

Community mobilization — where is the entry point?

by Juliet Waterkeyn

Community rapport can be achieved through health education if training material is developed specifically for that community.

HEALTH EDUCATION is a notoriously time-consuming and imprecise business, with very few quantifiable returns. If training material is developed specifically to assist the health education programme however, there is a strong case for using the actual process itself to mobilize the community.

Although there is a great variety of training tools, such as drama, songs, puppet shows, etc., the term 'training material' in this case will be taken to mean printed material, such as a booklet, instruction manual, or flip chart. The stages in the production of such items provide an ideal focus for discussion of the problems of the area and enables project staff to hear from individual members of the community who would not normally be consulted. By using a methodology when developing training material that provides this sort of contact, project staff have the opportunity to build up rapport with the community before project implementation.

Culture-specific material

Because there is a great shortage of training material generally, the temptation is to use the standardized picture codes which may be available. 'Anything is better than

nothing' is the general feeling, and it is often assumed that all Africans will identify with the subject matter as long as the features in the faces depicted are negroid.

In East Africa the diversity of people, custom, mode of dress, and type of house and environment, demands a more sensitive approach to illustration. Pastoralists and farmers cannot both look at the same picture and identify with it. What is appropriate in town will obviously not be appropriate in the rural areas (below).

On the other hand, if villagers see themselves depicted, complete with the correct details of their particular types of cooking pots, dress, livestock, and housing, there will be a sense of importance that their own area has appeared in print. An equivalent pleasure is felt in an urban situation when one can recognize one's home town depicted in a film, or one's own friends in the crowd scenes.

If training material is developed specifically for the area concerned, drawing on local knowledge and building on good local customs, the messages are more likely to be accepted by that community.

This 'culture-specific' approach to developing training materials has introduced a novel type of develop-

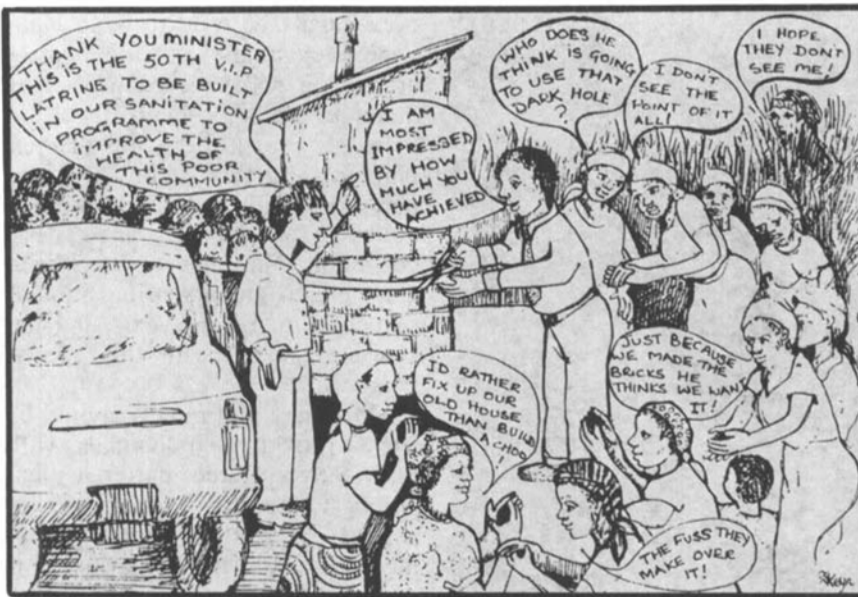
ment art, 'ethnographic illustration'. The artist's powers of observation, and his ability to depict what he observes faithfully, demands a sociologist's eye for relevant detail. Visually documenting a traditional society demands an insight into rural ways, and a knowledge of public health issues. Ideally the artist should be involved from the beginning with the research and development of health messages. Convincing results cannot be obtained by relegating the artist to the status of a technician merely producing drawings under instruction.

Drawings attract attention. People are irresistibly attracted to pictures, and pre-testing usually draws a large crowd of onlookers. Although only 40 people may be interviewed directly for their response to the pictures, ten times that number will have listened to the procedure and will come away with something to think about. People see the drawings, are asked to interpret them, and then see them changed to suit their own specifications. They ask questions about the project and how it will help them.

Health education is mobilization. By receiving individual attention, many people become personally convinced of the need for change. Thus the need, in this case for clean water, is already identified, and mobilization for project implementation is a natural result. This avoids



The health messages are the same, but the illustrations must reflect the society for whom they are produced. A kitchen inside an Orma hut in north-east Kenya (left), and (right) washing plates outside a Luo house in western Kenya.



Community mobilization might achieve project goals technically, but without health education, it is a meaningless exercise.

the often mindless type of 'community mobilization' where people are told to participate for their own good (above).

Pre-testing

In order to be accepted, all illustrations have to be assessed in detail by the 'target audience'. Typical members of the community, including a cross section of ages, sex, education, and area, are asked individually to point out every feature of the drawing, without any help from the interviewer. They are not asked to interpret new ideas or the technologies depicted. It is merely to make sure that the drawings are accurate and suggest the right message. The results are systematically gathered and assessed. Any problem areas are quickly highlighted and can be altered. Each illustration must gain at least an 80 per cent comprehensive rate before it is acceptable for use.

Pre-testing becomes health education. The pre-testing should be used not only to collect data for the training material team, but also as an exercise in health education itself, so that the respondents benefit from their interview and come away with an added understanding of the health hazards around them. Rarely do rural women have the undivided attention of a fieldworker for half an hour, and many women have expressed their pleasure at having received such a personal explanation on how diseases are spread. By the end of their interview they invariably ask how they

can join the project.

Pre-testing helps identify leaders. The natural leaders of the area tend to make themselves apparent, and many of these men and women go on to become fieldworkers or form future water committees.

Pre-testing trains fieldworkers. KWAHO employs a system of community mobilization that recruits local men and women from the project area to become field extension workers. Often, they have only slightly better education than their neighbours, but are required to perform as teachers. Without a textbook to follow, their teaching is often met with resistance as their peers question their credibility.

If these fieldworkers are involved

in the pre-testing exercises during the development of training material for their area, they become knowledgeable in the health issues they are required to teach. It gives their teaching a structure and sense of direction. During pre-testing they also learn to listen, and to draw out answers from their students. This is a radically new approach for most people who may have attended a dictatorial school. Teaching adults requires a more complex approach.

The evaluation of the health impact that a water and sanitation programme has had on a particular area is very often inadequate because insufficient base-line data had been collected before the implementation. During pre-testing it is relatively easy to collect information on hygiene habits while discussing a picture depicting these subjects. Instead of a series of personal questions on a sensitive subject such as sanitation, questions can arise naturally from the discussion over the picture code.

A new literacy

During the pre-testing sessions, it was realized that health education could serve another important need in the rural areas. Not only would it improve family health directly, but indirectly it would help provide some family reading material.

Many of the women that were tested asked for personal copies when the booklet was ready. They complained that training material was usually reserved just for the trainers. Many could read the text and easily understand the pictures.



KWAHO staff pre-test an illustration by asking a mother from Buguta Project in Voi, Kenya, to explain what she sees in the picture.



Health-training booklets are an individual source of reading material in the rural areas.

All those who could not read it themselves had some member of the family who could.

In the rural areas, we are dealing with a new generation. The largely illiterate post-independent rural communities of twenty years ago have undergone a gentle transformation. The mothers of the sixties are now grandmothers, and their children are now mothers twenty to thirty years old. To a large extent today's rural mothers in Kenya are at least semi-literate. This new literacy is the quiet revolution.

It stands to reason that mothers, provided they are well informed themselves, are the best and most committed teachers available to society. There is a well-known saying: 'Teach a man and you teach an individual: teach women and you educate the nation'. Nowhere is this more obvious than in hygiene.

Intellectual starvation

Very few rural families possess any printed matter, and the status that a booklet of this sort gives is, in

itself, an incentive to join the 'Water for Health' movement. Education, and those who have even a taste of it, are held in high esteem. A woman walking to her group with a textbook that she herself can read represents someone who is part of the mainstream of progress.

This love of education and enthusiasm for self-improvement is a resource that the world of project managers would do well to focus on. Developing training material for health education is one of the ways in which the interest of the community can be captivated, prior to project implementation.

There is hunger for knowledge in the rural areas, and because of the vast numbers of people involved, donor agencies tend to focus on institutional learning. To date the general trend has been to economize by producing training material, such as flip charts, for the use of the trainer only, who may use it for four or five hours a week. By providing copies for every interested individual the material is constantly in use. Of course, it may

occasionally be used to wrap *mandazis* (doughnuts), but the chances are that it will have been read by many people beforehand.

People's health, the size of their families, and their ability to learn new skills and maintain new technologies, all depends on a basic education. This education has been available to an increasing number of people in recent years and the slow struggle to master the '3 Rs' is being won.

More time and money should be spent providing individuals with informative printed matter if ideas amongst the rural poor are to change. Evangelical church groups have assessed the situation correctly, and have a network of laymen selling cheap publications on foot around the villages. News-



A booklet prepared specifically for the Tana River Shallow Wells Project (KWAHO) by the author.

papers for rural areas are being set up all over Africa to meet the demand for reading matter. Health education programmes should print not only for the trainers, but also for the rural mothers; this type of functional reading meets the needs of rural communities of the 90s.

It would be an enormous waste of time and energy if the intellectual effort that produced a literate mind was now wasted for lack of reading material. Health education programmes should nourish this need.

Ethnographic illustration

Ethnographic illustration is the pictorial description of a community, concentrating on the unique features of that particular society, in order to help that same society to identify itself in the illustration. By doing so it will be better able to identify its own needs, problems and solutions, through self-analysis.

Invariably there is a difference in perception between the 'developer' of the material and the artist who is required to portray what is in the developer's mind. How much better would it be to train artists in public health issues so that they can combine the two essentials for the production of training material in one mind.

A commercial art training is not enough for work of this nature. I would be interested to know whether there exists anywhere an Art Degree that combines a training in drawing, photography, sociology, public health, anatomy and writing skills?

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