DRAFT REPORT

PROVINCIAL/DISTRICT LEVEL WORKSHOPS

PARTICIPATORY APPROACHES FOR HEALTH AND HYGIENE EDUCATION IN WATER AND SANITATION PROGRAMME

UNICEF QUETTA
January 1991

C O N T E N T S

PART-II

ANNEXES

PART - I

1. INTRODUCTION

Every year in the developing world, 14 million children die before the age of five. Many millions more live on with ill health, disablement or poor growth. Primary health care seeks to meet the essential health needs of as many people as possible at the lowest possible cost. It includes not only the work of health centres, clinics dispensaries, doctors in communities and neighbourhood, but also what individuals and families can do for themselves.

Actually health education is the translation of what is known about health into desirable individual and community behaviour pattern by means of educational process.

It is in this context that education and communication for health are especially important. For the truth is that individuals and families, not doctors and other health workers make most of the important decisions that effect their health. Mothers decide what important decisions that effect their health? Mothers decide what food to give to their families, and how to prepare it ? Families decide when to go to doctors or clinic, where to go and whether or not to follow the instructions they receive from a health worker. So a good primary health care is therefore very much concerned with health promotion and education.

This thing can only be done by effective participation by the community and individuals. There are two things which are needed:

1. Governments need to facilitate more community involvement in decision making; and
2. People need to be informed of their potential for improving health through their own efforts.

Following results could be obtained if the government or other organizations working in this field facilitate more community involvement in decision making:

1. They can define their problems and needs;
2. They can understand what they can do about these problems with their own resources combined with outside support; and
3. They can decide on the most appropriate action to promote healthy living and community well-being.

We have to think of many things when we want to help individuals, families, and communities to prevent disease and promote health.

Spreading the word about what people should do to be healthy is important. But this is not enough. We have to understand that in many situations, it is not only the individual who needs to change. There are other things that influence the way people behave. The place in which they live, the people around them, the work they do, whether they are able to earn enough money, all these things have a great influence and we must take into consideration. Our first effort must be therefore to listen, to learn, and to understand.

The basic components of primary health care is inter alia, clean water, sanitation and education in the field of health and hygiene. So in Balochistan UNICEF and Local Government has started a project of water and sanitation in the following five districts.

1. Loralai
2. Killa Saifullah
3. Zhob
4. Nushki
5. Kharan

This project is providing Afridev handpumps and Pour Flush latrines through community participation. In course of time project will be extended to other districts of Balochistan.

Further, to support the project, a third important component was introduced by organizing one provincial level and five districts level workshops on "participatory approaches for health and hygiene education" to attain this programme.

1.2 PURPOSE

Despite the government's efforts to improve services to Pakistan's rural communities, the country' basic health indicators are still poor. Presently, only one fourth of rural population has access to adequate water supplies and less than 2 % has any sanitation facilities or hygiene excreta disposal. This lack of water and sanitation and unawareness to the health and hygiene is one of the basic reasons why infant and young child mortality rates are still high at 160 per 1000. Diarrhoea is estimated to account for 45 per cent of all child deaths, the largest single cause of infant mortality in Pakistan. Improvements in water supply, sanitation and health and hygiene education would not only reduce the mortality and morbidity rates but also give a much needed boost to the quality of rural life.

It is very much obvious that no programme in water and sanitation could be successful without the involvement of the third component which is hygiene education. So in the first phase of the programme, higher officers of LG&RDD and Health Department were invited and apprised the philosophy of the project and introduced the importance of health and hygiene education, as a component of water and sanitation programme.

In the second phase, five district level workshops for the concerned districts officials were organized to impart to them ways and means of communicating health and hygiene message to the concerned communities.

1.3 VENUE

The provincial level workshop was conducted in Pak Korean Self Help Projects training hall situated in Railway Housing Society. The district level workshops were conducted in district council halls through the cooperation of LG&RDD.

1.4 CLIENTS

At provincial level following categories of participants were invited

1) Assistant Directors, LG&RDD
2) Development Officer, LG&RDD
3) District Health Officers
4) Asstt. Engineers, LG&RDD
5) Community Health Promoters, LG&RDD.

At district headquarter level the following categories of participants were invited.

1) Sub Engineers
2) Supervisors LG&RDD
3) Secretaries LG&RDD
4) Vaccinators Health
5) Community Health Promoter LG&RDD
6) Lady Health Visitors, Health Department
7) Female Health Technicians (Health Department)
8) Development Officers, LG&RDD
9) Interested Councillors

A complete list of the participants with their designation is attached in Annexure - I. It was also tried that at district headquarter level workshops, only those officials would be invited who have direct or indirect contact with the project areas so they can be used as better communicator, motivator and educators.

1.5 RESOURCE PERSONS

Provincial level workshop was assisted by Ms. Martine Berger, Project Officer, UNICEF Islamabad, Ms. Vanessa Tobin, Project Officer, UNICEF Peshawar, Dr Ouratul Ain Bakhtiari, Consultant WASA, Quetta, Mr. Sirajul Haq, Public Health Instructor, Rural Development Academy and Mr. Shakeel Ahmed of Social Work Department, University of Balochistan, Quetta.

At district headquarter level, Mr. Sirajul Haq, Mr. Shakeel and Mr. Hussain Ahmed Baloch assisted the workshops, and some of the sessions were carried out by the DHOs of each district

2. PROVINCIAL LEVEL WORKSHOP (29-31 MAY 1990)

2.1 INTRODUCTION

The basic concept of these workshops was to give understanding of participatory approaches for health and hygiene education in water and sanitation programmes and to get participation of the community at all levels by the active involvement of individuals, groups and communities, and especially involvement of women and children.

It was tried through these workshop that the concept of community participation which is considered the most important and significant for the rural development and what kind of participation is needed ? by whom ? men or women or both ? IN what form, at what levels, in which roles, for what purposes and at what points in time ? Who will benefit and in what way ? What needs to be done in order to get that kind of participatory process going ? And what indicators, including people's behaviour, will tell us that the process has been effective. These are critical questions we must confront before a training strategy can be defined. Keeping in view all the above mentioned questions it is essential to form hetrogenous groups of participants in this type of workshops so that when they receive any orientation or hold any discussion in regard to community participation in health and hygiene education for water and sanitation programmes, it is important to capture each individual's own personal unbiased concept of what constitutes valid and involvement of the people, then when divergent views are re-conciled through dialogue, and through this process consensus will take root.

Taking all these conceptions into considerations the contents of the workshops were formulated according to the requirements of the course objectives. Copies of the workshop schedule of each workshop is attached in Annexure - I.

2.2 PROCEEDINGS

2.2.1 Session-1: Inauguration

The workshop commenced with the recitation from Holy Quran. Major (Rtd) Mohammad Ashraf Nasir, Secretary, LG&RDD presided the session. Mr. Abdul Naeem Khan, Director rural Development Academy gave the well-come address. In his address he highlighted the activities of RDA and UNICEF. He emphasised for the training of the field staff because this province is less developed than the other provinces of Pakistan so it is paramount importance to care for the application of technology in the rural and urban areas for planning and development.

He also briefed about the objectives of the workshop that this participatory approaches to health and hygiene techniques in water supply and sanitation, so that the staff of LG&RDD and Health Departments could be able to communicate these messages to the community in a much effective way.

After that, Dr. Rima Salah, Resident Programme Officer, UNICEF Quetta gave her speech highlighting the importance of the workshop and UNICEF's concern towards child's survival, protection, and development. She also stressed on providing clean drinking water, good sanitary conditions and health/hygiene education.

In the last Secretary, LG&RDD appreciated the collaboration of UNICEF with Local Government and emphasised the Local Government staff to promote this programme with best of their abilities and inaugurated the workshop.

2.2.2 Session-2: Introduction of the Participants

During this session introduction of the participants was done by using the technique that one person had to introduce his next one, so the hesitation among the participants could be removed and good participation could be achieved.

2.2.3 Session-3: Analysis of the Baseline Questionnaire

A questionnaire was developed and distributed among the participants before the start of the workshop so that their attitudinal assessment and perceptivity could be analysed. Copy of base questionnaire is attached in Annexure - III.

2.2.4 Session-4: Participants Expectations from the Workshop, Definition of their Role, Needs and Attitudes towards Sanitation and Hygiene Education

In this session participants were given a chance to discuss individually their expectation from the workshop, their expected role in sanitation and hygiene education. It was also discussed that what would be the needs and attitudes of the participants during the implementation of these programmes i.e. hygiene and sanitation programmes. All the remarks and opinions given by the participants were discussed and in the end of the session, through the active involvement of the participants consensus was made on certain points and these points were written as the conclusions of that session.

1. Better knowledge and understanding on health and hygiene in water and sanitation programmes.
2. Better assessments of the needs and attitudes through this workshop.

2.2.5 Session-5: Objectives of the Workshop

- Participants were asked to define the objectives of the workshop. And through the discussion following objectives were formulated to:

1. Improve our skills that how to approach the communities.
2. Improve our skills in organizing the communities, to get them full involved in the programmes.

3. Identify the needs and resources of the community, with respect to hygiene education.
4. Improve our skills and knowledge regarding local believes and practices with respect to hygiene.
5. Improve our skills in communication of health and hygiene massages.

Through discussion it was found that the concept of integrated approach in water and sanitation programmes was not clear among the participants, then it was defined that when an agency provides water facility, sanitation facilities and health and hygiene education, an integrated approach in water and sanitation programme is adopted.

2.2.6 Session-6: Review of Participants Knowledge about Water and Excreta related Infections, Diseases, Transmission Routes and Prevention

In this session first of all the participants knowledge about water and excreta related infections was reviewed and which is enlisted below:

1. Dinarrhoa
2. Colera
3. Malaria
4. Dysentry
5. Hook warm infection
6. Skin infection
7. Flariasis
8. Scabies
9. Stomach problems
10. Eye infections like Trachoma
11. Jaundice
12. Leprosy

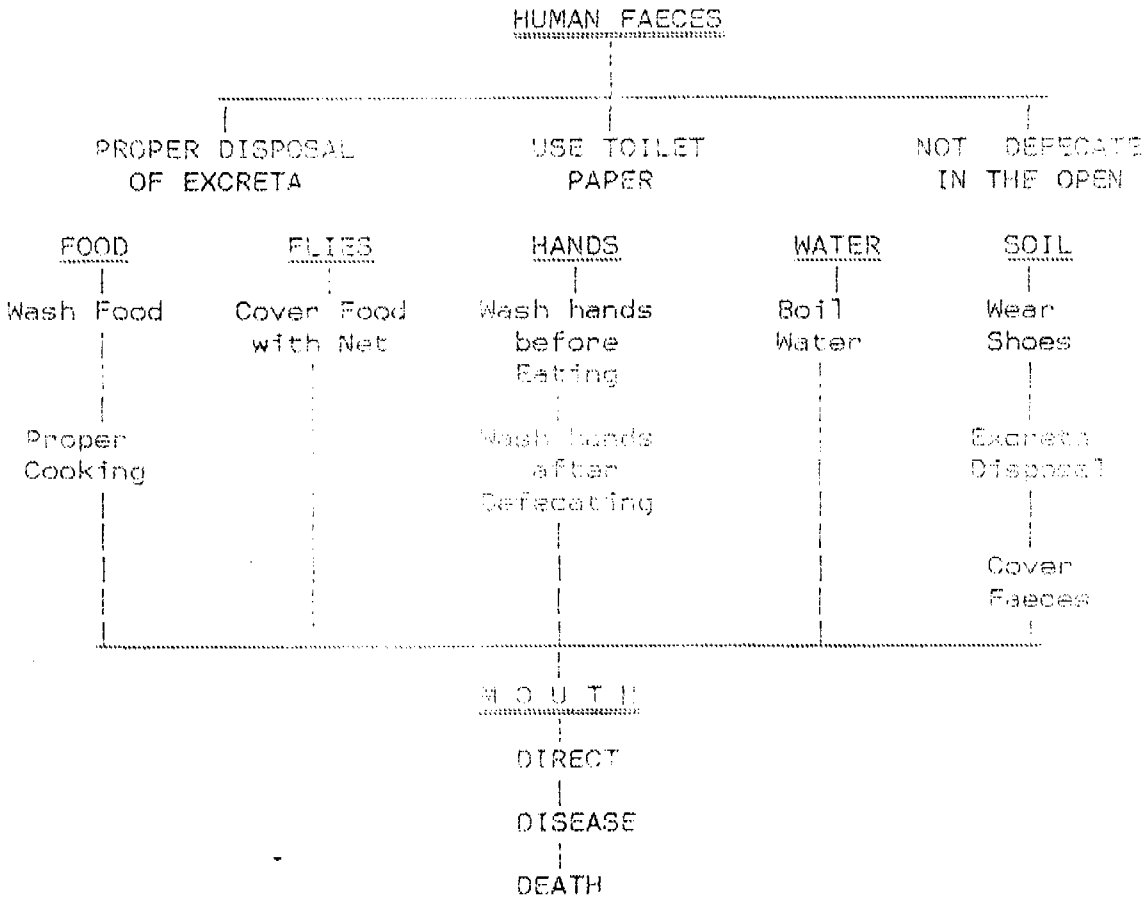
Finally these diseases were discussed with the classes that either it is water carried water scares, water and sanitation based, insect carried and how preventive measures can be taken.

It was concluded that the control of most of these diseases is clean water, use of latrines and health and hygiene education. Handout of this session is attached in Annexure - IV.

Then disease transmission routes were discussed with the following conclusions.

1. Hands
2. Contaminated water
3. Bottle feeding
4. Non-availability of latrines
5. Garbage
6. Dirty utensile
7. Air pollution
8. Human faeces
9. Flies
10. Dirty soil
11. Contaminated food

The conclusion of this session is shown in the following Diagram:



2.2.7 Session-7: Discussion on Socio-Cultural Aspects and Community's Perceptions with respect to Water, Sanitation and Hygiene

During this session participants were asked to give their views about the practices and believes regarding water usage, sanitation and hygiene, in the areas and reasons for these practices.

Following conclusions came out:

1. People of rural areas of Balochistan don't want to use latrines because they feel it is unhealthy practice.
2. They feel that it is against their traditions.
3. Men and women of a family don't use the same latrine as it is considered shameful for them.
4. In some areas people think that it is un-Islamic practice.
5. In some areas people can not afford the cost of the construction of latrine.
6. In some areas people don't build latrines because of scarcity of water.
7. In most of the rural areas people feel that the running water is clean water i.e. stream, karez etc.

2.2.8 Session-8: Introduction to the Concept of Resistence to Change

After this, it was discussed that how these traditional practices can be changed and how new practices can be introduced. This session was followed by the introduction to the concept of resistance to change.

The purpose of this exercise was to sensitize participants to the fact that community members may have many different reasons for not wishing to adopt change and these reasons have their own legitimacy for the people.

Through this exercise we can demonstrate a simple way of catagoring the resistances commonly met in the community so that differences in degree and types of resistances become clear. So from this analysis we can derive that what kind of approaches would be most appropriate when working with people at one or other point of the continuum.

In this exercise a large news print was used where the RTCC diagram was drawn, showing seven stages of resistances or openness to change. Sometimes eight stages might be identified, adding one more to the positive end of the continuum.

Flash cards were distributed among the participants and they were asked to write different resistances with respect to water and sanitation practices of the communities.

In the meantime, resistance to change continuum (RTCC) was prepared with the seven stages.

The RTCC diagram had the following order:

1. There is no problem
2. There may be a problem but it is not my responsibility
3. Yes there is a problem but I have my doubts
4. There is a problem but I am afraid of changing for fear of loss
5. I see the problem and I am interested in learning more about it.
6. I am ready to try some action
7. I am willing to demonstrate the solution to others and advocate change.

The participants were asked to put their cards, at any stage where they feel that this corresponds. The RTCC diagram is attached/ in the Annexure - IV.

In the last the attention of the group was focussed on the implications of the RTCC in terms of training methodology so that at which stage of RTCC would people be most receptive to didectic teaching what kind of educational strategies are useful in the more resistant stages (usually those which open up the communication from the learners and such as projective and creative activities).

2.2.9 Session-9: Community Participation

In this session participants concepts of community participation were discussed in which they described the definition of community participation, importance of community participation, role of them in getting community participation. The following conclusion were came out.

1. Community participation means collective efforts of the people for any work.
2. It means the involvement of general public.
3. It means that the resources of the community used for development.
4. It means to organize community people for development through social change and economic growth
5. Community participation means cheaper labour, cost sharing, construction arrangement.

It was also discussed that what is need and importance of community participation. The following conclusions were made:

1. There is over-whelming evidence that water and sanitation projects often fail to achieve these longer term goals of reliable functioning, general use and progressive development.
2. Community participation should be based on joint planning and decision making which helps to serve more people with reliable and acceptable improvements in water supply and sanitation within the available budgets and can be a catalyst for further community development.

The benefits which can come out through effective community participation are:

1. Participation reduces the cost of the improved facilities.
2. With participation more people can be served.
3. Participation encourages adoptations to local knowledge, needs and circumstances.
4. Participation increases the chance of proper use and continuous functioning of improved facilities.

Participation can be a catalyst for further socio-economic development.

Reduction of Cost

Involvement of the community as voluntary labour in construction and the promotion of health and hygiene can reduce agency investment cost. This is especially the case with facilities where unskilled labour and local materials are a major part of the cost.

Wider Coverage

With the capital served through participation in construction and maintenance, more funds are available to serve those without improve water and sanitation.

Adoptation to local knowledge, needs and circumstances

All most invariably local men and women have a detailed knowledge of their physical and social environment. This knowledge can contribute to the quality and long term results of the project. Participation assists in avoiding design mistakes for example in selecting water sources that are unreliable or culturally unacceptable.

Increase chance of use in maintenance

Without full community participation, it is likely that some groups will not have access to improved facilities, or will not get advantage of them. This may result in continued high rates of death and disability from diarrhoea and other water related diseases, similarly full support of improved sanitation and hygienic practices is essential for any investment in water supplies to have a significant health impact.

In short there are three stages of community participation which are:

1. Assessment of the situation
2. Analysis of situation
3. Social action (implementation of the programme)

The handout about community participation is attached in

Involvement of Women in Water and Sanitation Programme through Community Participation

In many developing countries, women and young children make more use of sanitation in the home than other household members. In case of water and sanitation projects, if we just ask that who are the main users of home sanitation units? In the majority of cases, the answer would be women and young children. For that reason, above all, women merit special attention during planning of sanitation projects. They should play an active role during community and household level decision making, so that the facilities are planned with full awareness of their perception and needs. Women hold the key to the continued sanitary operation of these units and to their benefits to the family's health. As motivators within the family and community, women may be helpful in convincing men to undertake the construction of latrines and other sanitary improvements. Women's informal groups and communication networks can serve to create community awareness of the need to maintain clean facilities and a hygiene environment.

Therefore without the cooperation of participation of women, successful sanitation programmes can not take place.

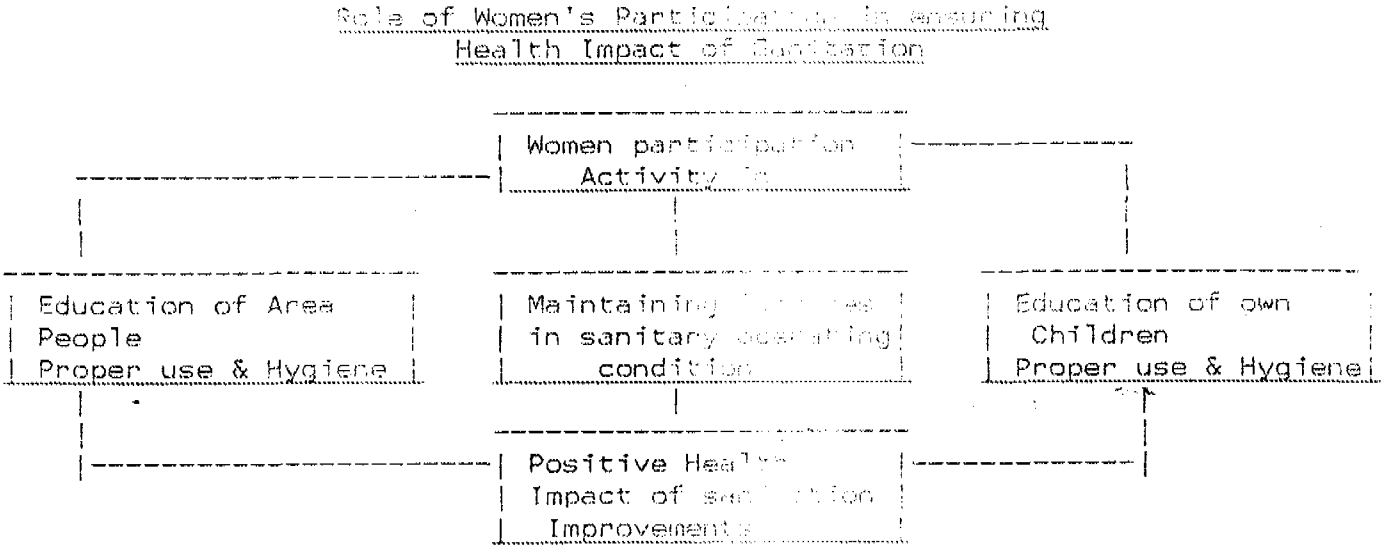
The message for women participation, should be given to the planners and implementors regarding water and sanitation programmes in our rural areas, who are either specifically charged with recognizing women participation. In such activities or are simply concerned enough about the impact of sanitation on people's health to want to consider women's needs and fully utilise their ideas and resources in project activities at both community and household levels.

No argument should be made in the note for planning separate women component or for separating out women activities from those of men, although there are special situations such approaches may be indicated. However the ideal approach is to integrate attention to women in normal project planning activities involving the local communities.

In this context planning process could help women to participate more effectively and most procedures could be applied to general community participation as well.

In the last we can conclude that the women's potential contribution to sanitation projects is so little recognized compared, for instance, to women role in water supply, it warrants a little more illutration. As already discussed, usually women are the most frequent users of household units. normally it is women who encourage or discourage, teach and supervise young children's use of the units. Therefore to make sure that the facilities will suit women and be usable by the children, women should participate with men at household and community levels in making decision between technology options and on such design feature as height of pedastals and type of seat, type and size of the enclosure, lighting, doors location and orientation, and other details. Experience in many countries is showing that seemingly small aspects of design may all the difference between use or non-use of latrines by women and children.

The role of women participation can be described by the following diagram:



2.2.10 Session-10: Communication

First of all the participants were asked to develop their own definition of communication. The following definition came out:

1. Mutual understanding
2. To pass on information (one way)
3. To exchange thoughts and opinion between individuals
4. To create understanding
5. Process of sending and receiving
6. To exchange ideas, between individual or groups (two way)

During this session the emphasis was given on how better we can communicate the messages to the villagers regarding health and hygiene education, in water and sanitation programmes.

Then it was discussed that for effective and good communication which points have to be kept in mind by the communicators. The following points were made in this regard.

1. Keep the message short and simple
2. Use the language understandable by the community
3. Message should be precise and to the point
4. We must have the knowledge about the customs of the community
5. Message should be according to the custom of the community
6. The communicators should have the clear idea of the message, they want to pass on
7. Be systematic
8. For good and effective communication create a friendly atmosphere
9. The communicator should be a good listener
10. Due respect to the people to whom he communicates.

The conclusion was, that the effective communication is a process of understanding of ideas through one side to another.

The methods of communications were discussed and the following points were drawn:

1. Communicate your idea through demonstration
2. Use posters, where majority of the people are illiterate
3. Use audio visual aids
4. Use mass media i.e. Radio, TV, Newspaper etc.
5. Exhibitions
6. Use the traditional methods if possible
7. Through workshops, seminars etc.

The conclusion was, that methods of communication should be used according the community' custom and level of community people.

Then an exercise was given to the participants so that they have better understanding of good communication. The name of this exercise is Jehari's window in which it was discussed that what is one way communication and its drawbacks, and how effective two way communication is for the promotion of any idea and getting support from the community. (Handout of Jehari's window, is attached as the Annex-IV.

2.2.11 Session-11: Planning Community Visit

During this session it was considered how we plan to visit any community, what things we have to keep in our minds (custom) what procedure we have to adopt? with whom we have to contact first? what we have to discuss with them, what methods of communication we have to use, how we get the active participation from the community ? After discussions following points were came out:

1. Before visit of any community we must know the practices and believes of that community and plan our visit accordingly.
2. Select suitable time for visit.
3. Inform the notable before visit.
4. First discuss matters of common interest then come to the programme when you feel that people are listening you and your ideas.
5. Plan to see and record the resources and problems of the area. For this purpose a list of questions is very effective.
6. Do not impose your ideas on the community people, but let them talk and express their ideas.
7. Get maximum informations from observations with respect to health and hygiene and from the resource persons of the community.

After this discussion a list was prepared for community visit. Under the topic community mapping.

In this session it was discussed what is meant by community mapping and what is the importance of community mapping regarding water and sanitation programmes.

In the list the following points were prepared:

1. Location and topography of the area;
2. Population and their characteristics, under the heading of "Demographic features";
3. Socio-economic characteristics of the community, including the earning activities, custom, practices and believes etc;
4. Developments and on going programmes and their sponsoring agencies;
5. Role of the community in development;
6. Problems of the community and how they see these problems;
7. General remarks and suggestions regarding the developments of the area and the role of the community.

Handout for the plan of community visit is attached in Annexure-IX.

The second part of the session was community visit to give practice to the participants to visit community to see the features according to the professional skills, keeping in view the basic purpose of the visit. The participants were divided into two groups. Each group was supervised by two resource persons. They visited two communities near Quetta i.e. Killi Gul Mohammad about 12 K.M from Quetta city and Killi Kachi Beg about 10 K.M. from Quetta.

After the visit the groups were given an assignment to prepare a community visit's report keeping in mind the basic purpose and applying the proper scientific research methods and techniques and giving their suggestions for a good community visit. The reports were presented on the next day.

2.2.12 Session-12: Group Presentations on Field Visit Results

The first session of the third working day was the presentation of the reports prepared by the groups.

After every report discussion session was followed in which participants critically discussed the shortcomings in the reports.

Both groups presented almost the [illegible] including general characteristics, followed by climate, topography, adjacent areas, size of the community. Services, characteristics, [illegible] presented the total number of households in the community average family size, average number of children. In socio-economic characteristics/occupation of the head of the families, literacy condition of housing. In environmental conditions the groups presented valuable informations for which this visit was designed including:

1. Present source of water supply
2. Distance of nearest water source
3. Storage of water in the households
4. Hygienic conditions of the houses and surrounding compound
5. Present defecation practices of men, women and children
6. If latrines are available, type of latrines and their present condition

In health indicators the participants presented:

1. Number of children immunized
2. Number of episodes of diarrhoea during the past two weeks
3. Major health problems in the village
4. Hygiene of the children
5. Traditional practices for the treatments of different diseases

In the last the groups presented the need of assessment of the community and suggested that our plans must be developed according to the felt need of the community, if real rural development is needed.

2.2.13 Session 13: Introduction to Different Methods of Communication (Drama, Role Play, Group Discussion, etc)

The purpose of this session was to provide knowledge for applying different techniques and methods for effective communication. It is true that through drama, role plays, group discussion s we can communicate effectively than the other methods.

Keeping in view the importance of these techniques the participants were divided into four groups and they were assigned role play and case studies. Topics of case studies and role plays are [illegible]

The participant presented the role plays and solutions of case studies. And through discussions it was concluded that such types of techniques could be adopted for rural masses.

2.2.14 Session-14 Different Health Education Materials (Posters, Flip Charts, etc) Examples and Analysis of Good and Bad Material

As this workshop was based on health and hygiene education techniques in water and sanitation programmes and it was also assumed that after this workshop our participants could work as trainer and motivators at district level so this session was developed to upgrade their skills in communicating the health and hygiene messages.

In this workshop different health education materials including posters, flip charts were used. Copy of the health and hygiene education material is attached in Annexure - IV.

In this session, the ideas from the participants were collected about the characteristics of the health and hygiene education material which are as follows:

1. Easily understandable
2. Culturally and socially appropriate
3. Brief
4. Relevant
5. Technically correct
6. Positive
7. Self explanatory
8. Colourful and attractive

The explanation and discussions regarding above outcomes were as follows:

1. Easily Understandable

   An individual ability to understand an image depends on his age, experience and intelligence, therefore try to discover to what extent they understand pictures. When we look at a picture, we have learnt to understand perceptive, overlap, highlights and shadows. An illiterate see the things differently.

Uneducated people can however, learn quickly to intercept pictures if the subjects are well known to them. Familiar objects in a picture help them to understand it.

They can understand pictures if certain factors are taken into account. A single subject picture with background detail eliminate stands out clearly.

2. Culturally and Socially Appropriate

In Pakistan and especially in Balochistan one must be very careful in ensuring that all visual aids produced are culturally appropriate. If not, it may offend people which will create a resistance to receiving the messages. Any images including women should be carefully shown.

It is important to ensue that the pictures show appropriate social settings and that are not unfamiliar to the audience. If you depict a city scene and show it to the rural population they may not identify at all with the pictures and miss the message or may just be confused.

3. Practical

It is important to ensure that it is possible for people to implement the messages given. If people are instructed to do things which are not possible then it s a waste of energy and time.

For examples telling people to prepare salt-sugar solution for oral rehydration in areas where sugar is not available is impractical and these messages should not be used in these areas.

Messages should also be economically practical, expecting people to purchase items and construct facilities which they clearly cannot afford is stupid. Less expensive alternatives should be sought.

4. Brief

It is much easier for people to properly absorb one message rather than a series of messages at once where the most relevant may be lost. All messages should be kept as short as possible and should state the message concisely. When producing a set of pictures one should also ensure there are not too many as this can also confuse people and lead to boredom if they are all shown to the audience.

5. Relevant

Any messages given should be relevant to the target audience. They should be issued which are prevalent within the community. For example, giving a talk on malaria in communities where malaria is not major health problem is taking your valuable time away from dealing with other important issues in the community.

6. Technically Correct

If any health or other messages given to people are incorrect, they will confuse people and can lead to problems. If in administering drugs or injections an inaccurate message is depicted then this can lead to serious consequences.

All messages should also be technically consistent and not contradict each other. Always check your messages with other people who are knowledgeable in order to ensure that they are accurate.

7. Positive

Positive images can work better than negative ones in terms of posters. They can reinforce the message. Negative images can be used but should be left for inclusion in a series of pictures or flip charts where they can be complemented by positive images and there is an extension worker available to explain them.

8. Simple

It should be as simple as possible, so that the people who do not have any educational background, they can understand it easily. Simple language on sketches, and diagram should be used on the messages.

9. Self Explanatory

If any picture shown to the rural communities, the picture on the flip chart or poster must have the expression of self explanatory. If there are written messages, then they should be in local dialects and as informal as possible.

10. Colourful and Attractive

It is human psychology that brain accepts the colourful and attractive things so the posters and flip charts used for health hygiene education should be colourful and attractive.

In the last analysis of good and bad material was done with the examples. Every participant was allowed to participate fully.

The participants pointed out different short comings, which are not acceptable to the community, and in this way health and hygiene education material used in the workshop was tested through the feedback of the participants by keeping in view the quality of good health and hygiene education material that always check your messages with other people who are knowledgeable and have long experience of the field to ensure that they are accurate.

In this session methods of communication relate to health and hygiene were also discussed with the following outcomes:

1. Posters
2. Demonstration
3. Roles Play / Drama
4. Video films
5. Flip charts
6. Printed material (publication, books, newspapers)
7. Radio, Television
8. Exhibitions
9. Face to face contact
10. Group discussions
11. Sign Boards
12. Through workshop, seminar, convention, and symposium.

The method should be chosen according to the messages and the target audience.

In addition to this an unarranged posters, in the shape of story was given.

This story was also presented by arranging the posters. The purpose of this exercise was to introduce the communication skills, that how it can be made effective and useful to the target audience. Posters in the form of story is attached in Annexure - IV).

2.2.15 Session-15 Organization of Training in Hygiene Education at District Level

The purpose of this session was to give awareness that how the trainings could be arranged at district level and how the participants of this workshop can be used as trainer ?

This session was fully participated, and following suggestions came out:

1. Background Information

   - Type of participants
   - Location and area covered
   - Level of qualifications and previous training
   - Present job description
   - Trainers working knowledge of the programmes.

2. Training Design

   - Location of training (suitable venue)
   - Financial allocation
   - Contents of training (subjects to be included)
   - Duration of training and frequency
   - Identification of suitable resource persons (available at the time of training
   - Identify sites for field visits and make necessary arrangements well in advance.
   - Preparation of training sessions.
   - Preparation of handouts and material for sessions.
   - Prepare and send to participants a baseline questionnaire prior to the workshop, early enough to allow for analysis of the answers. (Take into consideration the level of the audience).
   - Prepare evaluation questionnaire.
   - Accommodation arrangements of the participants, if necessary.

3. Implementation of Training

   - Opening and closing ceremonies (guests, refreshments)
   - Banners
   - Press coverage
   - Audio-visual aids available
   - Equipment and supplies (cassette player, slide projector, folders, stationery)
   - Transport available
   - Arrangements for meals and refreshments
   - Certificates

4. Evaluation of Training and Follow up

- Analysis of evaluation questionnaire
- Keep one sample of each hand out distributed to participant and include it in the report.
- Report writing
- Further plan for follow up (schedule of training, etc)

In the last, it was also decided that the participants of this workshop, would be used as trainers at District Headquarter level workshops.

2.2.16 Session-16: Evaluation Questionnaire

In this session of the workshop, evaluation questionnaires were distributed among the participants. (a copy of this proforma is attached as Annexure IV).

The purpose of this questionnaire was to get feed back from the participants, so that improvements would be done in the next workshops. The analysis of this questionnaire is as follows:

Feedback

Most of the participants responded that the communication session was the most interesting because they were very much involved in different exercises like role play, case study etc. They thought that these exercises are more helpful for them in communicating health and hygiene messages to the rural comunity.

Majority of the participants showed their satisfaction from the duration of workshop and they also considered that no any subject was irrelevant and they showed their desire to have some more sessions on the communication because if the trainers are not well equipped with the tools of communication, they would not be able to motivate the community.

The participants felt that they learned a lot from this workshop to provide information to the community regarding health and hygiene education in water and sanitation programmes. Throughout these informations were very fruitful for getting informations about the community before entering it. They were able to understand the meanings of integrated approaches and they can apply effectively in the field. By including the session of communication and methods they got scientific approaches to communicate any thing by keeping in mind the objectives of that communication.

Majority of the participants were satisfied with the performance of the resource persons and suggestions to improve the workshop was given by the participants, which are as follows:

1) The films related to the subject of the workshop should be presented;
2) Some field visits outside the province on the same projects must be arranged;
3) More health and hygiene messages should be developed;
4) All the personnel i.e. high level and lower level must be trained in the related field

2.2.17 Concluding Session: Closing Ceremony by the Resident Programme Officer, UNICEF Quetta and Awarding of Certificates

This session was started with Tilawat-e-Qilamepak. Mr Abdul Naeem Khan, Director RDA presented the progress report of the workshop and welcomed the guests. Dr Rima Salah, RPO UNICEF Quetta was invited for closing address. In her address, she thanked Resource Persons, Guests and RDA for its collaboration and she gave valuable comments on the workshop.

In the last she was requested to distribute the certificates among the participants so this session was ended with the refreshment.

3. DISTRICT LEVEL WORKSHOPS

3.1 INTRODUCTION

As it was recommended in provincial level workshop, that district level workshops should be conducted. The purpose was to train the field level officials of Local Government and Health Departments, who are really involved in rural development schemes, like water and sanitation and others, so that they could be used as health and hygiene motivators in this field. In these workshops same strategy was adopted, but the programme schedule was scrutinized up to their educational level. (Copy of the standard programme in each district is attached as Annexure II)

In these workshops, the Deputy Commissioner of each district was invited for inauguration. After the introduction of each participants regular sessions were started, and participatory approaches were adopted during the workshops. The summary of the proceedings of five district level workshops are as follows:

3.2 PROCEEDINGS

3.2.1 Session-1 Objectives of the Workshop

This session was based on the objectives of the workshops and each participant had to define in terms of hygiene education. Following were the outcomes which are summarized below:

1. To get awareness about health
2. To know know about good hygienic conditions
3. To get awareness about clean water
4. To get knowledge about community participation
5. To get motivational techniques to change the resistances
6. To get awareness about water and excreta based diseases and its prevention.

These objectives were defined by the participants with help from resource persons

3.2.2 Session-2: Role of each Participants for Hygiene Education

In this session the participants were asked to define their role in hygiene education, which is summarized below:

1. To give awareness about health and hygiene to the community through motivation.
2. To educate the community about clean water and importance of hygenic food.
3. To give education about good sanitary conditions.
4. To give education about safe disposal of garbage and prevention from flies and mosquitoes.
5. To give awareness about the importance of immunization.
6. To give education about the importance of community participation.

3.2.3 Session-3: Causes and Transmission Routes of Water and Excreta based Diseases and their Prevention

In this session, first of all the sources for contamination were discussed. Knowledge regarding sources was also transferred, as reported in provincial level workshop. After this the diseases attributed by contaminated water and excreta based were discussed, and were classified.

In the last, discussion was carried out that how these can be prevented.

3.2.4 Session-4: Role of Participants in Community Participation, Discussion on Socio-Cultural Aspects and Community's Perception with respect to Water, Sanitation and Hygiene Education

In this session, role of participants in community participation was discussed, that what factors can be involved for the successful community participation ?

In this session, socio-cultural aspects related to community and the resistances were also discussed so that a solution could be found out to minimize these resistances with respect to water and sanitation. The summary of resistances about latrines found in five districts are summarized below:

1. Scarcity of water.
2. Poverty.
3. Traditions from their forefathers.
4. Lack of awareness.
5. People feel that it is a shameful practice if male and female both use the same latrine.
6. Latrine is filthy.
7. Danger of passing noisy winds.

All these resistances were discussed and logical solutions for using latrines were given and following results came out from participants:

1. We need latrine.
2. If the community is properly motivated then everybody will demand latrine.
3. Proper communication will make this project easier for implementation.

3.2.5 Session-5&6: Methods of Communication, Role Play, Case Study, etc

In this session, it was tried that those methods of communication should be discussed which are useful for villagers, so that they could be motivated.

Following conclusions came out through discussion:

1. Through verbal discussions.
2. Through posters, charts.
3. Through demonstration.
4. In local languages.
5. Communication should be according to the level of villagers.

In the last a practical exercises for better communication in [illegible] role play and case study were given.

The participants were divided into four groups, and they were allowed to present the solution of case studies, and practically the given role-play.

The presentation of these role-plays proved that the purpose of workshop is achieved.

3.2.6 Session-7: Briefing about Community Survey and Mapping Exercise

The purpose of this visit was to give knowledge to the participants about community mapping and survey technique that how scientific information about any community can be gathered so that the projects could be designed in a factual manner. In each district, participants were divided into groups. They were first briefed about the techniques of survey and mapping. The survey was basically based on health and hygiene facilities available in the villages and their perception towards sanitation. Only those villages were selected where UNICEF and Local Government is implementing their project. The participants were also asked to watch the immunization in the village.

3.2.7 Session-8: Field Visit Presentation

In this session, the groups were allowed to present their reports in each district. After each presentation the shortcomings were discussed in detail.

3.2.8 Session-9: Information regarding Pour Flush Latrine and Afridiv Handpump

This session was especially conducted in each district because the participants were having different ambiguities regarding Pour Flush

Latrine and Afridiv Handpump. In this session the participants were briefed in the following topics;

1. Necessity of water
2. Availability of water
3. Appropriate technology
4. Afridev HP
5. Running/maintenance of Afridev HP
6. Waste water
7. Human waste disposal
8. Design of twin indirect pit pour flush latrine
9. Maintenance of TPPL

The participants showed their maximum interest during the workshops and high level of participation was witnessed.

Again on districts level the participants responded that the sessions of communication and diseases attributed to in sanitary environment was of their great interest.

The participants also suggested that the duration of the workshop should be increased from 3-5 days so that they could be able to get enough knowledge in health and hygiene education to motivate the community.

The participants showed their high level of satisfaction on the performance of the resource persons and suggested that such types of refresher workshops should be conducted to increase their skills of motivation. They also suggested that without such type of workshops, water and sanitation programmes can not run successfully because the resistances in using latrines is very high.

3.2.9 Session-10: Use of Health and Hygiene Education Material: Charts; Posters; Examples and Analysis of Good and Bad Material

This session was conducted in the same manner as at provincial headquarter level workshop, but the level of the participants was kept in mind. Practical exercises regarding the use and analysis of health and hygiene material was done.

In the last different health and hygiene education material was distributed among the participants which was arranged by the UNICEF, so that they could use it in the field for motivation.

3.2.10 Session-11: Ways and Means of Training/Motivation for Health and Hygiene at Village level

In this session, different means of training/motivation at the village level were discussed with the following conclusions:

1. Through verbal discussions.
2. Through written material.
3. Through pictures, posters.
4. Through involvement of notables.
5. Through community participation.
6. Through learned people available in the community.
7. Through Hujra sittings.

3.2.11 Session 12: Organization of Training/Motivation in Hygiene Education at Village Level

The same session was followed by the discussion on organization of training/motivation at village level. Every participant in each district showed his maximum participation and they realised that first of all motivation should be started from their houses. The other places which can be used for motivation are:

1. Mosque
2. School
3. Hujra
4. Union Council Office.

It was also suggested that the motivation can be started by informal way, by taking help from the following influential persons of the community:

1. Imam Masjid
2. Malik, Sardar, Nawab, etc
3. Teachers
4. Councillors
5. Social workers

It is necessary that the above mentioned categories of persons should be motivated first and then this programme could be expanded to general members of the community.

In case of women following clients could be used for motivation.

1. Lady teachers
2. LHVs
3. TBAs
4. Male should motivate their females

3.2.12 Session 13: Video film based on Water and Sanitation

A video film based on health and hygiene related to water and sanitation, 20 minute duration prepared by UNICEF Office Islamabad was shown to the participant at the end of this session. This film upgraded the knowledge of participants and many of their ambiguities regarding clean water and sanitation became clear.

3.2.13 Session-14: Conclusions/Recommendations

In this session, first of all the proceedings of the workshop were concluded including the level of participation. In each district, an evaluation proforma was developed and distributed among the participants so that they can comment over the workshop openly these proformas was analyzed with the following feedback.

Catalyst for further Development

In fully participatory projects communities are assisted to make and implement reasoned decisions on an acceptable and affordable type of system, the right location of, for example tabs or wall, latrines and washing facilities, organization and control of local contribution and appropriate local systems for maintenance, management and financing.

Participation and decision making not only helps communities to become more self-reliant in establishing and maintaining these water supplies and sanitation improvements, it is also a process which strengthen local organizational, technical and managerial skills to solve other problems and foster ongoing development. Such ongoing development is found especially where non-governmental organization are involved, which can work intensively in a relatively small for a longer period.

4. RECOMMENDATIONS

On the basis of the performance of the participants and their opinion about the success of any programme in the field of Water and Sanitation for better health the following recommendations were made:

1) There is a need of training and followup for the personnel who are directly engaged with these programmes so that they equipped themselves with techniques and methods necessary for getting community participation.

2) Complete feasibility checkup with respect to biological chemical and physical must be done before installation of handpumps.

3) Sustainability of the project must be observed through regular follow up.

4) Charts regarding sanitation must be distributed to the every household where the project is working.

5) More relevant health messages must be developed so that these can be distributed among the communities.

6) Complete coverage regarding Water and Sanitation must be given to these five districts and then extend the project area.

7) An evaluative study must be carried out to judge the impact and effect of these trainings and the project.

HHE/1-45/HAB/rmi-sr
19.3.1991

PART - II