

822 BD93

Government of Bangladesh
Ministry of Local Government
Rural Development and Cooperatives
Department of Public Health Engineering

Government of the Netherlands
Ministry of Foreign Affairs
Directorate General of
International Cooperation

**NETHERLANDS - BANGLADESH DEVELOPMENT CO-OPERATION PROGRAMME
DPHE-WATER SUPPLY AND SANITATION PROJECTS**

LIBRARY
INTERNATIONAL REFERENCE CENTRE
FOR COMMUNITY WATER SUPPLY AND
SANITATION (IRC)

Programme Office, Netherlands Assisted Water Supply & Sanitation Projects

822 - BD93 - 12275

Table of Contents

1	Introduction
2	Objectives
3	Method and Approach
4	Pourashava Health Section
4.1	Situation Analysis
4.1.1	General Observation
4.1.2	Organizational situation of PHS
4.1.3	Management Situation of PHS
4.1.4	Accounts management & financial position of PHS
4.2	PHS and auxiliary body, collaborative organizations
4.3	Beneficiaries and PHS
5	Recommendations
5.1	Organizational structure for PHS
6	Hygiene Education Plan
6.1	Hygiene Education Approach
6.2	Identification of specific target
6.3	Development of Messages and materials
6.4	Training coordinator
7	Proposed key functions and activities of Pourashava Health Section
8	Performance Indicators
9	Proposed Actions to be taken by the Programme Office

Glossary

18DTP	18 District Towns Water Supply, Sanitation and Drainage Project
ADP	Annual Development Plan
AT	Advisory Team
DPHE	Department of Public Health Engineering
EE	Executive Engineer
GOB	Government of Bangladesh
GON	Government of the Netherlands
MLGRD (C)	Ministry of Local Government, Rural Development and Cooperatives
O&M	Operation and Maintenance
PCS	Pourashava Conservancy Section
PD	Project Director
PHS	Pourashava Health Section
PO	Programme Office
Pourashava	District Town Municipality
PP	Project Proforma
PWSS	Pourashava Water Supply Section
SAE	Sub-Assistant Engineer
SDE	Sub-Divisional Engineer
TOT	Training of Trainers
TF	Task Force
WID	Women-in-Development

1 Introduction

In Bangladesh, a great deal of the morbidity and mortality is caused by water borne or other water related diseases. A survey carried out in Bangladesh indicates that although a considerable percentage of the population has been provided with water supply, no significant impact has been made in the decrease of water borne diseases. The main reason for this is the lack of personal hygiene and lack of knowledge about maintaining good health.

From the various types of surveys it appears that most district town dwellers of 18 DTP are ignorant about hygiene standards. They are not much concerned about their unhygienic environment and its evil impact on their health, but on the contrary, seem to be used to it.

It appears that health education on water use and sanitation in the towns are non-existent. As far as there are town based agencies in health education, these are all rural oriented or providing information on family planning and immunization. Moreover expenditure and planned priorities in water and sanitation have always been low in Bangladesh. Low priority is also visible at the house hold and community level. A world Bank Study (1990) shows that annual capita expenditure of GOB on WSS is equivalent to US \$0.31 only.

With a view to improving the health situation of 18 district towns dwellers Dutch Assistance has been provided under 18 DTP in two ways:

- a) Creating physical facilities such as construction of drains, supply of sanitary latrine along with the improvement of the water supply system.
- b) The other part of assistance in the sector known as non-technical which includes increasing usages water rate for all purpose against payment, use of sanitary latrine & drain, hygiene education and ensure sustainability of the services, institutional development and mass participation. In other words, 18 DTP projects create physical facilities for improving health situation of 18 towns dwellers, plan to provide hygienic use of facilities, for the sustainable services, it tries for institutional development of the concerned sections of Pourashava.

18 DTP creates physical facilities through DPHE and as per the objective for ensuring sustainable services it tries for strengthening of concerned sections of Pourashavas, i.e. Water Supply Section for water supply, Conservancy Section for drainage system. To ensure access of the dwellers to those created facilities 18 DTP plans for hygiene education and for a sustainable hygiene education 18 DTP wishes to strengthen Health Section of Pourashava. This health section under each pourashava of 18 DTP at present is supposed to be responsible for carrying out some work which have direct and indirect impact on the improvement of health situation. More specifically it is assigned to deal with food control and control of hygiene situation in Pourashava, immunization and dissemination of family planning message. As per the objective, 18DTP aims to strengthen Pourashava Health Section to ensure a sustainable hygiene education along with other health & hygiene activities.

Therefore, an investigation is required to study the existing institutional arrangement, its compatibility and capability to perform the present and additional responsibility, external & internal constraints etc. Also, it needs to explore a sustainable and workable organizational set up which will be capable to render a sustainable service.

2 Objectives

The main objective of this paper is to measure the problems and prospects of the existing Health Section of the Pourashava and identify a suitable arrangement for strengthening it to ensure hygiene education along with other health and hygiene services.

The specific objectives are as follows :

- 1) Preparing an activity plan for strengthening the covering the following areas :
 - a) Legal
 - b) Organizational structure
 - c) Financial
 - d) Operational procedure
 - f) Beneficiaries involvement
 - g) Involvement of collaborative organizations
 - h) Role of auxiliary body

- 2) Developing the following tools and arrangement to ensure the desired effective operation of the PHS :
 - a) Worklist of the section (existing & new)
 - b) Ideal & economic staffing plan of the section
 - c) Auxiliary committee/ body for facilitating hygiene education
 - d) Job description of the PHS staff
 - e) Management & operation procedure of PHS
 - f) Training manual for the supervisory staff on basic management
 - g) Hygiene Education plan
 - h) Training manual for the training of health educators
 - i) Materials (leaflets, flip chart, handout) for hygiene education
 - i) Management Information System

3 Method & Approach

With a view to achieve the above objective, the approach of study was mainly review and analysis for drawing recommendation which entail different methods at different steps. A composite diagram can represent its process of resolution involving different factor through various steps.

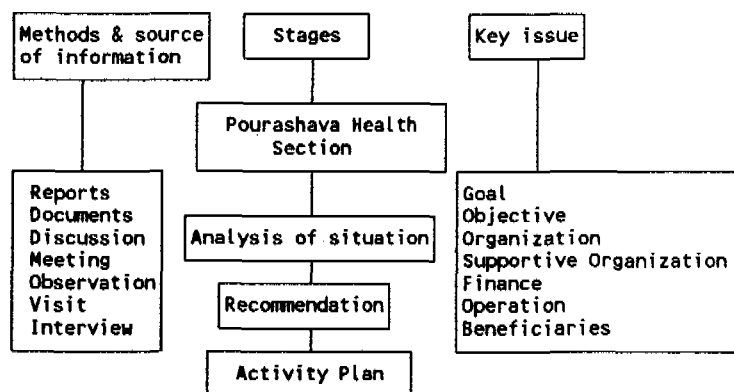


Figure 1: Process of resolution.

4 Pourashava Health Section

The Pourashava Health section is a section under the Pourashava. The Pourashava itself is a local government institute managed by an elected Pourashava council under the Ministry of LGRD. The management of the Pourashava is regulated by the Pourashava ordinance 1977. The Pourashava Health Section is responsible for a wide range of activities which include registration of birth, death, marriage, burial & cremation services, food controlling from the numerous aspects of health safety, slaughtering supervision etc. On the other hand, it is also assigned with immunization and family planning message dissemination activities. Nowadays, in most of the Pourashavas, the main role of immunization and dissemination of family planning messages has been shifted to Thana EPI and Thana Family Welfare respectively. Therefore, PHS's role of hygiene education/ family planning message is almost nil. Recently 18 DTP has chosen the PHS to conduct hygiene education to attain its objectives. 18 DTP wants to strengthen PHS to perform all other activities along with the sustainable hygiene education. As the target population of the 18 DTP is the population of 18 Pourashavas, the health education plan also aims at reaching a heterogenous target group. Emphasis in the plan is on reaching women because they are the ones, who carry, store, use the water. Moreover, they clean latrines, cook the food, wash the clothes, clean the house and yard and teach the children their hygienic practices. Health education in this plan intends to explain the link between water use and sanitation and water related disease on the other hand. Further more, instructions are given on how to improve one's hygienic practices in order to reduce water related diseases.

Since health and hygiene education is primarily directed at women. The grass root health educators should preferably be women. 18 DTP recommended to appoint three health educators for hygiene education. Though, it considered the available strength of GOB approved staff i.g. Vaccinator & Health Visitor who were suitably fit for carrying out hygiene education. But the position of Vaccinator & Health Visitor are filled up by both male and female. That is why 18 DTP emphasized on the recruitment of female Health Educator for reaching women target audience.

The 18 DTP recommended the GOB approved structure for PHS which is as follows:

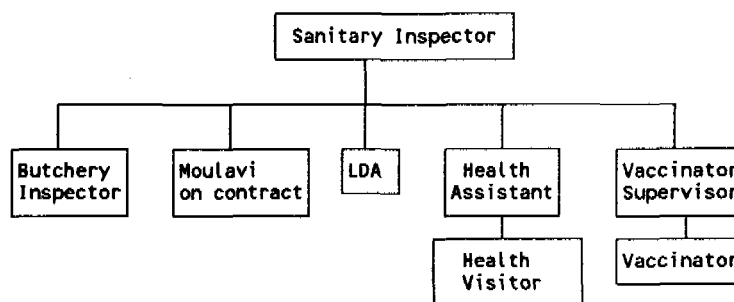


Figure 2: GOB approved structure for PHS

18 DTP emphasized even for female supervisor of Health Educator. If, in this section, there is no female Health Assistant, it is recommended to get the service of female Ward Commissioner as supervisor of the Hygiene Educator in hygiene education activities. A hygiene education plan is developed which consists of four phases: Development of message, identification of collaborative organization, training & implementation, monitoring & evaluation.

Considering the weakness of the PHS and proper implementation of hygiene education, organizations were identified who have house visit oriented field staff for their active cooperation. Those organization are the Health Department and NGOs. For the total coordination and guidance of the hygiene education an umbrella organization namely Task Force was recommended and also formed, in 1st batch & 2nd batch of 18DTP.

The composition of the Task Force was as follows :

Chairman	-	Chairman, Pourashava
Vice Chairman	-	Chief Executive Officer/ Pourashava Secretary
Secretary	-	Sanitary Inspector
Area Coordinator	-	Ward-1 Commissioner (preferably female)
Area Coordinator	-	Ward-2 Commissioner (preferably female)
Area Coordinator	-	Ward-3 Commissioner (preferably female)
Member	-	Civil Surgeon
Member	-	SDE of DPHE
Member	-	Women Development affair officers
Member	-	Leading women
Member	-	Representative of involved NGOs
Member	-	Thana Education officer
Member	-	Thana Family planning officer

There is a provision for coopting members from WSSC, headmaster of primary & secondary schools. In order to guide the Task Force with expertise it was suggested to form a Forum for Hygiene Education (FHE), consisting of DPHE/PO members and resource persons.

As per the organogram drawn above, Health Visitor/Educator were assigned to visit house to house for hygiene education. The Sanitary Inspector and Health Assistant besides their work were recommended to supervise the activities of Health visitor/ Health Educator. In addition to that, 18 DTP recommended for separate budgeting, maintaining separate bank account, recruitment of its Sanitary Inspector and required Health Assistant. It also suggested to work at ward level in collaboration with the WSSC. 18 DTP also designed a training plan on hygiene education as per which some training has been conducted for the field workers. It also developed some communication material (handout, flip chart) and monitoring format.

4.1 Situation Analysis

4.1.1 General Observation

- Low commitment of Pourashava authority (Chairman/ Administrator) due to the rapid change of authority (frequent election and interim management).
- Pourashava is not interested to involve in the hygiene education programme as they are not directly involved in the physical part of the programme.
- Pourashava perceives that everything will be done by the PO.
- Pourashava is reluctant to accept any change.
- Pourashava cannot implement any change specially in regard to structural change without approval from the ministry.
- Importance and necessity of hygiene education along with the health related activities of PHS are not properly understood by the Pourashava authority.

4.1.2 Organizational situation of PHS

- PHS was not organized as per the recommendation of programme office.
- To organize PHS as per PO's recommendation is too expensive for Pourashava.
- Though PHS is supposed to be responsible for hygiene education, but its experience in this field is almost nil.
- PHS does not have its individual entity of a section.
- It does not have sufficient even Govt. approved number of staff for providing services.
- In most cases it does not have the Sanitary Inspector.
- Qualified supervisors are not available for appointment.
- Most of the Pourashava could not employ health educator and health visitor.
- No clear communication channel.
- This section does not have any workplan.

4.1.3 Management situation of PHS

- Traditional management practices
- PHS staff are engaged in different assignments at different times
- Integrated part of the total Pourashava management

- Shortage of the supervisory staff
- Absence of section head
- Poor managerial ability
- Uncertainty of pay & allowance for the staff
- Part time involvement in the job
- No job descriptions
- Lack of commitment among staff
- The training provided on hygiene education was sporadic and insufficient. They are not aimed at increasing efficiency and performance
- Poor supervision & monitoring of the activities by the Pourashava
- Hygiene education activities are directly supervised & looked after by PO instead of PHS
- No reporting system about the activities for the information of the top management of Pourashava (Chairman, CEO, Secretary)
- Pourashava authority is unaware and also habitually indifferent to the management of PHS
- Pourashava authority is reluctant to fill up vacancies due to financial constraints
- PHS staffs are frustrated due to the uncertain and irregular salary payment
- SI gets higher salary and scale along in other organizations

4.1.4 Accounts management & financial position of PHS

- No separate rate is collected for health section
- Health Section depends on the Pourashava fund grants, it doesn't have its own income
- Services along with hygiene education is provided to the beneficiaries free of cost
- 2% of holding tax has not been separately deposited for health section as agreed by the Pourashava authority. On the other hand, 2% of the actually collected holding tax is quite less than that of the real expenditure of PHS
- No separate account system is maintained for PHS
- Pourashava finds it expensive & useless to maintain separate account as it needs more manpower
- No detail budget is made for the section
- Pourashava is not serious and active to increase its income through collection of holding tax & other tax.

4.2 PHS and auxiliary body, collaborative organizations

- Task Force is formed in 1st batch and 2nd batch towns
- Task Force & WSSC has received orientation training
- Task Force is not active
- PO has not initiated any effort to activate Task Force
- TF has become a top heavy organization in relation to its task
- No effort is initiated to involve WSSC

- No Forum for health education is formed
- Lack of communications among Task Force members
- Poor coordination among different agencies undertaking same job in the town

4.3 Beneficiaries & PHS

- Target audience of the prepared messages are not clearly specified
- Approach of hygiene education plan is not systematic & task oriented
- As a whole, beneficiaries of PHS are not aware about the benefit of the activities of the section
- Beneficiaries are reluctant to accept any change against their traditional belief
- PHS got a little scope to uphold the impact of its activities
- Beneficiaries treat action of PHS as exercise of power and not aimed for health education
- PHS staff are not fully aware of the impact of their services which they carry out in the towns
- Beneficiaries always expect more from the Pourashava but in return they do not act accordingly
- Beneficiaries have poor participation in the project activities

5 Recommendations

5.1 Organizational structure for PHS

Under 18 DTP no Pourashava has an organized health section. Neither it is properly staffed nor it can perform its routine job properly. On the other hand, 18 DTP intends to disseminate hygiene education through PHS to make the facilities fruitful to the beneficiaries. Considering the work experience, manpower, facilities, capabilities and the managerial skills, it may be appropriate to shift the responsibilities of PHS to the district health department for the proper implementation of activities along with hygiene education. But the created facilities by the 18 DTP (Water Supply, Sanitation & Drainage facilities) will be owned & maintained by the Pourashava. As an integrated approach health section activities should be done by the Pourashava in the Pura area. That is why 18 DTP wishes to strengthen the PHS to make it capable for performing its assigned responsibilities. 18 DTP's strategy for strengthening PHS is through advisory service alone keeping it within and under the control of Pourashavas.

Considering the Pourashava's present responsibility the main activities of the PHS can be categorized in the following way :

- a) Registration of birth, death, marriage & food controlling
- b) Burial services & slaughtering house inspection
- c) Assistance in vaccination & providing hygiene education

a) **Registration of birth, death, marriage recording food controlling**

Birth, death, marriage registering is absolutely a clerical job which can be done by a part time common and shared LDA. This is not full time job considering the population of the town. SI, as a section head is required for issuing certificate on birth, death, marriage, succession on demand. Food control is composed of multifarious work in relation to adulteration, registration, prohibition, taxation which is a specialized job needs field visit. To perform this a qualified SI is required who is usually a paramedic diploma holder or sanitary inspectorship passed person. This food control job, from the view point of workload, is also not a full time job in a town under 18 DTP though it includes field visit for investigation. After doing this food control activities, SI can find sufficient time to engage himself/herself in other jobs as section head. In most of the town there is no full fledged SI (part time, under capacity). **But for the planning & supervision of the section and hygiene education, availability of the services of the SI is essential. In Pourashavas, where s/he is not available her/his appointment should be ensured at the soonest.**

b) **Burial services & slaughtering house inspection**

For burial matters at graveyard, a moulavi on contract is approved by GOB and acknowledged by the 18 DTP. Involvement of a Moulavi at graveyard in town under 18 DTP is very minimum.

A slaughtering inspection staff is required by health section for ensuring of hygienic animal's slaughtering in the market. It also requires the slaughtering of the animal in religious way (for the majority muslim dwellers). For this job a Slaughter Inspector is approved by the GOB and acknowledged by the 18 DTP. This is a simple job without any specialization, it may involve a staff to supervise for maximum 2 hours a day for the town like 18 DTPs. **This job easily can be assigned to Moulavi making him regular which will be more convenient for him without appointing a Butchery Inspector.** In the actual situation, the practice of slaughtering inspection is fully overlooked and no Butchery Inspector is appointed in most cases. On the other hand, in every Pourashava, either on contract or regular basis, a Moulavi is appointed.

c) **Assistance in vaccination & providing hygiene education**

For vaccination, Vaccinator and Health Assistant and/or Vaccinator Supervisors are available in every Pourashava. Earlier vaccination was covered by Pourashava staff and some hygiene message along with family planning message was delivered by health section. Vaccinator were supervised either by Health Assistant or Vaccinator Supervisor. Presently, in most of the Pourashava, vaccination and family welfare message delivery activities are being conducted by Health Department, Family Welfare Department and NGOs. The services in core area is looked upon by the Thana Family Welfare. The vaccinators are mainly working in other section and occasionally cooperate EPI if necessary. Health Assistant or Vaccinator Supervisor supervise the activities of the section's activities in lieu of the SI. Earlier 18 DTP recommended to appoint 3 female health educators for hygiene education in Health Section. But the available Vaccinator can easily carry out the hygiene education activities at grass root level under the guidance of health assistant/ SI. Moreover, 18 DTP previously recommended to employ female HE and their female supervisor to reach women beneficiaries. It is somewhat ridiculous approach to Pourashava as they are financially

so weak that they can not even pay regularly the salary of the staff. Moreover, messages of health education is so simple and open that it does not require compulsorily women educator. May be, from the view point of communication, it was deemed more appropriate to appoint female HE in order to communicate effectively with the largely female target audience.

However, existing Vaccinator/ Health Visitor and Health Assistant should be assigned for hygiene education in coordination with other collaborative organization. In principle, staffing requirement & staff availability should be assessed on a town by town basis and a "tailor made approach" should be practised. It will not be wise to determine the number of manpower on the basis of the category of the pourashava. Number of manpower should be determined depending on the need and financial ability of the respective pourashava.

SI, in addition to his/her routine job, should be assigned with the responsibilities of implementation of hygiene education through vaccinator/HE and other field staff of collaborative organization.

The above activities are explained in the following diagram :

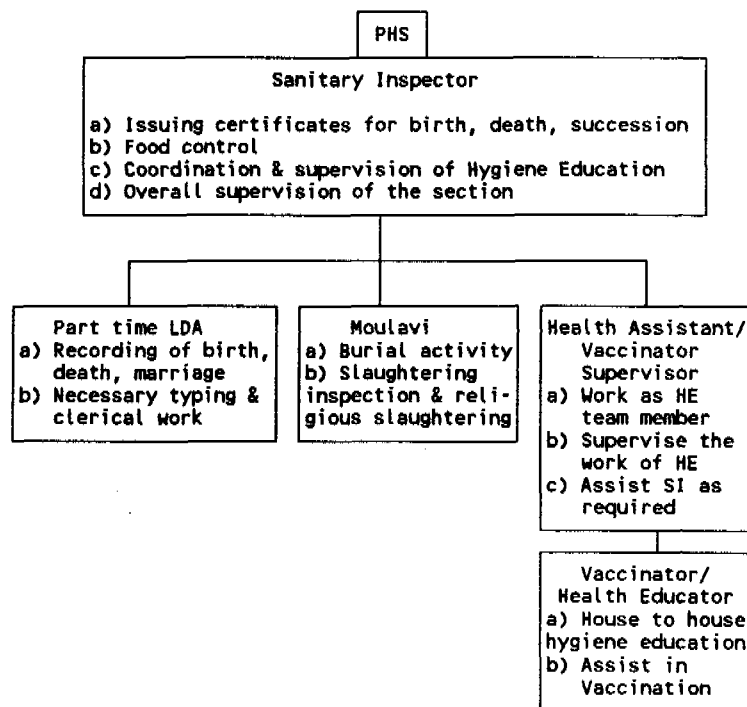


Figure 3: Responsibilities PHS Staff

Therefore, the recommended structure of PHS is as follows :

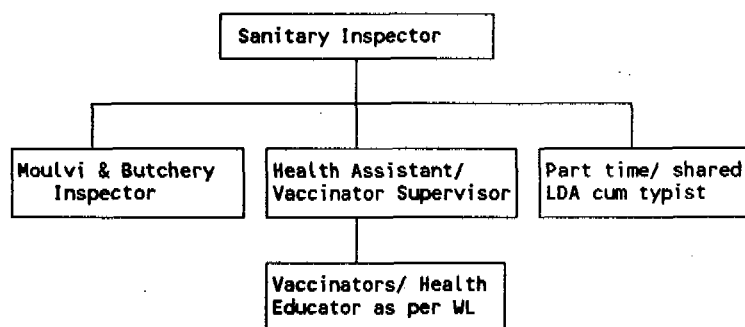


Figure 4: Recommended PHS Structure.

Following this structure one Health Assistant/ Vaccinator Supervisor may perform the H/E supervision activities. For some Pourashava having larger population, the number of HA/VS may increase considering the work load.

Salary and other condition of the service of the staff are fixed by the pourashava ordinance which is regulated by the MLGRDC. On the other hand payment of the salary and other remuneration are made from the pourashava fund which is generated mainly from municipality tax. **In the present situation, it is recommended that pourashavas take the initiative to increase their revenues so that staff salaries payment will be regular and operation expense of the section will be available.**

Identification of collaborative organization & structure of coordination committee as auxiliary body

There is a Bureau for Health Education under the Directorate of Health. A Senior Health Education Officer along with a Junior Health Education Officer and two Health Educator work under the Civil Surgeon at district level. It plans, organize and implement health education both at district and grass root level. Mainly the BHE provides health education through school at district level and the one health educator provides health message at the out door of district hospital. Thana Health Complex has Health Assistants for health education for thana level & grass root level but not for Pourashava area. Deputy Director of Family Planning has field worker for delivering family planning message for pourashava area. The DPHE has a Health Education Group but they don't have any activities at Pourashava level. Other than these, NGOs may have house to house oriented activities in limited areas viz. slums and varies in nature from town to town.

As Pourashava has a limited numbers of staff for delivering hygiene education, it needs cooperation and assistance from the above mentioned, collaborative organization for the expected coverage of the target audience. Earlier a Health & Sanitation Coordination Committee was formed under the chairmanship of civil surgeon which was not effective and now-a-days it doesn't exist in town. This committee was meant for health education of rural areas. Another committee was also formed in recent year namely School Health Education Coordination Committee at district level under the

chairmanship of Deputy Commissioner which was designed for school's hygiene education. The committee is not significantly active. Under the initiative of 18 DTP, a coordination committee was found namely Task Force which still exists without any activities. Reasons for inactivity of the committee are :

- a) No initiative was taken to activate it
- b) Too heavy committee for a too simple job
- c) Main purpose of the committee was achieved to some extent through having the cooperation of field worker at grass root level. As such committee's operational need was not felt very much for the hygiene education.
- d) Reluctance of Civil Surgeon to attend the meeting
- e) The status of members widely varied

In spite of that, an active and suitable coordination committee is required for a sustainable hygiene education programme when the project activities end. Before forming a committee, objective or task of the committee should be specified clearly. In fixing the task of the committee, following criteria may be considered :

- a) What extent of services are expected from the voluntary committee
- b) Review the previous experience of the activities of such committees.
- c) Nature of organization from which members are chosen
- d) Job nature of the chosen member (authority, position, time availability, relevancy with the committee's tasks)

Considering above factor and status of Task Force it is recommended that name of the committee should be changed. Because Task Force is usually meant for a body which address on emergency situation for a particular period. On the other hand 18 DTP needs to create a committee which will continue to coordinate a sustainable hygiene education. It will be significant if it is named as Hygiene Education Committee. Most of the members of this committee are required form different Govt. organization. That is why the task of the committee should be simple and minimum. Pourashava runs short of field worker to cover target dwellers. Therefore, if there is an authority level coordination, field workers of similar type of job can share the responsibility of Pourashava hygiene education under the directives of the authority concerned. Accordingly, coordination for field work should be the first objective and task of the committee. In addition to that, some other area of cooperation can be kept in mind but should not cloud the main objective at the start. Again selection of the member should be as need basis for performing the task, not for ornamental or organizational obligation. At the same time, a person should be selected as member of committee who can represent his/her organization and also can make time for meeting and other assignment of the committee.

A revised Task Force is recommended which will be named as Hygiene Education Committee (HEC) as follows :

Chairman	-	Pourashava Chairman
Secretary	-	Sanitary Inspector
Member	-	Representative of Civil Surgeon (Medical Officer)
Member	-	Representative of DD Family Planning (TFO)
Member	-	Representative of District Education Officer (TEO)
Member	-	SDE, DPHE
Member	-	Representative of NGO, concerned
Member	-	Chairperson, WSSC (3)

The above composition of the committee is a model presentation and it can be adapted as per the need of the respective town.

This committee will meet quarterly to ensure the field coordination. Secretary of the committee SI will submit field report which will be reviewed and recommendations will be taken if necessary. If this committee run smoothly for a reasonable part of time, it will decide itself what else activities it can afford in addition to field coordination. Next possible area of coordination of this committee will be the training of field worker on hygiene education.

6 Hygiene Education Plan :

6.1 Hygiene Education Approach

There should be a specific & objective oriented hygiene education plan. Considering all the factor it is recommended that hygiene education approach should be to utilize the facilities created under 18 DTP and involve beneficiaries to use them effectively. Therefore, comprehensive hygiene education approach may cause confusion.

6.2 Identification of specific target

In principle, target audience of the HE should be as planned at the start of the project - beneficiary women of poor class, and children. On the other hand, considering the needs, priorities in the project area, on going activities town-specific-targets should be identified.

6.3 Development of Messages & materials

Messages & material of HE should cover all the facilities created by 18 DTP at the same time the specified target audience. The present messages & materials covers only water use & sanitary latrine, should eventually also include disposal of waste & drain use. At the same time for the use of material and messages local device and media should be given preference.

6.4 Training coordinator

For a sustainable hygiene education, there should be an arrangement of training by the Pourashava itself for the field worker. Considering the position, job nature and academic background, SI could be made training coordinator. S/he can assess the training need of field worker, plan, develop and design, training course and implement it. For effective training programme resource person or trainers can be drawn from collaborative organization.

7 **Proposed Key functions and activities of Pourashava Health Section**

<u>Key function</u>	<u>Key activities</u>
Organize the activities of the section as per the job description	<ul style="list-style-type: none">- SI will orient the staff about their job description- SI will also delegate the tasks among them as necessary- Determine the role of Hygiene Education in job description
Birth, death, marriage recording and certification	<ul style="list-style-type: none">- Recording the birth, death, marriage- Issuing certificate for birth, death & succession
Food control	<ul style="list-style-type: none">- Prepare a check list for inspecting food item- Prepare a monthly schedule of field visit for investigation which can cover the target area- Initiate action and follow-up- Prepare monthly performance report
Burial services Slaughtering Inspector	<ul style="list-style-type: none">- Schedule for Slaughtering Inspection- Organize burial service- The above two services should be organized such way so that both job can be performed by the same persons- Prepare weekly/ monthly performance report
Assistance in vaccination and hygiene education	<ul style="list-style-type: none">- Prepare a monthly schedule for providing assistance to EPI, if necessary

Key function

Key activities

- Prepare a list of beneficiaries (water supply, drainage system & sanitary latrine)
 - Prepare a list of target beneficiaries of hygiene education
 - Divide the beneficiaries in some convenient zones
 - Distribute the zones among the field worker in coordination and consultation with other collaborative organization (Health, Family Planning, NGO) so that they can share some zones for providing the hygiene education
 - Fix a monthly target of house visit
 - Prepare a monthly schedule of house to house visit to cover the target
 - Field visit schedule should include field visit portion of the other collaborative organization
 - Take assistance of WSSC during field visit
 - Organize special HE campaign time to time involving HEC and WSSC
 - Prepare monthly performance report of the field visit which also should include the collaborative organization's performance
- Training & Skill Development**
- Organize need based training for skill development of the staffs
 - Prepare training plan for hygiene education
 - Organize trainees from the available sources i.e. District Health Department, District Family Planning, NGO, BHE
 - Conduct training for the Health Educator including the health worker of collaborative organization.
- Development of material & messages**
- Assess the need for changes in training material
 - Collect the suitable material with the assistance of Health Education Committee
 - Scrutinize the locally available material & media
 - Select for use
 - Utilize the material for Hygiene Education
- Supervision**
- Prepare a checklist of workspot (the work of PHS spreads all over the Pourashava)

Key function

Key activities

	- Prepare a monthly schedule for supervision
	- Identify the activities and document it
	- Arrangement for improvement of the situation
	- Prepare a monthly supervision performance report
Management Information System	- Record daily/ weekly/ monthly performance report
	- Prepare a monthly report for Pourashava authority & programme Office

8 Performance Indicator

Impact of PHS's activities is for the total improvement of hygienic condition of beneficiaries which is very difficult to identify. However, as an organizational activities, following point/ criteria will be taken as the indicator for monthly performance of PHS :

- Number of birth recorded and birth certificate issued
- Number of death recorded and death certificate issued
- Number of marriage recorded and marriage certificate issued
- Number of succession certificate issued
- Number of death body buried in the graveyard
- Number of animal slaughtered
- Number of animal rejected for slaughtering
- Number of visit made for food checking
- Number of cases identified for food adulteration
- Number of shops/ restaurants penalized for unhygienic food sale
- Number of shops/ restaurants penalized for improper sanitation
- Number of vaccination session attended
- Number of target for house visit by each field worker
- Number of the household visited by each field worker
- Number of target for covering beneficiaries during each visit by each field worker
- Number of the target for health education session for field worker
- Number of health education session organized
- Number of target of participants for attending the session
- Number of participants attended the session
- Number of TOT held
- Number of meeting of Health Education committees targeted and actually held
- MIS prepared and sent to PO

9 Proposed actions to be taken by the Programme Office

<u>Main areas</u>	<u>Activities required</u>
Understanding session	<ul style="list-style-type: none">- Holding meeting with Chairman, Pourashava council and its senior officials to discuss about the proposed strengthening programme of PHS- Prepare a tentative schedule for next course of action
Initiation for filling up the vacant position/ rearrangement/ retrenchment of the excess staff	<ul style="list-style-type: none">- Review of the present staff position & qualification on the basis of the task of the section per pourashava- Determine the number of staff needs to be recruited/ rearranged/ retrenched- Review the legal & financial obstacle for filling up the position/ rearrangement/ retrenchment- Recommendation for recruitment/ rearrangement/ retrenchment
Job description	<ul style="list-style-type: none">- Review & analysis the task of the section- Prepare the job description of all the required staff including the SI- Orient the staff on job description- Recommend to work following the job description
Workplan & supervision Plan	<ul style="list-style-type: none">- Prepare the workplan with the PHS in consultation with the concerned person- Prepare a supervision plan for the SI in consultation with SI- Orient the workplan and supervision plan accordingly- Recommended to implement the work plan & supervision plan- Assist in implementing the same
Modification of TF as Hygiene Education Committee	<ul style="list-style-type: none">- Review the existing situation performance of TF- Get explicit feedback from PS regarding need for this

Main areas

Activities required

- Initiate to simplify it for making it objective & service oriented
 - Simplify & strengthen the responsibility of the committee and its structure
 - Prepare a guideline for operation of the committee
 - Recommend to implement the committee as an auxiliary body
 - Assist in implementation
 - Orient the committee about the hygiene education plan & their responsibilities
- Training for management Development
- Assess the need for training of staff on basic management
 - Prepare training module on basic management
 - Organize & conduct training for the target staff
- Training for Hygiene Education
- Organize TOT for SI so that SI can plan, design, organize and conduct training on HE at Pourashava for field worker
 - Get organized and conduct the training of field worker
- Message & material development
- Review the existing material & message in regard to target audience
 - Assess the need for development of message & material in consultation with PHS
 - Develop the draft message & material & pretest the same
 - Finalize the draft message & materials
 - Get oriented the field staffs on the developed message & material
 - Distribute it for utilization
- Monitoring and evaluation of
- Monitoring the HE at grassroot HE level
 - Identify the gap of HE at grassroot level
 - Provide on the job training to field workers on HE
 - Follow up

Main areas

Activities required

Management Information System

- Brief the Chairman & senior official concerned about the importance of MIS & its utility.
- Prepare a format for monthly MIS, together with PHS/HEC
- Orient the SI about its preparation
- Get practised by PHS
- Recommended to send it to Programme Office

Office accommodation & furniture

- Review the present condition of accommodation & furniture
- Determine the requirement of space & furniture
- Discuss with the Chairman to ensure the required facilities

Finance

- Discuss with Chairman to ensure a separate accounts of the PHS (salary, operation etc. cost)
- Discuss with Chairman to ensure a detail yearly budget of PHS
- Discuss with the Chairman to ensure payment of regular staff salary and arrange the operation cost
- Recommend to increase Pourashava income through increased collection of municipality tax for the financial viability.