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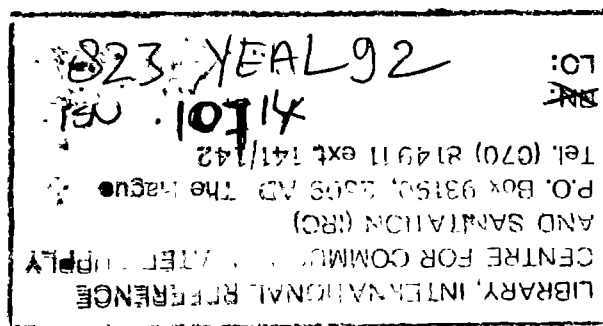
Rada Integrated Rural Development Project

Review and Planning of the health education activities

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Yemen Arab Republic
Ministry of Agriculture
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RADA' INTEGRATED RURAL DEVELOPMENT PROJECT
Rural Women Extension Programme

**REVIEW AND PLANNING
OF THE HEALTH EDUCATION ACTIVITIES**

Report on a mission by
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ABBREVIATIONS

BOCD	British Organization for Community Development
CDP	Consultants for Development Projects
DHIWDP	Dhamar Health Improvement and Waste Disposal Project
DRHP	Dhamar Rural Health Project
GA	General Adviser
HE	Health Education
HoS	Head of Section
MCH	Mother and Child Health
PHC	Primary Health Care
PHCPR	Primary Health Care Project Rada
PME	Planning, Monitoring and Evaluation
RIRD	Rada' Integrated Rural Development Project
RWES	Rural Women Extension Section
RWSSP	Rada Water Supply and Sanitation Project
TAU	Technical Assistance Unit

SUMMARY AND RECOMMENDATIONS

The backstopping mission for health education within RWES has been executed in 1992 for the fifth time. This has given an opportunity to see the development of a programme over a period of time. From an activity in the field of "medical oriented" discussions with women in the villages, based on needs and demands of the women, towards an integrated activity related to water and sanitation. This programme is executed in 1992 by a Yemeni extension agent for health education.

Main points of the mission were the discussions about the responsibilities of this part of the RWES and the capabilities of the Yemeni staff to continue independently the HE activities.

During the review and planning of activities in 1989 it was proposed to revise the programme in order to achieve integration of health education within other RWES activities and to support the water supply and sanitation activities of the Engineering section. It was indisputable that:

- the level of discussions in the villages was too high to be facilitated by Yemeni female extension agents;
- some subjects like child spacing were topics which could not be discussed by unexperienced, unmarried girls;
- health education within a rural development programme should not be "medical oriented" but an integrated part of RWES activities.

The role of the health education specialist was defined as: adviser, organizer, trainer and supervisor of activities.

Health education consisted of two parts:

- a. hygiene education related to water and sanitation;
- b. nutrition education.

Health education activities related to water and sanitation are to be divided in:

- planning of the programme;
- initial training course for extension agents;
- on the job training of specialized and village extension agents;
- execution of health education sessions in the villages
 - by:
 - village extension agents
 - specialized HE extension agents
- supervision of village extension agents and specialized extension agent;
- monitoring and evaluation by specialized extension agent and adviser;
- health education as part of water and sanitation activities in cooperation with the Engineering section.

In September 1991 an expatriate food and nutrition specialist joined the RWES. A separation has been made between health education in relation to water and sanitation and nutrition education. Decided upon was that as soon as there would be a extension agent available to carry out the fieldwork, probably from June 1992 onwards, the nutrition education part would become a separate programme.

Together with the separation of the nutrition programme, the health education introduction strategy and objectives has changed, a.o. based on the monitoring and evaluation experience of 1990.

The general objective of the hygiene education programme is:

To involve women in water supply and sanitation activities mainly through education but also through exchange of information on the functionality of design on construction and operation of those facilities.

Specific objectives of the hygiene education programme:

- water will be used at household level in a healthy and health promoting way;
- water from the improved or new water supply systems will be used at household level in a healthy and health promoting way;
- domestic garbage will not cause a health or environmental problem;
- domestic waste water will not cause a health or environmental problem.

The major problems concerning water and sanitation activities and health education for women are:

- a. only one specialized extension agent is available for all the hygiene education activities. She has to supervise the village extension agents (actually 3, but after May 1992 hopefully ± 10) and she is organizing sessions in other villages where RWES activities are on their way. She has only two days a week for the water and sanitation activities;
- b. the RWES is working in villages not too far from Rada' town, (not more than 1 hour drive). The activities of the Engineering section take place nearby but more often far from Rada' town and women don't have permission to travel so far without being accompanied by a family member. It is already exceptional that one extension agent can travel with a driver; this situation will continue when the health education specialist has finished her contract.

The cooperation with the water supply unit and the Sanitation subsection is functioning very well at this moment, but the cooperation has limitations due to lack of personnel and due to travel restrictions for women in this area.

The cooperation needs to be well structured: the HoS has a key role to play in the planning of (irregular) requests for assistance of RWES from the Engineering section. The HE specialized extension agent is able to plan and execute regular activities in cooperation with the Engineering section but the extra requests should be well planned and fit in the on going activities. As long as there is only one specialized extension agent the cooperation will be limited.

The health education programme related to water and sanitation has become a programme which can be executed by both the village extension agents and the specialized HE extension agent. The linkage to water and sanitation activities has appeared to be very effective. Women have shown interest in the improvement about the sanitary situation in and around the house.

Due to the separation of health education related to water and sanitation and nutrition, the food and nutrition programme needs to be supported by an adviser until the Yemeni staff is able to execute the programme independently. An extension agent who will finish the initial course May 1992, will be trained on the job to execute nutrition education sessions in the villages in cooperation with the village extension agents.

The integration with the other RWES programmes continued but can still be improved mainly in the field of education on storage, consumption, preparation and preservation of vegetables, fruits and animal products. These activities will be covered by the training and supervision of all extension agents by the Food and Nutrition specialist.

In 1992 emphasis has to be on the strengthening of the Yemeni staff to assure that the programme can be executed by the Yemeni staff of the Section with the support of a general adviser for a limited period of time.

The experience of 5 years health education has learned that the new way of introducing the HE programme in a village where a scheme is under construction is a better entry point than the "traditional" way, as it is very frustrating for women that actions needed after the health education will take a long time to be taken and that their involvement will be very little.

- Therefore it is strongly recommended that the specialized extension agent concentrates on the water and sanitation related HE activities.

The village extension agents are general extensionists, they stay in the village and will play a "model" role in the improvement activities in their neighbourhood.

- It is recommended to organize as soon as the women' guesthouse is ready, a refresher course for the three village extension agents, who were assigned to the project in 1990, where they can learn new subjects and share the experiences gained through the activities in their respective village.
- As the future of the project and the assistance of advisers for RWES is uncertain on this moment, it is recommended not to start new activities but to concentrate on the supervision of activities in villages where a village extension agent is working.
- The food and nutrition specialist will continue working until the end of 1992 and it is recommended she concentrate her work on the supervision of the food and nutrition programme of the village extension agents and on the on the job training of the extension agent for food and nutrition.

Furthermore the food and nutrition programme should be carried out in close cooperation with the agricultural and livestock programme of the RWES, and not be introduced in new villages where no village extension agent is working.

1 INTRODUCTION

The backstopping mission for health education within RWES has been executed in 1992 for the fifth time. This has given an opportunity to see the development of a programme over a period of time. From an activity in the field of "medical oriented" discussions with women in the villages, based on needs and demands of the women, towards an integrated activity related to water and sanitation. This programme is executed in 1992 by a Yemeni extension agent for health education.

Main points of the mission were the discussions about the responsibilities of this part of the RWES and the capabilities of the Yemeni staff to continue independently the HE activities.

Health education activities have been reviewed and the villages have been visited. In Chapter 2 the findings of the review are described as well as the introduction of the food and nutrition activities, which are separated from health education since the arrival of a food and nutrition specialist.

As the project is in its final stage, it is important to describe the activities which can continue without the assistance of a health education specialist. The planning of these activities is explained in Chapter 3.

A proposal for the future of health education in Rada' area, within RIRDP and the cooperation with the PHC project is formulated in Chapter 4.

2 REVIEW OF HEALTH EDUCATION ACTIVITIES WITHIN RIRD-P-RWES 1991-1992

2.1 Introduction

Background

Nutrition and environmental health education have been mentioned in RIRD-P documents as priority areas for assistance to women since the "Research into the socio-economic position of women in the rural society of Rada' district" (Holstein, Horeibi, 1979).

Health education (HE) activities have been part of the RWES programme since the arrival of a health education specialist in 1986. In the beginning the activities were carried out both within RWES and in the MCH-clinic in Rada'. The activities in the MCH-clinic have been taken over by the personnel of the clinic in 1988. In this year after the training of eight female extension agents, health education activities within RWES took place in 4 villages.

In 1989 after one year of fieldwork and training experience, activities were evaluated and it turned out that the health education sessions were too much PHC related and the level was too difficult to be discussed by the extension agents independently.

The evaluation mission 1989 endorsed" the new setup of the health education programme which supports the other RWES activities and the water supply and sanitation activities of the engineering section. It is the opinion of the mission that this change towards supportive health education also provides a sound basis for clear cooperation with the Primary Health Care programme of the MCH clinic Rada'. The regular exchange of information and experiences between health related projects, as it is presently the case, is an important tool for programme development and should be continued."

During the review and planning of activities in 1989 it was proposed to revise the programme in order to achieve integration of health education within other RWES activities and to support the water supply and sanitation activities of the Engineering section. It was indisputable that:

- the level of discussions in the villages was too high to be facilitated by Yemeni female extension agents;
- some subjects like child spacing were topics which could not be discussed by unexperienced, unmarried girls;
- health education within a rural development programme should not be "medical oriented" but an integrated part of RWES activities.

A plan was designed how the integration of activities could be organized and discussions took place how the level of discussions could be adapted to the educational level of both extension agents and women in the villages.

The role of the health education specialist was defined as: adviser, organizer, trainer and supervisor of activities.

Health education consisted of two parts:

- a. hygiene education related to water and sanitation;
- b. nutrition education.

The health education programme related to water and sanitation was divided in:

- planning of the programme;
- initial training course for extension agents;
- on the job training of specialized and village extension agents;
- execution of health education sessions in the villages;
 - by:
 - village extension agents
 - specialized HE extension agents
 - supervision of village extension agents and specialized extension agent
 - monitoring and evaluation by specialized extension agent and adviser
 - health education supportive to other programmes
 - health education as part of water and sanitation activities in cooperation with the Engineering section

In 1991, a major point of discussion became the introduction strategy of health education in the village. Usually health education was introduced in a village where other RWES activities were organized. Health education sessions were executed and as a result women asked assistance to improve their environmental health conditions. For RWES it appeared very difficult to fulfil their requests because it proved to be hard to get the necessary technical and financial assistance from the Engineering section within a short period of time as the section has a long waiting list of village requests.

During 1991 and 1992 some major changes in the organization of the programme took place. For four villages, the introduction strategy altered: in two villages were new village extension agents appointed and two villages were chosen following the water supply unit and sanitation sub section activities of the engineering section.

In September 1991 an expatriate food and nutrition specialist joined the RWES. A separation has been made between health education in relation to water and sanitation and nutrition education. Decided upon was that as soon as there would be a extension agent available to carry out the fieldwork, probably from June 1992 onwards, the nutrition education part would become a separate programme.

In the meantime, the health education activities supportive to the agricultural programme like cooking demonstrations, were divided over the specialized extension agents for agriculture and health education, supervised by the food and nutrition adviser.

Together with the separation of the nutrition programme, the health education introduction strategy and objectives has changed, a.o. based on the monitoring and evaluation experience of the last years.

The general objective of the hygiene education programme is:

To involve women in water supply and sanitation activities mainly through education but also through exchange of information on the functionality of design on construction and operation of those facilities.

Specific objectives of the hygiene education programme:

- water will be used at household level in a healthy and health promoting way;
- water from the improved or new water supply systems will be used at household level in a healthy and health promoting way;
- domestic garbage will not cause a health or environmental problem;
- domestic waste water will not cause a health or environmental problem.

Health education has been executed in 28 villages in 1991-1992 (January-March), 6 villages have been visited on a regular basis and in 22 villages a health education activity has been executed on request of another programme (agriculture, livestock, handicrafts, sanitation, water supply and PME unit). The weekly programme was divided in 4 days fieldwork and 2 days for administration and training.

2.2 Training

Training extension agents

The initial training for 10 new village extension agents started in January 1992 and will be finished in May 1992. they are trained in all subjects the RWES is covering. The health education specialist has given the course in Hygiene education as described in Technical note 43. The food and nutrition education is given by the new food and nutrition specialist. After the course the village extension agents will start working in their own village, supervised by the specialized extension agent.

The specialized extension agents have received training in various subjects on Sundays. The subjects of health education were mainly in the field of nutrition and cooking demonstrations. The health education adviser supervised the specialized extension agents in producing a RWES newsletter in cooperation with the Environmental Health Education section of RWSSP.

Other training activities

In June and December 1991, the health education specialist and the sanitary engineer were guest lecturers at Sana'a University. Lectures were given on rural sanitation and on women, water and sanitation for the post-graduate training course on sanitary engineering at the Faculty of Engineering. The lectures were followed by a lively discussion in which all students participated actively.

2.3 Fieldwork

The activities in the villages play a key role within RWES. The specialized extension agents started to work in 1988 under supervision of the various advisers and since 1990, 3 village extension agents are active in their respective village for different topics. They are supervised by the specialized extension agents and advisers.

It is remarkable to see how the role of the village extension agents has changed the impact of the HE programme: a specialized agent is able to visit a village once in a while as she is covering more villages at the same time. A village extension agent is available for questions and discussions at any time in the village.

The fieldwork of the health education team can be divided into three parts:

- health education sessions by specialized extension agent;
- supervision of the village extension agent;
- supporting activity for other programme, e.g.: survey, cooking demonstration in a agriculture programme.

Field visits were paid during the mission in order to see how the various village agents and the specialized extension agent are executing their job.

Al Qahara Qeifa

In this village a village sanitation has been constructed in 1991 and along with the construction a health education programme has been executed by the specialized extension agent. The village was visited by the health education team 22 times from November 1990 till March 1992. There is also a water supply scheme (RIRD 1979) and a garbage disposal programme (1989). RWES has livestock, wadi garden and a handicrafts programme in the same village. Two village extension agents are for training in Rada'.

Since November 1991, a female primary health care worker is active in the village; she is very cooperative with the RWES agriculture programme and hopefully the cooperation with the village extension agents will be as fruitful.

The hygiene education programme is finished; it is recommended to start with the nutrition programme as soon as the newly trained extension agents are employed; the programme can be executed by the village extension agents under supervision of the food and nutrition specialist.

It is recommended to organize a village cleaning day in cooperation with the extensionist of the Sanitation-sub section as soon as the new village extension agents are working in the village, as the garbage collection in the village appeared to be reinforced.

As Salil

As Salil was visited to see the various RWES programmes going on in this village: livestock, agriculture and health education.

Health education has been introduced in 1991 in the traditional way on request of the women. After the health education session women have started to look for solutions for the waste water around their houses.

For assistance in the improvement of the sanitary situation, the men of the village have to send a request the sanitation section. The women of the village have to convince their husbands in order to take action and nothing can be done as long as the request has not arrived at RIRD.

The nutrition education programme will be supervised by the food and nutrition specialist.

Al Qaher

In Al Qaher a village extension agent is working since March 1990. She is executing HE and livestock activities. About her experiences she told:

"When I had finished the course I didn't know very well how to start the programme. In the beginning I discussed with one woman, then two, three and now many women are coming to join the sessions and they like to discuss."

(Al Qaher, Safia)

She was much more self confidential than a year ago. When she was asked about what kind of training she needed to improve her work, she asked to learn more about sewing, cooking and children's diseases.

It is recommended to organize as soon as the women' guesthouse is ready, a refresher course for the three village extension agents, where they can learn new subjects and share the experiences gained through the activities in their respective village.

Al Khilaw

In Al Khilaw is a village extension agent who was trained in 1990. There is an extension centre where the health education sessions are organized. The extension agent has played an important role in the improvement of waste water disposal in her neighbourhood. She has been supervised by the health education team on a regular basis. Apart from HE she executes the livestock and handicrafts programme. In Al Khilaw is no water available, therefore the agricultural programme cannot be added to the list of her activities.

During 1991-1992, she organized at least once a week a health education session with the women of the village and she paid several home visits to each of the households regarding all subjects of the programme.

Shamlah

In Shamlah is one village extension agents. The village is about 25 minutes driving from Rada'. There is not sufficient drinking water available in the village. The agricultural programme has started a wadi garden in this village.

The village extension agent has replaced the livestock extension agent for 3 months, when she was in Egypt for a course.

Al Qahara Hubabah

This village is about 25 minutes driving from Rada. The RIRDPC constructed a water scheme (finalized March 1992), a garbage pit in 1989 and a road to Al Khalaqah in 1988. There is no village extension agent.

The health education programme started in the village during the construction of the water scheme and home visits are made in order to see if women are using water in a healthy and health promoting way.

A visit was planned to do home visits to see the newly installed water facilities in the house. In one place the tap was installed but the water from the tap to the tank was still transported via a plastic (dirty) tube. The specialized extension agent discussed the problem and convinced the woman to install a fixed pipe from tap to tank. In a second house the same problem was discussed and it was agreed to change the place of the tank (underneath the tap). The women had complained before about the water quality and the water has already been tested by the RIRD and declared of good quality.

Many children were suffering from conjunctivitis and next time this subject will be discussed during a health education session.

The experience in Al Qahara Hubabah has learned that the new way of introducing the health education programme in a village where a scheme is under construction is a better entry point than the "traditional" way, as it is very frustrating for women that actions needed after the health education will take a long time to be taken and that their involvement will be very little.

Qaryat Al Hasan

This village is about 50 minutes driving from Rada'.

A water scheme is under construction and the health education programme has started in February 1992.

As there is no village extension agent, there are no other RWES activities.

The house where the health education session were organized is the house of the village "doctor" and a visit was paid to his private clinic, where he treats patients for various complaints and symptoms.

2.4 Food and nutrition programme

Since the start of health education activities within RWES hygiene and nutrition education were part of the programme. Hygiene education is more related to water and sanitation in a rural development project and nutrition is related to agriculture and livestock. Up to 1992 all activities have been executed by the health education team.

In September 1991 a food and nutrition specialist was appointed to the section with a contract until December 1992. She started with a survey in the villages in order to define the problems and needs in the field of nutrition and food processing in the Rada' district. The results of the survey were to be used as a support in the development of an adapted extension programme on food and nutrition.

The subjects which were added during the third initial training course are:

- storage of agricultural products;
- food preservation;
- preservation of vegetables;
- meat preservation;
- milk processing.

A new manual has been written in which existing subjects have been worked out more in detail and new subjects have been added. The manual has been tested during the weekly training day for the specialized extension agents and is the basis for the third course for village extension agents; the course material will be readapted if necessary.

As the future of the project and the assistance of advisers for RWES is uncertain on this moment, it is recommended not to start new activities but to concentrate on the supervision of food and nutrition activities in villages where a village extension agent is working and on the support of the agriculture and livestock programmes of the RWES.

2.5 Health education related to water and sanitation programme

Since the recommendation of the 1989 evaluation of the project, efforts have been made to strengthen the cooperation with the sanitation subsection and the water supply unit in order to link the health education of women to the activities in the field of water and sanitation in the villages. One of the conclusions related to water and sanitation of the Women Impact Study (Scheepers, 1991) is:

"Informal education on matters of hygiene or health conditions should be included in the activities of the project from the beginning (explanation during construction on purpose of certain improvements) and during the first period of use".

In 1991 and 1992 (January-March) 30 field visits have been related to water and sanitation. In two villages the health education sessions have started during the construction of a water supply or a sanitation scheme.

The major problems concerning water and sanitation activities and health education for women are:

- a. only one specialized extension agent is available for all the hygiene education activities. She has to supervise the village extension agents (actually 3, but after May 1992 hopefully ± 10) and she is organizing sessions in other villages where RWES activities are on their way. She has only two days a week for the water and sanitation activities.
- b. the RWES is working in villages not too far from Rada' town, (not more than 1 hour drive). The activities of the Engineering section take place nearby but more often far from Rada' town and women don't have permission to travel so far without being accompanied by a family member. It is already exceptional that one extension agent can travel with a driver; this situation is likely to continue when the health education specialist has finished her contract.

The cooperation with the water supply unit and the Sanitation subsection is functioning very well at this moment, but the cooperation has limitations due to lack of personnel and due to travel restrictions for women in this area.

The cooperation is mostly working one-way. The health education team joins the Sanitation or water supply unit where they have started working.

The other way: RWES asking assistance from the Sanitation subsection or the water supply unit has appeared not functional:

In a village where many RWES activities are going on, the health education team was asked to start sessions on health education. It emerged necessary to undertake action in order to improve the waste water problem in the village. Women have started to work on it and assistance was needed. The sanitation subsection cannot interfere without a request from the village (men) which has to be submitted to the General Manager and with the workload the Sanitation subsection is facing already, assistance is not foreseen within a reasonable period of time.

Demonstration of solar water heaters is supported by RIRD in a selective manner, i.e. at PHC units/health centres, extension centres and schools. Through such demonstrations, the project can extend the benefit of hot water supply for personal hygiene and health care. Further interest and application of solar water heaters can thus be stimulated.

The RWES HE team has provided the Engineering section with a list of the names of 5 households where a solar water heater can be placed for demonstration purposes. These households have an important public function in the village.

It was agreed to withdraw the 1991 proposal that every family where a solar water was installed should contribute YR 1000.

2.6 Monitoring and evaluation

In 1990 the health education team has started monitoring and evaluation activities. It was recommended to continue this activity with a baseline survey on village level in each new village and with home visits as part of the health education programme. After the experience gained with the M & E in 1990, the health education team was more interested in the impact of the health education sessions on the behaviour of the participants than in the gained knowledge and/or changed attitudes because the latter was already assessed in 1990.

The baseline survey has been done before the start of the programme and home visits have been organized during the health education programme in order to check if women have understood the subject which has been discussed during the sessions. After finishing the health education programme the team will return to the village to discuss the changes in the villages.

The monitoring and evaluation activities have been described by the health education specialist and will be published as a part of the end of term report and separately as papers for the evaluation mission, visiting the project in April-May 1992.

In Table 1 the health education activities in 1991-1992* (January-March) are summarized.

2.7 Cooperation with other health related projects in the area

PHC project Rada

The cooperation on village level is working very well. The major activity which has been organized was the proposal for a flea-campaign in Al Matar. After many discussions in the village concerning the flea-problem, stable cleaning and animal washing have been undertaken by RWES, livestock and health education.

Table 1 - Health education activities (1991-1992)

Activity	1991	1992*	Remarks
Total field visits	157	32	
No. of villages involved:	6		
- regular programme			
- on request other RWES programmes or sections	22	6 9	
Health education sessions	48	11	
Supervision village extension agents	27	5	
Programme discussions	21	5	
Cooking demonstrations (agriculture)	11	4	
Sanitation subsection	16	3	
Survey nutrition	1		
Livestock	11		
Handicrafts	3		
Pre-survey/evaluation garbage disposal	13		
Water and toilets	5		
Impact water supply		6	
Data collection/evaluation	2		

When the problem continued, the health education team has started discussions with the health education adviser of the PHC project and from then on the teams of RWES and PHC project have visited the village together and have had meetings where the female PHC worker and the two village extension agents have participated. To "eradicate" the fleas completely the women have to agree on several conditions. Questionnaires have been designed and filled in; the process is still going on as only 50 % of the inhabitants agreed on the conditions for the cleaning.

Other health related projects

In July 1991, the Dhamar Health Office (HO), in conjunction with the Dhamar Rural Health Project (DRHP), arranged a meeting during which health education materials could be exchanged with health education specialists of various projects. The meeting was held in order to avoid duplication of materials and to facilitate inter-project coordination.

Participants were health education specialists or representatives of 10 projects and organizations. Each presented its health education materials/ activities and brought copies of some materials to actually share them. Also videos were shown.

Discussions during the presentations concerned the following topics:

- development of health education materials should be according to a well defined plan (experience available, RIRDP/BOCD);
- utilization of health education materials should be appropriated combined with other health education activities like discussions (experience available, RIRDP);
- training in communication skills is mandatory for good health education (experience available, RIRDP/BOCD/PHCPR/DHIWDP/RWSSP).

It was concluded that cooperation in the development and exchange of materials should be pursued. This could be done by cataloguing health education materials (BOCD has experience) and by coordinating a network involving all participants of the meeting. They should come together more often to exchange materials, discuss health education related topics and coordinate activities in relation to e.g. baseline studies or evaluation.

The Yemen Ministry of Public Health is planning a meeting on a national level concerning various aspects of health education. The Ministry was informed about the small scale and more informal meeting of HO/DRHP on the exchange of health education materials. They welcomed this initiative and will be kept informed.

2.8 Conclusions

The health education programme related to water and sanitation has become a programme which can be executed by both the village extension agents and the specialized HE extension agent. The linkage to water and sanitation activities has appeared to be very effective. Women have shown interest in the improvement about the sanitary situation in and around the house.

The cooperation with the Engineering section needs to be well structured: the HoS has a key-role to play in the planning of (irregular) requests for assistance of RWES from the Engineering section. The HE specialized extension agent is able to plan and execute regular activities in cooperation with the Engineering section but the extra requests should be well planned and fit in the on going activities. As long as there is only one specialized extension agent the cooperation will be limited.

Due to the separation of health education related to water and sanitation and nutrition, the food and nutrition programme needs to be supported by an adviser until the Yemeni staff is able to execute the programme independently. An extension agent who will finish the initial course May 1992, will be trained on the job to execute nutrition education sessions in the villages in cooperation with the village extension agents.

The integration with the other RWES programmes continued but can still be improved mainly in the field of education on storage, consumption, preparation and preservation of vegetables, fruits and animal products. These activities will be covered by the training and supervision of all extension agents by the food and nutrition specialist.

In 1992 emphasis has to be on the strengthening of the Yemeni staff to assure that the programme can be executed by the Yemeni staff of the Section with the support of a general adviser for a limited period of time.

3 PLANNING OF ACTIVITIES IN 1992

3.1 Introduction

The planning of activities will cover the period until the end of 1992 (Annex C). Perspectives for the period beyond 1992 will be discussed in Chapter 4.

In 1992 for health education there will be one specialized extension agent and hopefully 10 village extension agents from whom three are already experienced in HE. The nutrition education will be supervised by the food and nutrition adviser. Until June the HE specialized extension agent will be available one day per week for nutrition education.

Health education will be planned in two parts:

- hygiene education;
- nutrition education.

3.2 Hygiene education

A health education programme can be divided into:

- planning of activities;
- training;
- supervision;
- execution of HE in the villages;
- monitoring and evaluation.

For a health education programme is needed:

- a manual for health education;
- the introduction strategy;
- guidelines for the execution of HE activities;
- extension materials;
- list with HE resource persons in Yemen.

Planning

The planning of HE activities can be divided in:

- yearly planning;
- half year planning;
- weekly planning.

The year-planning has to be done by the HoS, assisted by a general adviser. This plan should be based on a long-term planning formulated by the management of the project.

A planning per 6 months is necessary to choose new villages for HE activities. This should be done in consultation with the Engineering section. Therefore the specialized extension agent should be assisted by the HoS for this activity.

The planning per week can be done by the specialized extension agent as far as concerned regular activities. For irregular activities: e.g. incidental request for HE assistance from the

Engineering section, the HoS should decide whether and when these "joined actions" can be planned.

The weekly programme will be discussed with the HoS and be executed independently or in cooperation with the advisers. It is important that a car with a driver is available for the activities of the specialized extension agent, when there are no advisers available to accompany the specialized extension agent.

Training and supervision

The specialized extension agent for health education did not get permission from her family to go for further training to Cairo or Aden, as was planned within RWES. Therefore it is important to organize field trips to other water and sanitation projects within Yemen before the departure of the HE adviser in order to add new experiences to her knowledge and practice in the field. It is recommended to organize two trips of three days, one to Aden and one to Hodeidah, where an urban waste disposal project is running and where she can share experiences with environmental health extensionists.

The supervision of village extension agents will be executed in cooperation with the advisers of the sections (health education, nutrition).

The supervision of the specialized extension agent will be assured by the HoS in close cooperation with the health education team of the PHC project Rada', consisting of an expatriate health education specialist and a Yemeni female PHC worker. This team will be able to supervise once a month. From August on they will plan two visits per month. During the field visit they can supervise the activities of the specialized extension agent and in the meantime the Yemeni PHC worker can gain experience in extension.

Execution of activities

The hygiene education will be executed by the specialized extension agent. She will visit regularly 4 villages to execute the hygiene education programme and she will supervise regularly the 3 village extension agents.

The cooperation with the Sanitation-subsection and the water supply unit is structured. The request for cooperations are given to the HoS of RWES and it is important that these requests are discussed during the weekly meeting in order to see which cooperation is feasible during a period of time, as the number of villages where a programme can run at the same time is limited.

Monitoring and evaluation

The monitoring and evaluation of activities in the villages can be executed by the specialized extension agent, with support of the HoS and advisers. Monitoring and evaluation is an activity of the PME unit and therefore this unit will remain responsible for the planning and analyzing of the data.

3.3 Nutrition programme

The Food and Nutrition programme should not become an independent activity in the section but should be carried out as part of the other extension programmes. As the nutrition specialist is present until the end of 1992 she will organize a programme of field visits in cooperation with the agriculture and livestock programme. A newly trained extension agent will be trained as nutrition extension agent during 1992. She will work in close cooperation with the other specialized agents.

A baseline survey on food and nutrition will be executed in villages where newly trained extension agents start working.

It is very important to limit new technical activities within the nutrition programme as time is limited to train a new specialized extension agent. Therefore it is recommended to concentrate on the supervision of the new village extension agents in the execution of the food and nutrition programme.

After 1992 food and nutrition related activities should be completely incorporated in the various extension programmes of the RWES, executed by the village extension agents and the specialized extension agents on agriculture and livestock in cooperation with the extension agent on food and nutrition.

3.4 Training materials

Before the departure of the health education adviser more series of pictures and guidelines will be prepared to serve as illustration during the health education sessions in the villages. The subjects are:

3.5 Cooperation with water and sanitation

The relation with the engineering section can be further developed. The Engineering section presents a programme of activities in the villages and the HoS in cooperation with the general adviser discusses the possible role of the specialized health education extension agent during the construction of a scheme. As long as there is only one specialized extension agent available the cooperation will be limited to two days a week. It is to be discussed with the PHC project whether the PHC workers in certain villages could execute the hygiene and nutrition education programme, as designed by the RIRD. PHC workers are trained in extension, but their subjects are different from RIRD HE subjects, especially education on environmental health topics would be of interest.

3.6 Cooperation with the PHC project Rada'

Cooperation between RIRD and the PHC project Rada' is to be institutionalized. Directors of both projects are discussing the content of the cooperation in detail. As soon as the formalization is a fact, it will be easier to combine activities in the villages.

It is agreed upon that the HE team of the PHC project takes over a part of the supervision of the specialized extension agent.

She is invited to join them for the school health education programme and to assist them with the health education sessions with women in Al Dreiba and Az Zuab. They are willing to assist the specialized extension agent in RWES villages. In the beginning the cooperation will be once a month and from August on they will extend the cooperation.

4 FUTURE FOR HEALTH EDUCATION IN RIRDP AFTER JUNE 1992

4.1 Introduction

A proposal has been written for the continuation of project activities that have not reached sufficient maturity for an effective take over by the Yemenis. One of the criteria used is: *the availability of Yemeni staff and the extent to which they can provide the professional input required.

Regarding RWES it is stated that expatriate assistance is required to firm up management and coordination and to set up a Yemeni network of external advisers to assist the section in training and implementing of extension programmes. (Tentative proposal for Netherlands assistance to RIRDP beyond 1992, Van Schagen, Tempelman, 1992, Ilaco)

Perspectives of the future of the health education programme have been discussed extensively with the RWES staff and the Women in Development backstopper of RWES who was on a mission partly at the same time.

The HoS has stated very clearly that RWES cannot function without the support of one general adviser. Preferably she would like to have one G.A. and one deputy HoS to assist her in managing the section. Furthermore she suggests to look for Yemeni women or women from the Arab region who are willing and able to join the section as supervisor or adviser in one of the fields.

The health education programme related to water and sanitation has been developed into a programme which can be executed by the specialized extension agent independently if the conditions to work (car with driver, village not too far from Rada') are fulfilled. The weekly planning of activities can be done by the extension agent for regular activities (programme which was planned on a yearly basis). The requests of the Engineering section (irregular activities) have to be discussed and planned in cooperation with the HoS.

The technical supervision will be assured on a regular basis (in the beginning once a month, later possibly more often) by the HE team of the PHC project Rada'.

As resource persons for health education the HoS will be provided with a list of health education experts available in Yemen. This list will be prepared before the departure of the health education specialist. These resource persons can be invited as facilitator during initial courses and for the refresher courses for the extension agents.

It is important that the health education extension agent concentrates to work in villages where water and sanitation activities are under execution, as health education has appeared much more effective if linked to these activities. In villages where agriculture and livestock activities are organized by RWES, the food and nutrition specialist will supervise nutrition education sessions related to agriculture and livestock and she will supervise the newly trained extension agent on the field of nutrition from June till December 1992. After the departure of the food and nutrition specialist this extension agent can work in cooperation with the other (specialized) extension agents in order to get acquainted with the other programmes.

Very important is the supervision of all activities of the section. There is still a need for a general adviser to support the HoS, who will be responsible for all the activities as it is foreseen that only the handicrafts adviser will stay beyond 1992.

This general adviser should assist the HoS in the planning, organization, coordination and evaluation of activities.

As all the HE materials will be ready by June, the ultimate costs of the programme by then will be:

- salary of the specialized and village extension agents;
- maintenance and petrol for the car;
- salary for a driver (4 days a week);
- small budget for running costs.

It has to be stated that the HE programme is part of the RWES and cannot be separated for budget reasons.

New strategy for women's involvement in water and sanitation activities

During the final discussions, the General Manager of RIRDPA gave his opinion on the result of the cooperation with the Construction section (former Engineering section): the results of the cooperation are encouraging and he is convinced that rural women should be involved earlier during the planning and execution of a water and sanitation activity (e.g. during the survey and the selection of the site).

The staff of RWES is invited to write a paper on the involvement of women in water and sanitation activities in general and more specifically about the participation of the RWES to achieve this.

4.2 Recommendations

The experience of 5 years health education has learned that the new way of introducing the HE programme in a village where a water scheme is under construction or sanitation activities are being carried out, is a better entry point than the "traditional" way, as it is very frustrating for women that actions needed after the health education will take a long time to be taken and that their involvement will be very little.

- Therefore it is strongly recommended that the specialized extension agent concentrates on the water and sanitation related HE activities.

The village extension agents are general extensionists, they stay in the village and will play a "model" role in the improvement activities in their neighbourhood.

- It is recommended to organize as soon as the women's guesthouse is ready, a refresher course for the three village extension agents, who were assigned to the project in 1990, where they can learn new subjects and share the experiences gained through the activities in their respective village.

- As the future of the project and the assistance of advisers for RWES is uncertain at this moment, it is recommended not to start new activities but to concentrate on the supervision of activities in villages where a village extension agent is working.
- The food and nutrition specialist will continue working until the end of 1992 and it is recommended she concentrate her work on the supervision of the food and nutrition programme of the village extension agents and on the on the job training of the extension agent for food and nutrition.
Furthermore the food and nutrition programme should be carried out in close cooperation with the agricultural and livestock programme of the RWES, and not be introduced in new villages where no village extension agent is working.

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ANNEX A
TERMS OF REFERENCE BACKSTOPPING MISSION

Mrs. D.W.Timmermans to RWES-RIRD

28/3/1992-12/4/1992

1. To review health education activities carried out in 1992 following the planning as laid down in last year's mission report, followed by field visits to the relevant aspects of the work.
2. To define state of health education on behalf of the project evaluation in April 1992.
3. To discuss the end of term reporting as proposed by the health education adviser.
4. To draw up a programme for health education activities in 1992 after withdrawal of the health education adviser.
5. To prepare a final draft visitor's report before leaving the country and to discuss it with the project management, the relevant staff members of RWES and the engineering section.

ANNEX B
WORK PROGRAMME

Programme for 2 weeks backstopping mission RIRD/ RWES

Sat. 28 March	Arrival at Sana'a Travel to Rada'
Sun. 29 March	Meeting with TAU team leader Reading of relevant documentation Discussion with health education specialist
Mon. 30 March	Field visit
Tue. 31 March	Discussion with general adviser RWES Meeting with TAU team leader Meeting general manager
Wed. 1 April	Discussion with food and nutrition specialist Field visit
Thur. 2 April	Review health education 1991
Fri. 3 April	Review health education 1991
Sat. 4 April	" " " "
Sun. 5 April	Planning health education 1992
Mon. 6 April	Planning health education 1992
Tue. 7 April	Meeting with HoS RWES Meeting Sanitation subsection
Wed. 8 April	Meeting with general manager Meeting PHC team Rada'
Thur. 9 April	Report writing Meeting with Ms Kocken
Fri. 10 April	Report writing
Sat. 11 April	Final discussions RWES and general manager Travel Sana'a
Sun. 12 April	Departure for Ouagadougou, via Addis, etc.

ANNEX C
ACTIVITIES AND RESPONSIBILITIES CONCERNING HEALTH EDUCATION
WITHIN RWES

Activity	Responsible person	Remarks
Planning: year	HoS, assisted by GA	
Planning per 6 months	HoS, specialized ext.agent	This planning is needed to choose the village
Planning: weekly	Specialized ext. agent (HoS)	For irregular* activities: HoS
Training: initial	HoS invites resources persons	List of resources persons available
Training: on the	HoS invites resource persons	"
Execution of activities	Specialized extension agent village ext. agents	
Supervision vill. ext agents	Specialized ext. agent	It is recommended to involve PHC team
Supervision spec. extension agent	a. HoS (motivation) b. PHC team (technical)	1 x month
Monitoring and evaluation	PME unit	Execution by spec. agent



