing and Construction is assisted by a Project Management Committee consisting of representatives of the Ministry of Health, WHO, UNDP, and the University of Sri Jayawardenapura.

4. MAJOR AREA OF ACTIVITIES :

4.1 PUBLIC STANDPOST WATER SUPPLY SYSTEM :

It was agreed to construct a minimum of four Public standpost water supply systems under the Project. These demonstration projects were to be selected from rural areas with a low socio-economic background.

4.2 RURAL SANITATION BY WAY OF LATRINE CONSTRUCTION :

The sanitation component was later added having considered its significance and relation to water supply in arresting the water and sanitation related morbidity. In this context, it was considered viable to support the latrine construction programme of the Ministry of Health by experimentally testing out feasible, low cost sanitation models for the promotion of rural latrine construction programme on the basis of self-reliance and self-help.

4.3 HEALTH EDUCATION AND COMMUNITY PARTICIPATION :

Health Education and community participation are considered dynamic elements in the achievement of objectives of the Project. Since there has not been any previous experience where public standpost water supply systems were constructed with community participation it is felt that a strategy has to be evolved to implement such programmes in the future. Health education interventions were required to be innovative and supportive in promoting the community participation strategy in the short run and in bringing about desirable changes of the community in the long run.

The Health Education Plan is given as anannex.

THE PRESENT POSITION OF THE PROJECT :

The following table shows the present position of the four projects upto the end of October 1985. The construction of Haldummulla PSWS is completed and water is commissioned for use. Operation and Maintenance aspects are now being studied along with health education for proper use of standposts. Rehabilitation of Seelatenna PSWS Project (technical) is completed and the rehabilitation of undesirable behaviour connected with the use of standposts is being done. Construction of Padaviya PSWS Scheme is affected due to terroists attacks in the neighbouring villages. It is encouraging to note that with the commencement of the community share of the construction plan on 19 October 1985, 4 Km. of pipe length have already been laid by the people.

Health Education, work in respect of all projects are being continued.

PARTICULARS OF THE PRESENT STATUS OF THE PROJECT

No.	Name of Demonstration Site	Province	District	Distance from Colombo	No.of Families	Population	Nature of Project	Present m position	Remarks
1.	Haldumulla	Uva	Badulla	180 Km.	332	2030	Public Standpost Water Supply and Latrine Construction	Water Supply Programme completed - 95% coverage of latrine construction	Commissioned for use in July, 1985
2.	Padaviya	North Central	Anuradhapura	290 Km.	390	2160	(Expected to be completed by December 1985)	60% coverage of latrine construction 90% coverage of pipe laying completion of community share	Work affected due to terrorist activities
3.	Wijebahukande	Central	Nuwara-Eliya	192 Km.	410	2700	Public Standpost water supply and sanitation	Work is in progress. Started work in October 1985	Work affected due to non-availability of technical staff
4.	Seelatenna	Uva	Badulla	185 Km.	175	977	Rehabilitation of PSWS and Sanitation	Completed	Commissioned for use

In detailing out experiences all the four projects were taken together, however, there were variations in the application of the methodology of subsequent projects. The difference was that the experiences learned from previous ones were fed back to the subsequent projects with modifications.

PRE-REQUISITES TO PARTICIPATORY PLANNING AND COMMUNITY PARTICIPATION :

The key concept of the whole project is participatory planning and community participation. It was a difficult task to get into a process of participatory planning without a comprehensive understanding of the community. The efficiency of the Gramodaya and the associated voluntary organisations, the knowledge and skills of the community for an involvement of this nature, their dedication, their problems (different types), strengths and weaknesses of organisation systems, leadership conflicts, feelings of the pulse of the neglected poor, community reservoirs etc. are needed to be known.

The morbidity and mortality data related to water and sanitation along with the depth of behaviours were investigated. A considerable length of time was spent in collecting these data.

More time, was spent to study and determine whether Gramodaya is efficient enough to undertake a project of this nature. Other preconditions such as their dedication, motivation, readiness, degree of dependence of both internal and external, their skills and resources, etc. were also studied.

The strategy adopted was to sit with them at their meetings and observe their proceedings in their other activities. A minimum of 4 to 5 Gramodaya meetings were attended abstaining in giving details of water supply and sanitation but in discussing their health problems. This sort of studies cannot be done by resorting to questionnaire type socio-economic surveys.

The findings revealed that they were highly dependent and did not take any interest over village development activities on their own. The absenteesm was very high. When a visitor attended the meeting they attended merely to find what they were getting from the visitor. They considered that they were wasting time for they did not do anything so far to the satisfaction of the village.

These findings are confined to the areas studied and should not be thought of generalising unless tested in a bigger sample.

Houses were visited on a random basis to determine social organisation and disorganisational aspects. A very close rapport and intimacy was developed by living with them in order to get a depth of behaviour related to water and sanitation. The feelings particularly on political, social, economic, religious, leadership conflicts, village development activities, reactions to previous programmes, kinship affiliations and other related factors were thoroughly studied. (Refer to section on problems for more details).

The analysis of these study findings revealed the requirement of a very well planned short term health education intervention in order to create a high degree of motivation and dedication to those numbers who did not seem to take any interest. With few leaders who were already oriented a short intervention was planned.

The behaviour that led to the degeneration of health was specifically identified for the preparation of educational materials which consisted mostly of slides and flanned graph materials. Leaders in voluntary organisations, others who were considered very important in the context of community organisation were individually contacted and group discussion sessions were conducted using educational aids. Voluntary associations were separately taken for health education work.

Interests of Gramodaya were strengthened by conducting orientation sessions and by discussing the project with them individually.

Socio-economic survey was also conducted to determine the extent of health, socio-economic, water and sanitation related behaviour, domestic use of water and other characteristics.

While these activities were conducted a list of names was prepared. This list included the names of Gramodaya members, heads of voluntary organisations, other leaders, those who felt that they would not be served for further discussion and consultation.

DEVELOPING OBJECTIVES OF HEALTH EDUCATION AND COMMUNITY PARTICIPATION :

Objectives of community participation and health education were received in terms of study findings (Refer health education plan for details) to facilitate participatory planning. In reviewing these objectives the comments of the Project Management Committee were also taken into consideration. Even with these modifications the objectives were considered highly flexible since there can be situations where objectives need further refinements.

COMMUNITY ORIENTATION AND PREPARATION FOR COMMUNITY PARTICIPATION :

Using the study findings particularly in depth and the health education materials orientation sessions were conducted. Group discussions and lecture discussions were mostly used. The groups included the health staffs, extension officers working in the area, the staffs of schools, voluntary associations, organised groups in the community and the Gramodaya. More time was spent with Gramodaya members.

The objective of conducting orientation to different groups was to make the leadership, the community and others understand the need of water and sanitation and to motivate them to plan the project to suit their community needs and to create situations for consultation.

Study findings revealed that they held different views and they were divided very distinctly to different camps. These situations warranted intensive diagnostic specific type educational interventions to convince the community so that they would come forward for a planning process to improve their own village.

COMMUNITY CONSULTATION, EDUCATION AND PLANNING :

The objective of the community consultation was to bridge the gap between the planners and the beneficiary community and to get the community to plan their own water supply and sanitation programme with technical and other support from the project staff. All efforts done earlier particularly diagnostic specific education interventions were to prepare the community for this consultation.

The list which was prepared earlier (ie. during the prerequisite phase) was reviewed to accomodate a complete representative sample of the village for the programme.

The consultation programme which was conducted for a period of two days covered the following aspects.

01. Presentation of a lecture discussion session covering water and sanitation related behaviour and socio-economic findings. This session was covered with slides taken from the area.

02. The technical plan fo the water supply system - a discussion session supported by visual aids.

03. Prevalent water and sanitation related diseases in the area.

04. Demonstration of how to turn out a syphon and a squatting plate.

05. Group discussion session on Planning the Water Supply System to suit the community and identification of the community share of the construction and operation and maintenance.

06. Group discussion session on planning the sanitation programme for the area and the community contributions in construction work.

07. Group discussion session in planning of health education programme.

community contributions

8. Finalisation with Community acceptance the reports of 5, 6, and 7 with comments and suggestions of all the members.

9. Selection of an Action Committee from the members.

10. Allocation of responsibilities to the Action Committee.

All extension officers attached to different departments were involved as participants and resource persons during all the sessions. All activities mentioned above - (1 to 10) were carried out very successfully.

The greatest achievement of the community consultation and education programme was their expression of very firm commitment to undertake the protect by planning it to suit them. The evaluation findings have indicated hundred percent dedication to the project programme. This was the same in all the four projects.

The gap between the planners and the beneficiaries (PC gap) in concepts, priorities, knowledge, skills and ideologies was bridged to some considerable extent. At the conclusion session and action committee meetings it was found that they were quite confident in what they did, what they planned and what they are doing at the moment.

If the planner - Community gap (pc gap) prevailed it would not have been possible for the community to plan their share of the plan and proceeded with the work as planned.

Planning the Water Supply and Sanitation Programme with the Action Committee and Community

The water supply plan which was developed by the community with the support of the Project staff and agreed upon by the participants at the community consultation programme needed further modification. The community contributions were required to be matched with technical plan. By experience it was found that when NWS&DB staff were working villagers did not participate and when villagers were contributing by way of shramadana NWS&DB staff did not participate. There was a big gap between these two parties since there was no time schedule for community contributions.

The Action Committee took up this question and in consultation with other voluntary organisations they prepared a time schedule and synchonised the work plan.

In order to support the efforts of the action committee health education efforts were intensified in undertaking training programmes of the teachers in the project area. School health committees were organised to support the health and NWS&DB staff. Group educational activities were strengthened.

All the action committee meetings were attended by the NWS&DB staff to support the community activities pertaining to the programme.

11 Reinforcement of the Social and Educational Basis of the Community

The health education programme initially conducted was specifically confined to support the project programme and to motivate the community for a planning process with the project staff.

Contd.....

Long term health education intervention was planned to bring about desirable behavioural changes for the sustenance of the programme and to achieve the project objectives.

This has been attempted in 4 ways.

11.1 Health education by volunteers

11.27 Health education by school system in the area

11.3 Health education by NGO's and supported by the Action Committee

11.4 Health education by the Health and NWS&DB staff.

11.1 Health Education by Volunteers

Health education by volunteers involved five major areas

11.1.1. Selection of volunteers

11.1.2. Training of volunteers

11.1.3. Health education by volunteers

11.1.4. Recording of work done

11.1.5. Evaluation and assessment

11.1.1. Selection of volunteers

Volunteers were selected by the families in consultation with the Action Committee members. Each block of families was selected on the basis of the location of the standpost for the convenience of travelling and with a view of future commitments. of standpost committees. Operation and maintenance, Health education activities to be done etc were the other criteria.There was no fixed age limit and those who wanted to join voluntorily were also given a chance to follow the training programme.

Haldummulla is a mixed community with 80 percent Sinhalese 11 percent Muslims and 9 percent Tamils, volunteers were also drawn from these commities and there were Sinhalese, Muslims and Tamils. There were teachers, out of school youths and pensioneers.

11.1.2. Training of Volunteers

It was a field and theory based training programme - for subjects like environmental health the volunteers were first taken to the families for observation and discussion and what they have observed and discussed were taken as the basis for lecture discussion. Even health education skills were developed taking them in groups to families and allowing them to have discussions with family members and in class room, these comments and observations were taken up for further discussions in order to improve their skills in communication. The invited outside lectures were first theory based. The H.E.O filled the gap in taking them to the village and demonstrating the practical aspects.

Since there were Muslims and Tamils lectures and demonstrations were conducted in Sri Lanka and Tamil media.

There were 31 volunteers at the commencement of the programme which finally dropped to 27 at the termination of the training programme, Training of volunteers was considered a continuing activity in this programme.

11.1.3. Health Education by Volunteers

Volunteers continued their health education activities in their assigned families. They were supplied with leaflets, folders and flash cards to support their educational activities. A mimimum of two visits to a family per week were considered. The Family Health Worker, P.H.I. and the H.E.O of NWS&DB accompanied the volunteers and supervised their activities.

11.1.4. Recording of Work done

A format was introduced into the training programme. Volunteers were given a practical training as to how to fill up this form. Sufficient number of forms were given to each volunteer. (Refer annex 7 for the form)

11.1.5. Evaluation and assessment

Every fortnight a meeting of volunteers is conducted by the PHI HEO (NWS&DB) and the FHW. Difficulties encountered successes and weaknesses were all discussed at this meeting and remedial measures taken. Problems were also taken for discussion. Action Committee members, Project Officers Regional Manager (Construction) Technical Officers attended these programmes.

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13. PROBLEMS AND SOLUTIONS

The following are the problems identified so far in this project.

A high degree of external dependance was seen in both Haldummulla and Padaviya. This was noted during their meetings., in proceedings of voluntary organisations and during the two day consultation, discussion programme.

The colonial administrators did not make much emphasis on community participation for the implementation of village based development programmes. People were in the habit of treating every village programme as something of external nature and centrally owned and did not wish to come forward for any meaningful participation. The state subsidy schemes have also been misunderstood by rural folks. The external programmes which did not seek community participation have worsened the situation and made them to consider any programme coming into village as some outside assistance rather than something in which they have a role to pay. When these dependent characteristics were noted an observation was made to determine the type of organisations and the leaders who were much on the dependance. Individual and group discussions with them have made them to understand the objectives of the whole project.

The leaders and youths who considered self - reliance and the programme to be one of their's were utilised in the interaction of group and individual communication.

Once the core groups have been given an understanding of the nature of projects and how they are to be built up for their own good, the strong feelings of dependance were seen getting modified facilitating in their confidance to ensure participation.

The internal dependance has created a sense of frustation in the poor sector of the community. The assumption was that those who are powerful and hold positions in the programme would be benefited and others would not get anything. This has created a problem in not getting the participation from the most important groups of the community.

It is true that in any programme those who come forward voluntararily are those leaders of voluntary organisations and other leaders. They are very much close to external agents and programme implementors. During investigations it was reported that benefits of previous programmes have gone to the priviledged group and not to the poor people.

It was also reported that few priviledged people have got social benefits but noting has gone to those who worked hard simply because they were not in the priviledged group.

Although these feelings are still prevailing health education and general discussions conducted in highlighting the common benefits of the programm have modified the tendency to some extent, Educational campaign is being continued stressing the co-operation of every member in the community as benefits are commonly shared by everyone in the community.

There was doubt that the location of standposts would be decided in favour of the priviledged lot and those deserved would hot be taken into consideration in locating the standposts of the water supply. This has been a common accusation levelled against every public standpost water supply scheme where of course, no community participation was sought. In a case study conducted in another PSWS project it was noted that location of standposts was done not according to the needs and accessibility of the community but strictly in accordance with the design. This PSWS project was not found operating successfully.

Tn this project in order to avoid community disappointments they were given the opportunity of developing a set of criterea in consultation with the project staff. This measure has prevented favouritism and promoted community participation.

LACK OF COHESIVENESS

Class, Social Status, Ethnicity , Caste etc., have divided the community into different group lacking in community cohesiveness. During investigations is was found that they have attempted to identify themselves within their own groups. At a first glance the community appears to be without any such differences. One may get misled if these aspects are not considered at the beginning of any project. Superficially these differences would not seem to be operating openly. They themselves may say to forget these differences although these differences were deeply rooted within them. Once the groups are identified it is easy to plan involving every one and strategically placing them in a manner acceptable to every one in the community.

POLITICAL INEQUALITY

Although it is not prominently seen there are political factions believing dirrerent political ideas. There is a tendency that these opposition political leaders in the village may act as blockers and may even damage the programme later on.

It was reported that the neighbouring PSWS scheme was damaged by members of a differant political faith. Although the Gramodaya concept was developed to prevent political differences from village these differences still persist. Some villages are keenly divided into two political groups while some are divided bud to not intend to come forward to declare their political identification.

It is important that these leaders to be identified and met them individually and brief them about the project. A social visit to them is a mark of recognition and respect. Further they should be given responsibility of the project and to develop fellings and spirits within them that they are a part and parcel of the project. This approach has paid us very rich dividends and so far no poopsition was noticed from any quaters.

10.6 ECONOMIC INEQUALITY

There was some fear that only the priviledged people are getting the water supply by way of private connections and others do not benefit out of this project.

The problem of private connections remains to be solved. The Action Committee selected by the people are still considering the way and means of controlling the number of private connections as there appears to be some large number of applicants in Haldummulla applying for private connections.

In the meantime intensive educational efforts are planned to educate the people the economic and health benefits that they are going to enjoy as a result of private connections to those who could afford to pay.

10.7 LACK OF KNOWLEDGE OF THEIR OWN POTENTIALS

They did not seem to know their own potentials and, as a result their own resources are not better utilised.

The potentials of the community were made known during the consultation discussion meetings. The local people were given the opportunity of testing out the construction of squatting plates and syphons which they did extremely well. They were given the opportunities to discuss and give their ideas. By giving the local expertise its due place they could be made to think that projects of this nature (particularly sanitation programme) are possible things within their resources.

10.8 COMMUNITY INEQUALITY IN REPRESENTATION

During field interviews villagers expressed that the Gramodaya is not properly represented. Further investigations revealed that the attendance of the members was also very poor.

Poor attendance of the members was further studied and the members who did not attend recent meetings were met individually for discussions. It was found during discussions that these members did not attend meetings because they themselves have not seen any substantial progress in Gramodaya work.

Discussions with them on the basic issue of the proposed Water Supply and Sanitation Programme and the expected community involvement have convinced them and became aware that they have to do some work for the community and have to become partners of the total process of community participation.

The accusation that the Gramodaya is not truly representative is a feeling that some members of the community held since their leaders of voluntary organisations were not represented in Gramodaya. Arrangements were made to enrol them as members of Gramodaya.

10.9 FEELINGS OF AN ECONOMIC BURDEN

Although they agreed at the community consultation meeting to pay a monthely rate in order to ensure the operation and maintenance of the water supply by the Gramodaya, fear has been expressed by the villagers about the possibility of collection of such funds and the continuation of the system of payment.

The modus operandi has to be developed and educational activities will have to be intensified.

This is now being planned.

10.10 THE GRAMODAYA HAS'NT GOT THE EXPERTISE TO MANAGE A PROJECT OF THIS NATURE ON THEIR OWN

This problem is being studied and action will be taken with the Assistant Government Agent to find ways and means of improving the required manpower to manage the operation and maintenance of the water supply system and the sanitation programme.

10.11 POLITICAL ELEMANTS ATTEMPTING TO INTERPRET THE PROJECT AS A PLACE FOR JOB OPPORTUNITIES

As far as the community is concerned an employment in the project is considered a big achievement. The community has come to know that there are few job opportunities available in the project.

This problem which is of recent origin has disturbed the morale of the community . Interest in seeking job opportunities in a subsistance oriented community is not a novel thing. Since politicians can play a big role in interpreting project objectives to suit to their advantages action has to be taken early to clarify the position with local politicians.

This problem is now being studied.

17 ACHIEVEMENT THE COMMUNITY PARTICIPATION

17.1 With participation they have been able to get their members to understand the economic, social and health benefits of the proposed scheme.

17.2 With participation they have been able to get them to understrad, discuss and develop their plan of the water supply and sanitation in consultation with the National Water Supply & Drainage Board staff and other Government Officers working in the area.

17.3 With participation they have been able to get a 'negotiated collaboration' wherein community resources and external agency support and locally available materials have been identified, demarcated and agreed by both parties (Gramodaya and NWS&DB)

17.4 With participation they have been able to cohere the community and get them to excavate a pipe line (2 seperate piplines) and collect other locally meterials for the construction of the water supply.

17.5 With participation they have been able to settle the encwoachments into the Gwvernment land and clear the whole site and prepare it for the construction of the water supply.

17.5 With participation they have been able to settle the encroachments into the Government land the clear the whole site and prepare it for the construction of the water supply

17.6 With participation they have been able to avoid disputes and other problems arising from the selection of the location of public standposts of the proposed water supply.

17.7 With participation they have been able to get the community to turn out their own squatting plates and pans at a low cost (application of low cost technologies and develop skills in latrine construction work.

17.8 With participation they have been able to prepare the community to construct their own latrines on self- help basis.

17.9 With participation they have been able to get the community to develop their plan of operation and maintenance of the water supply.

17.10 With participation they have been able to get the community to come to a decision as regards the rates to be paid to gramodaya in order to ensure the operation and maintenance of the water supply by the Gramodaya Mandalaya.

11. HALDUMMULLA :

1. LOCATION :

The area selected for the water supply and sanitation project consists of a part of Haldummulla Grama Sevaka area. It extends from 180 th Kilometer post to 182 Kilometer post along Balangoda-Haputale Road. The houses are located on either sides of the road. It is a hilly area with an altitude of 3000 ft. from mean sea level.

2. ADMINISTRATION :

Government Agent	- Badulla
A.G.A. Division	- Haldummulla
Grama Sewaka	- Haldummulla

3. HEALTH ADMINISTRATION :

Superintendent of Health Services	- Badulla
Medical Officer of Health	- Bandarawela
Public Health Inspector	- Haldummulla
Family Health Worker	- Haldumulla

4. ADMINISTRATION OF N W S & D B :

Regional Manager, National Water Supply and Drainage Board, Bandarawela

5. POPULATION :

The population of the selected area is about 2030 with about 332 households. Nearly 90 per cent of the houses are located close to Balangoda-Haputale main Road.

6. ETHNICITY :

83 per cent - Sinhalese
08 per cent - Muslims
09 per cent - Tamils

7. RELIGION :

80 per cent - Buddhists
09 per cent - Muslims
10 per cent - Hindus
01 per cent - Christians

8. HOUSING :

Nearly 81 per cent of houses are permanent type of construction with satisfactory light and ventilation while 19 per cent are semi-permanent type with poor ligh and ventilation. About 77 per cent of houses are individually owned and about 19 per cent are rented out. Nearly 3 per cent of houses are Government owned.

9. EDUCATION :

03 per cent - illiterate
32 per cent - have received education upto primary level (Grade 5)
63 per cent - have received a secondary education
02 per cent - have received a University education

10. ECONOMIC STATUS :

16 per cent had a monthly income upto Rs. 450/-
31 per cent of the families were in the income group of Rs. 450/- to Rs. 900/-
05 per cent of the families were in the income group of Rs. 900/- to Rs. 1050/-
48 per cent had a monthly income of over Rs. 1050/-

The economic status is depending on paddy, small tea holdings, sugar cane, and other commercial activities. This village was once a very prosperous once when the price level of sugar cane remained very high for a long period.
The existing improved housing standard was attributed to the high incomes enjoyed by the villagers when sugar cane had a good market, ten years ago.

The following is the distribution of the employment status of the population -

16 percent had their employment in Government and Corporations
19 per cent were cultivators
14 per cent were labourers
19 per cent were in business
23 per cent were unemployed

The present high level of unemployment (23%) was attributed to the non-availability of employment opportunities to labourers in sugar cane cultivation which is now being done on a small scale.

11. WATER CHARACTERISTICS AND BEHAVIOUR :

11.1 The following are the sources of water available to the community :

33 per cent had their water from springs

49 per cent had their water from pipes which are connected to springs. Most of these are individually owned while 26 families received their water provided through a pipeborne scheme by the Village Council, Haldumulla. The V.C. Supply was also an unprotected source.

17 per cent had their water from unprotected wells.

11.2 Transport of Water :

Nearly 51 per cent of housewives transported water into the house while nearly 36 per cent of their daughters assisted them in the transport of water. About 12 per cent of male members were also reported in bringing much needed water.

11.3 Frequency of Transport of Water for a day :

On an average of 8 trips were found to happening daily. Nearly 6 per cent of families had their own Water Supply available in their own premises. Owners of these houses have trapped the nearest spring and obtained water through PVC pipes. Nearly 27 per cent families have visited the sources of water less than 6 times a day while 73 per cent have visited more than 6 times a day.

11.4 Time spent for a trip, and for a day :

On an average 13.4 minutes were spent for each trip. Considering the average number of trips to be in each house on an average spent 107 minutes in transporting water into the house.

11.5 Distance to the Water Source :

Nearly 17 per cent of families had their water available within the premises. About 62 per cent had to walk a distance of 200 yards to get water while 17 per cent had to cover a distance up to a quarter of a mile for water. Nearly 4 per cent families had to walk up to a 3/4 of a mile to reach the water source. On an average these families had to walk a distance of 307 yards (both ways) spending 13 minutes.

11.6 Source of water and time spent for bathing. and washing linen and kitchen utensils :

Nearly 76 per cent families used to visit the spring or the pipe connected to the spring for bathing. It was a common feature to see that every spring was connected with either bamboo half, arecanut half or with a PVC pipe. Nearly 15 per cent families who had private connections of their own and PVC pipe line, depended their bathing on such survaces.

Nearly 73 per cent of families utilised springs for washing linen while there were about 18 per cent families who had water in their own premises for washing linen. About 9 per cent families have visited shallow pools of water for washing linen.

As for washing kitchen utensils etc. nearly 86 per cent mentioned that they utilised the water available at house for washing kitchen utensils. The balance 14 per cent were found utilising the closest spring.

On an average 53 minutes were spent for bathing

On an average 39 minutes were spent for washing linen

On an average 42 minutes were spent for washing kitchen utensils

On an average of 13.4 minutes were spent for each trip for transport of water with an average of 8 trips a day. A total of 107 minutes were spent for transport of water each day.

On the whole a family in Haldumulla on an average spent 241 minutes ie. 4 hours and 1 minutes to attend to water needs for a day.

11.7 Preference for Drinking :

As regards the preference for the existing sources for drinking 50 per cent believed their present sources of water safe for drinking. Nearly 19 per cent wanted it because the source was very much closer to the house while nearly 13 per cent preferred it as water was freely available. Nearly 6 per cent mentioned that they preferred the present source as it was used for drinking purposes for a long period. None preferred either for taste or smell.

The sources mentioned in this study are all unprotected water sources with possibilities of pollution although respondents. (50 per cent) believed those to be safe.

11.8 Preference for bathing, washing, clothes and kitchen utensils :

As mentioned kitchen utensils were washed mostly (85%) at home utilising water brought to the house. They preferred the (72 per cent) closest water source for washing kitchen utensils whatever is the quality of water. As regards washing and bathing nearly 76 per cent preferred the closest source of water. Colour, taste and smell were not the criteria for selection of the water supply for bathing and washing.

11.9 Feelings about their efforts and time on water :

Except for nearly 27 per cent who have expressed that the time and effort spent in obtaining water was their normal life the rest felt that they cannot afford to do it daily (35.4 per cent) and too much for a day (30.6 per cent)

12. KNOWLEDGE ABOUT SAFE WATER :

Nearly 68 per cent mentioned that the water they drink is safe for them and for their families, however nearly 32 per cent admitted that the water they drink is not safe for them, and for their families. The reason attributed for safety were as follows :

No disease occured by 5%
Because it is from a protected source by 29 %
No pollution found by 50%
Because others also drink by 10%
No other problem 2%

Nearly 4 per cent respondents who said that the water they drink is safe were unable to say as to why it was safe for them.

Those respondents who mentioned 'not safe' when requested as to why it was not safe for them, expressed (80%) that they did not have any other alternative other than the sources close by. Nearly 20 per cent of them were unable to say why it was 'not safe'.

12.1 Knowledge of Contamination :

As regards contamination nearly 97 per cent admitted that the water can be contaminated while nearly 3 per cent disagreed.

Those who agreed submitted the following as possible sources of contamination

- Faecal matters by 39 respondents
- Animal wastes by 32 respondents
- Other wasts vegetable matter by 36 respondents
- Human handling by 32 respondents
- Ground washings by 22 respondents
- I do not know by 02 respondents

(Multiple Answers)

12.4 Knowledge of Disposal of Excreta and Related Diseases :

Nearly 90 per cent felt that latrine is an essential need for their houses while 10 per cent of respondents have not felt that it is an essential need for them.

As regards the indiscriminate disposal of faeces causing sanitation related diseases nearly 95 per cent of respondents knew ahout it while nearly 3 per cent did not believe it as the causation of sanitation related diseases. Nearly 2 per cent have abstained in giving any comments.

Of those who agreed with the positive relationship nearly 28 per cent said that they were unable to describe the relationship while nearly 72 per cent of them mentioned that diseases are caused due to germs in faecal matter.

The diseases that could be transmitted due to indiscriminate disposal of faeces and mentioned them as follows :

Diarrhoea by	-	38 respondents
Typhoid by	-	10 respondents
Hepatitis	-	11 respondents
Hookwork by	-	25 respondents
Round work by	-	20 respondents
Cholera by	-	39 respondents
Polio by	-	10 respondents

(Multiple answers)

12.5 Knowledge of Prevention :

As regards prevention of these diseases nearly 96 per cent said that these diseases can be prevented while about 4 per cent mentioned that no prevention is possible

12.2 Sanitation - Disposal of Excreta :

Excreta disposal is as follows :

68 per cent used latrines
13 per cent used public latrines
02 per cent used others' latrines
17 per cent were used to open defecation habit

The position of the availability of latrines is as follows :

63 per cent had latrines
37 per cent did not have latrines. Of the latrines available
64 per cent are water sealed
36 per cent pit type latrines

12.3 Disposal of Excreta - Pre -school children :

There are 168 pre-school children in the study area of Haldummulla. Nearly 92 per cent of them did not have pre-school latrine accomodation while 08 per cent had pre-school latrines.

The disposal of excreta of those who did not have pre-school latrines was done in the following manner -

4 per cent of pre-schoolers by resorting to open defection habit

36 per cent of pre-schoolers faeces were collected by the mother and thrown

08 per cent collected and buried

52 per cent of pre-schoolers faeces were collected and disposed to a latrine

The reasons as to why they have failed to put up latrines were reported as -

84 per cent saying that they do not have means to put up latrines
07 per cent saying that they are in rented out houses and
09 per cent abstaining in giving any reasons for failure.

The preventive measures mentioned by them were as follows :

39 respondents by using a latrine
34 respondents by drinking boiled cooled water
18 respondents by improving personal hygiene
10 respondents by protecting food
09 respondents by avoiding bad food

(Multiple Answers)

Knowledge of the prevention of worm disease is as follows :

84 per cent said worm diseases can be prevented
09 per cent did not believe tha worm diseases could be prevented
07 per cent did not know whether the diseases could be prevented or not

Those who mentioned that the worm diseases could be prevented have mentioned the following measures as preventive :

49 per cent by using a latrine
06 per cent by using a pair of slippers
30 per cent by taking treatment
15 per cent by avoiding raw fruits

When requested whether they would be in a position to construct a latrine if (Rs. 250/-) subsidy is given to them :

72 per cent said they can construct latrines
14 per cent were unable to construct latrines even with subsidy
15 per cent abstained in giving any comments

13. AFFILIATION TO VOLUNTARY ORGANISATION :

Nearly 35 per cent of respondents are members of some type of voluntary organisation functioning in the area while 65 per cent of respondents had no membership in any voluntary organisation in the study area.

- National Youth Council
- Muslim League
- Hindu Society
- Co-operative Dept.Consiliation Society
- Halatutenna Rural Development Society
- Halututenna Avammangalyadara Society
- Walhaputenna Community Organisation

Of those who were members of voluntary organisations held the following positions :

33 respondents are members
02 respondents are secretaries
01 respondent is a chairman
02 respondents are treasurers
05 respondents are committee members

Their recent contributions to the voluntary organisations in the area are as follows. It was noted that those who are not members of any organisation have also contributed their share.

46 respondents donated money
20 respondents donated labour
05 respondents donated food
17 respondents donated materials

The organisations functioning in the area are :

Rural Development Society - Haldummulla
Sarvodaya

* * * * * * *

OUTLINE OF HEALTH EDUCATION PLAN

PRELIMINARY STUDY :

(a) Anthropological Investigation

(b) Socio-economic survey

(c) Review of literature

(d) Review of records, registers etc.

(e) Voluntary Agency and Leadership contacts

ANTHROPOLOGICAL INVESTIGATION :

- Habits and practices related to domestic use of water and sanitation
- Existing water sources and collection points of water
- Pollutions near water sources and how does it take place ?
- Bathing and washing linen
- Bathing animals
- How water collected and transported
- Container used for transport and storage
- Storage of water - how and where kept ?
- How water used at home
- Kitchen washings - where done ?
- Disposal of waste water
- Personal hygiene
- Beliefs about water
- Use of sanitary latrines
- Open defecating practices. Adults, children
- Ablution - in water sources
- Disposal of animal wastes
- Personal hygiene - washing before meals and after ablutions
- Their beliefs as regards open defection and ablutions in water sources etc.

REVIEW OF LITERATURE :

IRC - Literature on Public Standpost Water Supplies and Sanitation

Files mentioned by the N W S & D B on Rural Water Supply Programme

Workshop Reports - Sanitation and Water Supply Programme

Reports of DANIDA - Water Supply and Sanitation Programmes at Matale and Polonnaruwa

WHO Publications on Water Supply and Sanitation

LEADERSHIP CONTACTS :

Leaders in the area have been identified through formal leaders - and Gramodaya Council Members.

Leaders were met individually and discussions were held as regards :

(a) Existing practices related to domestic use of water and sanitation

(b) Past experiences of community support for development programmes

(c) On going programmes in the area and objectives

(d) Social and economic potentials of their individual organisations

Ideas and experiences of extention officers working in the area have also been obtained.

SOCIO - ECONOMIC SURVEY :

A comprehensive socio-economic survey was carried out and is being computerised. Random selection of questionnaires has confirmed most of the anthropological survey findings. Some of the major areas identified for consideration are -

(a) Widely practiced open defecation practices and their beliefs about this practice

(b) Time spent for collection of water - bathing and washing

(c) Collection points and reasons for collecting such water for drinking more reasons for 'using that source for a long time' 'close to house' and freely - etc.

(d) Their perceptions as to the safety - of drinking water

(e) Ablution in water sources

(f) Knowledge of water related diseases

(g) Knowledge of causation and relationship of contaminated water to diseases

(h) Community participation patterns - community resources

(i) Storage of water

(j) Disposal of excreta

(k) Knowledge about using latrines

(l) Contaminated water and causation of diseases

(m) Relationship of sanitation and water to diseases

ASSESSMENT OF EXISTING COMMUNITY RESOURCES :

Gramodaya Councils of Padaviya and Haldummulla and other voluntary organisations - their involvement for previous programmes assessed.

Extention Officers - R.D.O., S.S.O., G.S., C.O., Health Department staff, P.H.I., F.H.W., F.A., A.G.A. staff of the Local Authority, Haldummulla and Padaviya, Schools of both squatting plates and pans.

No local funds available.

As for materials voluntary organisations and Gramodaya Councils are willing to provide sand, metal and a site for demonstration of the construction of squatting plates and pans.

OBJECTIVES :

- To make the people in Project area understand bout the objectives of the water supply and sanitation and hazards of poor sanitation and water supply so as to enable them to support the programme and identify it as one of their own.

- To educate the leadership including Gramodaya Council Members and others so as to enable them to understand the objectives of the proposed water supply and sanitation, benefits of safe water and improved sanitation

- To disseminate information as regards safe water, contaminated water, prevention and control of contamination, disposal of excreta so as to enable them to share this knowledge with the other members of their organisations

- To enlist and promote active participation of the people in the Project areas for planning, implementing, operation and maintenance of the water supply system and latrine construction programme

- To create a mechanism by organising a set of volunteers, leaders, volunteers, schools and Gramodaya Council Members in continuing education with the hope of bringing about desirable health practices

- To prepare the upper class school children and other volunteers by a programme of health education so as to enable them to function as volunteers effectively

- To create a committee from among the Gramodaya Council Members and others and prepare them so as to enable them to monitor the progress of the programme and undertake operation and maintenance of the water supply

- To evaluate and take suitable measures wherever necessary in the achievement of project objectives

HEALTH EDUCATION INTERVENTION :

The health education intervention is planned to be implemented at two phases -

- short term intervention
- long term intervention

SHORT TERM INTERVENTION - COMMUNITY EDUCATION AND PARTICIPATION :

(a) Orientation of leaders through individual counselling

(b) Orientation of health and other extension officers - mainly on the project details

(c) Training of leaders - Gramodaya Council Members and others - a two day ciscussion programme

(d) Orientation of school staff

(e) Preparation of community through (a), (b), and (d), and health education by field health staff

LONG TERM INTERVENTION :

(a) Training of school children (upper classes) to work as volunteers to their own houses and few houses aroung them for continuing education

(b) Training of volunteers and out of school youths by the heal th staff and voluntary organisations

(c) Formation of an Action Committee and monitor the implementation of the programme and quarterly meetings by the Action Committee

SHORT TERM - HEALTH EDUCATION INTERVENTION :

LEARNING EXPERIENCES

(a) (i) General discussion on the importance of sanitation and water

(ii) Proposed water and sanitation project and objectives

(iii) Voluntary organisations and their share in programmes of this nature

(iv) Prevalent health problems and causes

(b) Health Staff :

Proposed water and sanitation project and objectives.

Latrine construction programme through community organisation and construction details

Community organisation as a method of doing health programmes

Nature of community behaviour and norms.

(c) Gramodaya Council Leaders :

- Details of the proposed water supply and sanitation programme and objectives
- Existing behaviour related to water and sanitation and prevalent health problems
- Existing behaviour - water and sanitation related diseases - eg. diarrhoea, helminth infestation etc.
- The community organisation
- Approach to achieve the objectives and importance of working in groups
- Assessment of community potentials and indentification of community share for -

  (a) Construction of the water supply
  (b) Latrine construction programme
  (c) Operation and maintenance of water supply
  (d) Health Education

LONG TERM - HEALTH EDUCATION INTERVENTION :

- School health education programme to teachers
- Particular emphasis to water and sanitation
- Role of teacher and student in community development and water supply and sanitation in school and in villages
- Environmental Health - particular emphasis to sanitation programme
- Proposed water supply project - an introduction
- Proposed sanitation project - latrine construction programme
- Water and sanitationm related diseases
- Operation and Maintenance of water supply
- The MCH Programme
- Records maintenance

TRAINING OF VOLUNTEERS :

- Role of volunteers in community development and in the proposed water supply and sanitation project
- Environmental Health - particular emphasis to sanitation and water supply
- Proposed water supply and sanitation programme
- Water and sanitation related diseases
- Community share in the construction, operation maintenance and water supply and the sanitation
- The MCH programme

FORMATION OF AN ACTION COMMITTEE :

Formation of an Action Committee is expected to form giving the two day discussion programme of the leaders. Once the committee is formed, the members should be exposed to an orientation programme. Since, they are exposed to the two day training programme emphasis is paid more for the sustenance of the programme.

- Review of discussion session of two day programme
- Construction, operation and maintenance of water supply
- Record keeping
- Evaluation and monitoring - Health Education Programme, and operation and maintenance

METHODS AND MATERIALS :

(a) Discussion sessions, followed by a panel discussion, a brief presentation, slide presentation etc.

(b) Demonstration sessions - construction of latrine plates and syphons, operation and maintenance of water supply, records keeping etc.

(c) Heavy emphasis on community organisation - field visits and discussion groups

(d) Theory sessions for School Health Education Training Programme in addition to (a), (b) and (c) above

(e) Materials to suit local areas and at present following materials are proposed

- A slide presentation showing the existing sanitation and water bahaviour
- Flannel graph material showing disease causation - 3 sets (a) due to poor personal hygiene (b) due to poor sanitation (c) due to contaminated water
- Two sets of flash cards for round-work and hookworm infestation
- Suitable models and moulds for squatting plates and syphone

INTER-SECTORAL COORDINATION :

At the earlier phase of the programme inter sectors working in Project areas were indentified and discussion sessions were also held with them to brief them about the project and possibilities of their involvement. They will also be involved in two training programmes of Gramodaya Council members and other leaders. Their share of contribution will be linked with Gramodaya Council's activities of the Projects.

EVALUATION :

EVALUATION OF PROCESS AND FUNCTIONING :

Activities planned and implemented for the construction of water supply, latrine construction, operation and maintenance of water supply, Health Education activities for construction, operation and maintenance and desirable health practices.

Community activities of health education, construction of water supply, latrine etc. and operation and maintenance.

EVALUATION OF STRUCTURE :

The performance of structural elements - facilitators. Gramodaya Council member, leaders of organisations, health workers, National Water Supply and Drainage Board workers, schools, community officers of other sectors.

EVALUATION OF UTILISATION :

No families using water supply, number of latrines constructed and used, desirable health practices etc.

EVALUATION OF IMPACT :

Pre and post evaluation - indicator comparison - such as - improvement in quality of life as regards water and sanitation. This would be desired from indicators deceived from the socio-economic survey.

Achievement of the Health Education Objectives

Achievement of the Project Objectives

HEALTH EDUCATION BY VOLUNTEERS :

Three categories are proposed to be involved

- Orientation of teachers
- Training of upper class school children
- Training of volunteers

ORIENTATION OF TEACHERS (ALL TEACHERS) :

- Walhaputenna Maha Vidyalaya
- Haldummulla Vidyalaya
- Tamil Vidyalaya

TRAINING OF UPPER-CLASS SCHOOL CHILDREN :

All children of above three schools from Grade 8 upwards. Each teacher residing in the area to work as team leader and to conduct discussions etc. with them. In the absence of a teacher residing in the area a responsible Government Officer or Gramodaya Member or a suitable leader to function as team leader.

SELECTION - VOLUNTEERS FOR TRAINING :

Each Gramodaya Member representing an organisation to select 4 to 5 members from his organisation nominate volunteers for training.

Gramodaya Member to function as the team leader and to conduct discussions etc. with them.

OBJECTIVES - TEACHERS :

To prepare teachers so as to enable them.

To undertake the training of upper class school children in health and prepare them for field health education activities

To visit the field with children and assist them and get them to identify behaviours injurious to health

To assist children and get them to do health educaction activities in their own houses and other houses assigned to hem, and promote desirable behaviours

To assist the children and get them to maintain records of work done and report progress

SUGGESTED CURRICULUM OUTLINE (TEACHERS) - (2 DAYS) FEBRUARY 1984 :

- Proposed water supply programme
- Proposed sanitation programme
- Socio-economic survey and presentation of present behaviour with special reference to water and sanitation
- Healthful school and community living - with special reference to water and sanitation
- - Safe water
  - Contamination of water and its prevention
  - Disposal of waste water
  - Disposal of human and animal wastes
- Sanitation and water related diseases
- School community relations
  - Gramodaya and school
  - School Development Council and others
  - How integrated

- Role of volunteer (including school children) and teachers in the programme-
  - Records keeping
- Group discussion -
  - Involvement of teachers and students in school health education activities
  - Involvement of teachers and students in community health education activities particularly water supply and sanitation programme

SUGGESTED OUTCOME :

A workable plan of activities - in achool and in community

- Support - school childrens' programme
- Support - water supply and sanitation programme, health education component

VOLUNTEERS - UPPER CLASS SCHOOL CHILDREN :

OBJECTIVES :

To prepare and develop a set of volunteers in health education so as to enable them

To identify undesirable health behaviours in particular reference to water supply and environmental sanitation and develop desirable behaviours

Visit houses assigned to them and persuade those who do not have latrines to put using up low cost technological models

Assist the Gramodaya Mandalaya in undertaking educational and promotional activities in ensuring the proper utilisation of standposts

Function as a link between the community and field health personnel and Gramodaya and discuss problems and other matters related to water supply and sanitation so as to intensify educational activities and sustain the programme

Maintain records and submit them to Gramodaya Mandalaya and health staff

SUGGESTED CURRICULUM OUTLINE - VOLUNTEERS AND STUDENTS - (UPPER CLASSES) (14 DAYS) :

- Role of volunteer in Programme
- Proposed water supply programme
- Proposed latrine construction programme
- Environmental Health with special reference to water and disposal of human and animal wastes
- Control of communicable diseases - with special reference to prevalent water and sanitation related diseases
  - Infection and infestation
  - Sources of infection, modes of transmission, incubation, suspceptibility etc.
  - Water and sanitation related diseases and their prevention
- Beliefs and attitudes related to water and sanitation (specific to area)
- Programme of immunisation and services available
- Nutrition and prevalent nutritional disorders in the area
- Interpersonal relations and individual conselling - (theory and field excercise)
- Group discussion - as a method of education-(theory and practice,- field exercies)
- Community organisation - (reference to the project) mass communication
- Use of educational aids
- Maintenance of records etc.
- Programme to be implemented utilising local manpower - Days are to be arranged at the first meeting in consultation with volunteers
- Training of volunteers in Haldummulla and Padaviya to be completed before the end of February 1984, and volunteers to commence work from first week of March

- Educational materials to be developed locally. Other materials eg. training materials to be developed centrally.

- Teachers preparation to be handled by the National Water Supply and Drainage Board, Health Education Bureau, and the Curriculum Development Centre

- Field practice component is to be handled by the Health Education Officer, Anuradhapura and Badulla, Public Health Inspector, Haldummulla and Padaviya, Family Health Worker, Haldummulla and Padaviya. These officers will be orientated before handling of the programme.

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