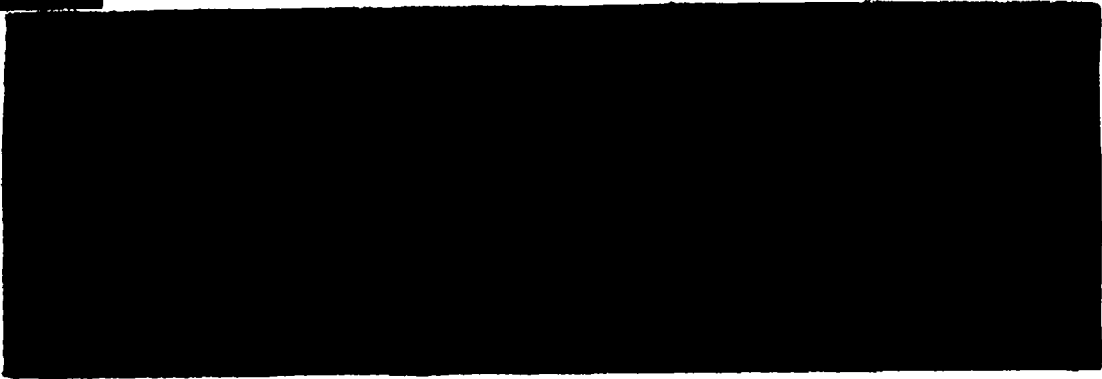


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POSITION PAPER

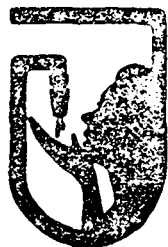
Hygiene Education

SEU's Experiences
in Perspective

Prepared for presentation to the Indo-Dutch-Danish
Joint Review Mission September 26 - October 8, 1989.

The issues raised in this paper have been presented with a view to improving the functioning and working atmosphere of the organisation and are not meant to be taken as direct, indirect or personal criticism of anyone within or outside SEU.

September, 1989



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POSITION PAPER - HYGIENE EDUCATION

1.0. BACKGROUND

This position paper outlines the strategies and approaches adopted by the SEU in implementing hygiene education activities. Since the activities were limited to selected panchayats we were able to deliver the services with the existing SEU staff as well as with the help of selected volunteers. From 1990 onwards most of the planned water supply schemes will be commissioned, and appropriate awareness education has to be started systematically in those panchayats. It has been realised that with the present strength of manpower it may not be possible to carry out the programmes effectively and efficiently. These issues have been reflected upon in the proposal prepared by the Unit North for additional staff (Annexure 1), and the paper on approaches prepared by the Central Unit (Annexure 2).

1.1 Scale and Scope of SEU Activities

The visit of the Review Mission offers an opportunity to review the extent of SEU's involvement in hygiene education activities.

Presently, the Health Services Department and Voluntary Organisations depend heavily on SEU for health education materials. The present budget of SEU is not sufficient to produce the required health education materials. Since we have been extensively utilising the services of personnel from the Health department, ICDS and Voluntary Organisations it would be difficult to refuse requests for SEU-produced health education materials in areas outside the project area. To establish effective co-ordination, collaboration and dialogue with other colleagues working in the same area (drinking water and sanitation), providing health education materials to the panchayats in the other areas would be to the advantage of the SEU programme. To undertake large scale production of health education materials we may need additional resources - both funds and manpower.

1.2 Monitoring and Evaluation

Each Unit has developed its own feedback system for monitoring the use of latrines. Unit North has carried out a health assessment study the report of which will be available for the mission upon arrival in Calicut. From the baseline survey it will be possible to develop specific indicators for monitoring the changes occurring in the areas for long-term impact assessment. We seek the advice of the review mission for sharing the experience of other impact studies carried out elsewhere as well as what will be the period for assessing the impact after the introduction of safe water and improved sanitation. As explained in the Sanitation Position Paper the impact of

the provision of safe water supply and the hygiene education can be ensured only if the sanitation programmes are implemented in phased manner in all the areas. We sincerely hope that the review mission will critically look into all the aspects outlined in this position paper.

2.0 INTRODUCTION

The Programme was designed to increase poor families' access to clean drinking water and to help reduce water related diseases among consumers. To highlight health benefits accruing from clean drinking water it was intended that the Project would link up with the public health programmes. However, due to the emphasis on family planning programmes by the Health Services department, not much attention has been given to the public health programmes. Moreover, the KWA involvement is mainly on traditional engineering aspects of the Water Supply and the social and economic aspects have been not given much importance. This oversight (or lop-sidedness in water supply planning) is responsible for the failure of safe water supply to yield the desired health benefits. Similarly the role of the involvement of communities for participation in basic services have not been given adequate importance.

No impact study has been conducted to ascertain the desired health effects of safe water supply. Baseline information on water related data are not consistently available for all the areas. However, there is reason to believe that little if any such impact exists. Scattered observations show that proximity of a water source is considered more important than water quality. Seasonal streams are preferred to public taps if the latter are closer to homes. Also observations of handling, storage and consumption of piped water indicate that contamination is almost certain. (For details see: SEU Research Reports No.3 and 4).

3.0 HYGIENE EDUCATION STRATEGY

The project aims at initiating a sequence of hygiene education activities with water, sanitation and health as the core of a multi-sectoral package that also includes health services, ICDS, rural development, local government (panchayat), voluntary organisations, local groups etc.. While carrying out the utilisation studies (of water sources and its usage etc - see Research Report 4), a situation analysis has been done, by the SEU staff regarding who is doing what in the field of water, sanitation, health and related fields. Information on the capacity of the organisation, target group, resources available, area of operation etc in each panchayat, has been collected. The purpose of the utilisation study was to assess and analyse the situation of existing water

sources for both drinking water and other domestic purposes. In this, efforts have been made to find out the proportion of households in the catchment area from the selected water points, their characteristics, how they collect water, how often they collect, when they collect, how much quantity, water use etc. Based on these information the unit staff themselves realised the existing situation as well as the behavioral characteristics of the people for planning the hygiene education programme.

Planning Meeting - As the initial step District level planning meetings were held in each district headquarters (where concentration of panchayats are available). This was to bring together all the people associated in similar programmes to learn from each other as well as to avoid duplication of efforts and resources. Participants were invited from multi-sectoral departments as indicated above, and other development agencies extending technical support to the sectors.

The overall purpose of the meeting was to establish a dialogue among the various sectors, focussing on feasibility and willingness of sectors to participate as a team. Other agenda items were the review of all the related field of community mobilisation and hygiene education, forming a task force on hygiene education for the development of specific activities, making a schedule for review of task force efforts and for subsequent formulation of an implementation plan etc. The criteria for sectoral involvement included current responsibility for water supply functions, professional responsibility for health, community organisation, village level development, and possession of staff and facilities at village level.

The Dialogue among top level personnel of various sectors were quite encouraging and they have sent the necessary instructions to the authorities below to collaborate with the project as well as to provide all possible support for implementing the hygiene education programmes. However, support from the government departments, is not consistently received (It is worthwhile to note that certain areas the health service department staff are providing support for taking classes or conducting group discussions). The policy of SEU is to utilise the existing government network or existing voluntary organisation to implement the awareness programmes. The areas where no government departments are functioning temporary workers will be recruited for the implementation and monitoring of hygiene education programme.

The strategy was to provide education to general population, women and children. Three type of hygiene education strategy and input is required such as (a) general education (on drinking water and sanitation) to all the people in the project area, (b) sanitation related education to the beneficiaries in the Pilot Sanitation are

and (c) water related education to the areas where pipe water supply enacted. In the general hygiene education efforts have been made for the mobilisation of the government departments local clubs, (Mahila Samajams, Youth Clubs etc). As explained in the position paper or organisational aspects para-- the manpower requirements for the extension have been under estimated in the Plan of Operation. The experience of the three units in the field suggest that in most of the areas without posting SEU-staff or paid local volunteers, the efforts of the SEU will be ineffective. Even in the areas where the programmes implemented organised with the help of ICDS. and health departments without proper follow-up and monitoring by the SEU, the anticipated results were not seen. In these panchayats SEU will be providing the required educational materials such as posters, films, leaflets, slides etc. In order to substantiate this Central unit have prepared the effectiveness of four SEU approaches in the field of hygiene education (See Annexure 2).

Through the pilot sanitation programme, we have learned that constant motivation, mobilisation is required in all the area, before 3 months of the implementation of the programme, and minimum one year the latrine use has to be monitored very carefully for accomplishing the anticipated results. We have noticed that the sanitation programmes implemented by other government departments were concentrated only on the technical aspects (construction activities) and no system has evolved for proper monitoring and follow up of the latrines. Since, this is an experimented project we should not repeat the same mistakes again.

Selection of Panchayats

The planning meeting which was held earlier has to decide on panchayats to be included in the pilot project. Among other considerations the panchayat should be easily accessible from SEU office for effective supervision and logistic arrangements. However, the Panchayats selected for the activities were far away from the regional offices.

List of Panchayats of SEU Operation in Hygiene Education

- A. Sanitation Related : Unit North - Ramanattukara, Feroke;
Unit Central - Mala, Edathuruthy;
Unit South - Cheriyanad, Kundara, Anjengo;
- B. Water Related - : Unit North - Ramanattukara, Feroke, Vattamkulam, Thavannur, Elappal, Kondotty, Nediyruppu, Mattannur, Keezhallur, Koodali;
Unit Central - Mala, Poyya, Vellangalore, Puthenchira, Nattika, Valappad, Edathuruthy;
Unit South - Cheriyanad, Kundara, Pavithreswaram, Kulakkada, Anjengo.

	<u>Panchayats</u>	<u>Population</u>
Unit North	10	280000
Unit Central	7	200000
Unit South	5	150000
	---	-----
Total	22	630000

The average population per panchayat is 25 - 30,000.

Collection of Data

Local-level statistics on the characteristics (socio-economic demographic morbidity and mortality etc.) of the population were collected through the utilisation study, micro-studies, observations, the KAP study (North) and the baseline study (in the Central and South). A professional assessment of the possible use of existing sources of health data, related to the population covered under this project was undertaken during November 1988 to March 1989. The Kerala Statistical Institute was entrusted with this task considering their expertise, experience and interest in similar work. Their research revealed that the statistics from health institutions are quite unreliable and therefore in-adequate to use as sensible data base to assess the significant changes in health status among the population, which have been provided access to safe water. For further details see SEU Research Report No.3.

Through the various surveys following information were collected. Knowledge attitudes and behaviour relating to water quality and health; villagers felt needs for various services; the rank order of these needs; beliefs linking or dissociating water from health; beliefs relating personal cleanliness and health, household cleanliness and health, morbidity data, births and deaths occurred, environmental cleanliness and health; village social organisation, leadership social influence processes and communication patterns; direct and legitimate channels for reaching the rural poor.

Utilisation survey helped considerably in designing and specifying various health education intervention programmes. For instance, identified knowledge gaps have been the basis for deciding relevant message content. Data relating to social organisation, communication patterns and social influence structures and processes has value for the design and implementation of the extension strategy.

4.0 APPROACHES

During September, 1988 a Task force group (which composes of mainly the unit staff and co-ordinating office) prepared a general health education planning programme for benefitting all the three units simultaneously. In addition to this each unit had developed individual health education workplan based on local need and local environment. The identification of agencies (Department/Voluntary organisation etc.) was the first and foremost activity followed by the planning meeting.

Pilot Sanitation areas and Panchayats where water arriving during 1989 and early 1990 were taken for intensive hygiene education programmes.

Panchayats where water arriving beyond mid 1990 will be given less importance for hygiene education activities.

During May 1989 a detailed model implementation chart (See Annexure-3) was prepared with the help of all the units in the co-ordinating office. Since SEU has to intensify the hygiene education awareness programme, appropriate audio-visual materials (were required and the units and the Co were involved in this activity). The evaluation and assessment of the 'Book on Water' is indicated in the draft report prepared by the consultant.

Since this is an experimental project efforts have been made to test the effectiveness of various avenues of hygiene education strategy. The major approaches of the SEU have been as follows:-

- Interpersonal communication - through house visits monitoring surveys etc. The house visits have been mainly carried out for all the areas under the Pilot Sanitation Programmes. This was done with great difficulty due to lack of manpower in the SEU. ICDS personnel, Nehru Yuvak Kendra and local volunteers were entrusted to carry out the house visit. As we all know house visit was the most effective tool of mobilization and motivation of people. However, consistent availability of such motivated groups were rather limited.

- Group meeting - In each ward a group consisting of 30 to 40 people, (beneficiaries of the pilot sanitation programmes) have been provided with education on water purification and management, personal hygiene, water borne diseases, diarrhoea management, worm infestation, use and maintenance of latrines etc.. Qualified and experienced people from the health service department and training institutions were involved to take classes or organise discussions on each and every topic listed above. During the occasion, flip chart, slides films etc were used for lively presentation of the group discussions. |

- Mass Approach.

(a) At panchayat level exhibition and competition for youths, women and school children on education, drawing, model making etc. were carried out in the pilot sanitation areas.

(b) Articles on health aspects of water and sanitation prepared by SEU have been appearing in leading Malayalam Newspapers.

(c) A six months radio broadcast series on protected water supply and environmental sanitation viz Jeevadhara was broadcasted through all the radio stations in Kerala. This was planned jointly by Kerala Water Authority., Socio-economic units, and the All India Radio. The main objective of the programme was to create an awareness among the people of Kerala and thereby attain health through use of protected water and improved sanitation. Thirty two weekly lessons in the form of documentary were broadcasted in the rural programme hour of AIR, Trivandrum on all Fridays from 6.50 P.M. to 7.20 P.M. (since 14 November 1989 to 2 June, 1989).

(d) SEU has prepared captions to AIR and Doordarshan to announce as jingles in between the programmes and these were consistently broadcasted by both the media.

Review of Existing Health Education materials - The taskforce committee reviewed the existing and available hygiene education materials related to drinking water and sanitation programmes. It was realised that in reality practically no materials available for using for water supply and sanitation. Hence, the taskforce has suggested the following topics for preparing educational materials in October, 1988.

- Water handling, collection storage and consumption;
- Water purification, chlorination, etc
- Water management (use and abuse of water)
- Water borne diseases
- Personal hygiene
- Water stagnation around public taps/wells and other water sources
- Transmission of diseases through water, contamination of water sources and prevention
- Diarrhoea and its management
- Danger of open air defecation

5.0 PRODUCTION OF MATERIALS

(a) Training cum-workshop on AV-aids - For facilitating the production of appropriate audio-visual training materials and the handling of simple audio-visual equipment a training cum-workshop was organised at the co-ordinating office from 31 October to 4 November 1988. This was done in collaboration with the Gandhigram Institute of Rural Health and Family Welfare, Tamil Nadu. The training programmes facilitated the production of posters and other needy educational materials (The details are indicated in Annexure-4).

(b) Book on Water - developed by the Unit North has been pretested among schools under the jurisdiction of three Socio-economic Units. A Consultant from the Department of education have been hired for three months to carry out all the activities related to the pretesting of the book on water.

(c) Display plaques on latrine usage - (3000) was developed during November 1988 and this was affixed in all the latrines constructed in the pilot sanitation areas. More over this design was adopted for the UNICEF sponsored urban sanitation programmes in Alleppey.

(d) Posters - Twelve posters (ten thousand copies of each) on various aspects of drinking water and sanitation were prepared and produced by the programme. The details of the posters are indicated in Annexure 5.

6.0 MANPOWER FOR HYGIENE EDUCATION

We are definitely in a dilemma on manpower. If we are increasing the manpower, that may affect the long term integration of SEU in the KWA; without extension staff it is practically impossible to organise viable hygiene education programmes. The need for additional staff for the extension management have been discussed in all the review meetings and this was presented very systematically by the Unit North in the proposal for appointment of Temporary Health Organisers (See Annexure - 1).

7.0 FUTURE PLANS

In each panchayat, depending on the distribution network of public standposts the ward will be divided in to four or five strata. It is estimated that in each panchayat approximately 50 groups will be available in a panchayat (in each ward 5 groups). In each area for carrying out activities related to health education a sub-committee will be established. The health education subcommittee which will consist of three members (2 female, 1 male) will be responsible for carrying out the regular programme in each ward. Five group meetings per month in

different areas of each ward will be carried out for the water related health education programme. The awareness programme will start six months before the arrival of water (preparation and mobilisation period) and continue for six months after the arrival of water (intensive health education programmes). The detailed (time schedule and activities are indicated in Annexure 3. In addition each of the unit has been prepared detailed workplan.

The first three months of the period will be utilised for the preparation, mobilisation and selection of suitable persons for WWC and the health education sub-committee. The training for the sub-committee will take place by the end of the third month and beginning of the fourth month. Soon after the training sub-committee members will be posted in the selected panchayats.

Role of Health Education sub-committee - In the pilot project area this committee will be responsible for organising appropriate health education intervention programmes. It is imperative to select competent and dedicated persons from the WWC. They are the change agents to work with the communities before, during and after the introduction of improved water supply.

Role of School Health Clubs - As a follow-up exercises of the pre-testing of the book on water, school health clubs have been formed in selected schools. As a pilot exercise 30 students from standard V of a school under the jurisdiction of Central Unit were selected to form a School Health Clubs. They were given a one day training on various aspects of water on sanitation. The objective and activities of school health club has been indicated in Annexure 6. In order to facilitate the effective dissemination of the information, time table cards and name slips have been distributed among the schools selected for implementing the school health activities.

Training and Motivational Camps The Units were organising training programmes for Teachers, ICDS Workers, health services staff, representatives of the voluntary organisations and volunteers from the selected locality. The details of the training programmes conducted by each unit can be obtained during the field visit.

Chlorination of wells and worm infestation clinics have been carried out consistently in the pilot sanitation areas. Monitoring of the sanitation programmes are ongoing in the 6 pilot panchayats. Unit North has moved from Ramanattukara for the hygiene education to Feroke. At this juncture, it is worthwhile to mention here that due to the intensive and consistent efforts of the Unit North in collaboration with the local authorities the cases of diarrhoeal diseases have been reduced to less than 2%. Before the involvement of the unit more than 100 cases of gastro-enteritis cases were reported during 1986-87.

The effect of the hygiene education programmes are yet to be known from other areas. However in the pilot sanitation areas the beneficiaries have been consistently using the latrines and they are keeping it clean. In Anjengo area (in the coastal belt) anticipated improvements are not noticed due to diverse social and cultural reasons. Hence, a modified health education strategy has been introduced in this locality. Selecting women volunteers from the locality (and formed neighborhood committees for educating, mobilising and motivating the communities). Since the main thrust of the hygiene education programme is to change the social behavioral of the people while accepting and practicing healthy habits, it will take longer duration. The coordinating office is seriously thinking of the need for an impact evaluation of the programme by the middle of 1990. Based on the baseline information and the information obtained through the on-going monitoring exercise we are in a position to study and streamline where we are going ahead. The basic approach of the hygiene education was learning from experiences of the units.

Proposal for Appointment of Temporary Health Organizers

The SEU (N), Calicut has 23 Panchayats in the 3 Project areas of which 2 project areas are over 90 kms away from the Unit Headquarters. The other project consisting of 10 Panchayats has only 3 Panchayats in its 1st Phase and all of which are relatively easily assessible and which can be reached within 1 - 1½ hours.

As had been conveyed in previous communcations of this Unit, the staff set up here of the SEU is insufficient to undertake on its own, planning, organization, supervision, monitoring and evaluation of Health Education Programmes. From experiences gained and while undertaking health education programmes in the field, it is seen that more manpower input is required from our side, given the situation as it is now with field level personnel of Governmental and Non-Governmental Agencies. The Health Educator simply cannot do all that is required at the field level.

This proposal to appoint temporary personnel as link workers is (L.W) against this background of the quantum of work that has to be done, the areas needed to be covered (especially the more remote ones), the fact of the physical distribution of the project areas and the absence and lack of Government and Non-Government Organizations' network/activities at grass roots levels.

As had been mentioned elsewhere the Panchayats of the District of Calicut can be covered by the trainees of the various training institutions, some of whom can also be deployed to some of the nearby Panchayats of the Project in the adjoining District (Malappuram).

The other 2 projects pose the main problem.

At present, the emphasis in the health Department is on family planning and immunization programmes, while other important activities for public health is insufficiently covered. There are available trained field level personnel of the Health Department, some of whom have shown keen interest in the work that needs to be done in the Project.

These personnel could be taken on deputation which has the following advantages.

1. They have the requisite training already basically.
2. Being staff of the Health Department, the experiences they gain can be as well utilised after their return to their parent department.
3. Their job security is not threatened, after their work in the project.
4. Their being personnel of the Health Department, they are responsible for the assets and duties that are assigned to them.
5. For this same reason, they will have better avenue for establishment of contacts and for organization of field activities in collaboration with the various field staff.

A Link worker is mainly needed for about a year, roughly 6 months before the commissioning of water and 6 months after.

The work that is envisaged for the Link Worker broadly is as follows:-

- 1) Contacting Panchayats and ward members to find out the most needy areas for health education activities. (This will be supplemented by the Socio-Economic information gathered by the Field Assistants during the preliminary site selection).
- 2) Contacting, organizing and motivating local P.H.C , I.C.D.S Units (if any), Youth Clubs, Mahila Samajams, Voluntary groups etc. for conduct of Health Education Programmes in their areas.

- 3) Classes are to be conducted in each Panchayat at 20-30 per month at village level and in all concerned institutions at least once a month.
- 4) The "prewater-commissioning period" classes will be focussed mainly on use of water from protected supplies, care and maintenance of surroundings, water related diseases, environmental sanitation, civic responsibilities in relation to water.
- 5) The "postwater-commissioning period" classes will be on water collection, simple and relevant health messages dissemination through various forms.
- 6) Distribution (and display) of health education material through various means.
- 7) Fortnightly reporting of field activities, functions, situations to the Unit.
- 8) Attending Panchayat level meetings.

The Link Worker will be located at the local PHC and they will work in collaboration with the field level personnel here, Panchayats, ICDS, IPP, etc. Their work will be monitored through the Panchayat level meetings and from the periodic visits by SEU staff. Six such personnel, 3 males and 3 females (One for Cheekode, 2 for Edappal, 3 for Kolacherry) are proposed. The male personnel will be necessary especially in organizing late programmes and for more extensive travels and contacts with Youth Clubs especially.

Their designation officially can be Health Organizer, and in the pay scale of a Health Inspector in the Health Department, which is Rs. 660-1050/-. A personnel with 5-6 years experiences has a (Total emoluments of around Rs.1000/-). A 10% deputation allowance, and project allowance would put the T.E below Rs.1500/- per month. (6 x 1500 x 12 = Rs. 108,000).

This is the expenditure expected in the employment of Link Worker for 1 year.

After this period, by which time (January 1990) the Field Assistants will be free of Preliminary Site Selection procedures, the 3 of them will be assigned to each project area where by then already the Health Education Programmes are in progress. The activities at each of this area will be coordination by these Field Assistants who will be supervised by the Health Educator.

DIFFERENT APPROACHES TO HEALTH EDUCATION - BY SEU CENTRAL

Good health is the pre-requisite of all Socio-Economic Development. Any change for better in the health habits of the people depend on the willingness of the people to be responsible of their health. Health of a people cannot be improved unless they become informed and determined. Socio Economic Unit is aware that we are talking about human behaviour change and that it is a treacherously difficult job.

The Central Unit is privileged to have a heterogenous area to work at, in its activities. Coastal, midland and hilly zones come under our area of operation. The need for Health Education varies from area to area, depending on the type of Socio Economic background of the people, habitate, environmental conditions etc. Considering all these factors and keeping in mind the limited resources, especially in human power, of the Socio Economic Unit, the Central Unit tried various approaches to Health Education.

Strategy : IHealth Education through employing a Field Assistant:

Qualification of Field Assistant : M S U.

Area:- Pilot Sanitation area, Mala Panchayat.

Description:-

Mala Panchayat is a sample of an ordinary village in Kerala, having no coastal belt at all. The beneficiaries of our sanitation project vary from very poor to lower middle income groups. People though poor, have great self-esteem and they try not to appear "poor" as poverty is often related to filth and dirt. Except for a few colonies, houses are quite scattered and apart.

The Health Education activities in the Pilot Sanitation programme started simultaneously as the scheme was introduced in the Panchayat. Well planned and seriously calculated activities were carried out step by step to ensure an intensive and effective Health Education.

Activities:-

1. District Level Workshop:

This workshop was conducted in view of informing all relevant Government Departments and outstanding N.G.Os about the activities of SEU, and to obtain their collaboration, suggestions and expertise in organising Health Education activities.

2. Orientation and Training Programmes:

(a) To Panchayat:-

From the planning stage of the sanitation project, we realised the urgency of orienting and informing the Panchayat ward members on the health education component of the project. They, being the local leaders are the best to influence people and motivate them for a change and adapt good health practices, especially in regard to the construction and use of a pour flush latrine.

- (b) Orientation and training to representatives of Clubs, Mahilasamajams. N.G.Os., Government Departments etc.
- (c) To the peripheral staff of the Health Department
- (d) To School teachers in the project area.
- (e) To N.S.S. Programme Volunteers of colleges.
- (f) To I.C.D.S Workers
- (g) To Health Education Sub-committees of WWC.

These orientation cum training programmes intended to prepare well informed local leaders to launch sanitation and water related Health Education in all the wards of Mala Panchayat but with more intensity in the Pilot Sanitation areas. All existing institutions were employed in carrying such health messages to a maximum number of people on a repeated basis.

Number of people trained:-

Department of Health (Mala Scheme)	-	56
Representative of Clubs, NGOs, Mahilasamajams	-	34
N.S.S. Carmel	-	33
N.S.S. Srinarayana Polytechnic	-	54
Costford	-	35
N.S.S. Christ College	-	120
N.S.S. St. Josephs	-	52
I.C.D.S	-	52
Sub-Committees	-	15
Teachers	-	64
Ward Water Committee	-	84

TOTAL	-	599
		=====

3. Public Meetings:

Ward level public meetings were organised in each ward to announce the arrival of both the water supply and sanitation Schemes. (No. of meetings - 14)

4. Group meetings:

Each ward of the Panchayat was divided into two, consisting of 50 potential beneficiaries in each. Fortnightly health education meetings were conducted so to educate the beneficiaries, on the health hazards of open air defecation, various aspects of rural sanitation and the proper handling, and storage of pure drinking water. A series of topics were planned and brought to the people for study discussions and exchanges.

Various techniques were employed to impart this knowledge viz., lecture and discussions, slide shows, demonstrations etc. Charts, flash cards, pamphlets and posters were used extensively in such health education meetings.

Number of group meetings conducted within
10 months period. - 151
Number of people attended - 5350

5. Film shows and Public education:

In each ward atleast two film shows along with an awareness talk were organised. Non-beneficiaries also benefited from such programmes.

Number of film shows conducted = 13

6. Home visits:

Home visits marked the most important activity getting person to person contacts and on the spot education and demonstration. People appreciated such visits and that created a link between SEU and the people.

Number of home visits - 1200

All the beneficiaries were visited at least three times and special areas needing more Health Education were visited at least five times by Field Assistants. Besides this, ward member, N.S.S. Volunteers, Health Education Sub-committee too made such visits to holders of sanitation units.

7. School Health Education:

Health Education with film shows were conducted in all the schools of the project area.

8. Campaigns:

Ward Water Committee and Youth Clubs made a campaign to advertise the posters prepared by S.E.U. They posted them in all places where people gather, like tea shops, bustands, school, panchayat office, clubs, libraries, hospitals etc.

9. Exhibitions and cultural competitions:

Panchayat level exhibition, marked the culmination of all the Health Education activities in Mala Panchayat. Ward Water Committee, Health Education Sub-committees, Panchayat Ward members, School teachers and I.C.D.S workers took active part in the organisation and conduct of the exhibition.

Approximately 5000 students and publics witnessed this Health Education Exhibition.

10. Monitoring and Evaluation:

Monitoring and evaluation of the latrine units were carried out as the people began to use them for at least one month.

11. Merits:

Result of this intensive health education for ten months in the Mala Pilot Sanitation area is that all the beneficiaries are proudly using their latrines and keeping them clean. They are an inspiration to their neighbours too to motivate them to construct a latrine.

The Field Assistant could organise successfully in this Panchayat due to the very good collaboration of the Ward members - Health Department and I.C.D.S Workers.

Strategy: II

Through Agencies:

In Edathuruthy Panchayat :-

Edathuruthy is a typical Panchayat depicting all the problematic condition of a coastal area. Part of this Panchayat is water logged. Beneficiaries of the sanitation project are all below poverty line. Socially, economically and educationally

the area is backward. COSTFORD, the agency implementing the sanitation programme was entrusted to conduct Health Education.

Findings:

The responsible agency neglected Health Education, SEU took it up after four months; two temporary workers were appointed to organise intensive health education for three months. But the response of the people were very minimal. Follow up activities were entrusted to Ward members, and local P.H.C. Periodic visits and monitoring and evaluation is also done with the help of a Field Assistant.

Number of group meetings	-	19
Film shows	-	3
Total home visits	-	three times/houses of beneficiary
Total number reached through health education	-	1900

Results:

During visits and monitorings it was observed that people have not fully accepted to use the latrine and to keep it clean. This has further resulted^{to} continue unhygienic practices among approximately 20% of the beneficiaries.

Reasons:

1. Lack of proper motivation and orientation from the beginning of the implementation of the project.
2. Lack of sufficient interest and involvement of the Ward members.
3. The absence of a Field Assistant in the field.
4. The poor socio economic condition of the people.
5. Environmental conditions.

Strategy : III

Entrusting Health Education to the local P.H.C.

Panchayats - Vellangallore and Puthenchira

Description :- Vellangallore and Puthenchira, are two other Panchayats under Mala Scheme. Both the Panchayats are having many hilly areas and in summer people face great scarcity of water, especially in the highlands. As the partial commissioning of the Mala Scheme was expected by March, the need for organising water related health education was eminent. Due to lack of SEU personnel and the absence of ICDS, we depended on the PHC to do this job. (Our Field Assistants were employed in site selection then)

Activities:-

Ward level conscientisation programme:

The panchayat ward member along with the P.H.Cs . tried to organise a few meetings and the Health Inspector or Health Supervisor presented the topics on water related health education.

No. of meetings - 2

No. of people attended - 60

Because of the various constraints on the P.H. Staff, adequate attention and time could not be given to Health Education on water related matters. But their expertise was always available to deliver authentic talks to the people if the groups were organised.

Step : II

As P.H.C could not do much by themselves, S.E.U field assistant was posted here for three months.

Activities:

Home visits:

The field assistant conducted visits of the homes of public taps water users.

Group meetings:

Meetings were organised in the wards for all especially for the users of public taps. The Panchayat members assistance was very varied here. The Health Inspector gave the classes on pure drinking water.

No. of group meetings - 10

No. of film shows - 4

No. of people attended-1100

School Health Programme:

School health programme was conducted in most of the schools.

Campaigns

Exhibition and Cultural Competitions:-

A cultural competition related to water and sanitation was held for clubs, mahilasamajams and public. Health Exhibition at Government U.P. School, Vellangalore marked the climax of our Health Education activities in these Panchayats.

Findings:

It is found that unless a SEU personal is present atleast for part-time, no effective health education can be carried out. We cannot rely up on health staff completely.

Strategy : IV

Using I.C.D.S Staff:

In Nattika, Valapad, Poyya and Mala intensive health education is being carried out through I.C.D.S Centres. S.E.U., Health Department and I.C.D.S form a joint forum of health education. A Field Assistant work 4 months in each panchayat to organise, strengthen and ensure continuity of Health Education. Periodic visit by Field Assistant attending the area meeting and project meeting etc., are to be continued.. Each I.C.D.S Centre will report to the Field Assistant of the monthly activities.

Comments:

Whenever I.C.D.S are present no full time Field Assistant is required for a long duration. The I.C.D.S need to be supported with providing water taps, sanitary latrines, teaching aids and if possible with an incentive payment (because their monthly salary is from Rs.250-~~Rs~~ 300)

No. of classes through I.C.D.S since July 1989

Mala	41	attendance	2050
Poyya	32	"	1500
Nattika	10	"	450
Valapad	11	"	483

Other activities:

School Health Programme:

All the schools within the project area were visited atleast once and organised Health Education talks, film shows etc. This is to impart proper health knowledge to the young so to influence the family and society through them.

Comments:

It has to be borne in mind that people and their leaders are not generally very keen on the Health Education aspect of SEU activities. People are complacent about their knowledge of health related matters. Hence it become doubly difficult to try to educate them; no question of changing their habits at once. This situation calls for a tremendous amount of effort from the part of the S.E.U. to convince the panchayats and other leaders, of the utmost importance of health education to change people's habits inorder to ensure proper health and development. It needs time, material and manpower.

It was observed that areas where people benefited from sanitary units, the interest to learn and adopt healthy practices were very much more than other parts. Sanitation project is a powerful means to effect behavioural changes in people related to basic hygienic practices in regard to personal, environmental and water related habits.

What have we learned ?

Using as many ways and means as possible to drive home the urgency of adopting proper health, habits related to water and sanitation creates a sensation and brings about serious consideration from all.

The approaches we adopted in Mala Panchayat using all the available groups, for conscientisation had its effect. The monitoring and evaluation of the sanitation units reveal cent percent clean by all. But such approach is expensive, required the presence of a field assistant at least for one year.

Another discovery may be the effectiveness of ICDS Centres and Mahilasamajams wherever these are present. Yet they need to be monitored and supported.

SEU Central has to cater to 16 Panchayats at present. Out of this only 6 Panchayats have got ICDS Centres. The rest requires the service of a field assistant for specific period (Field Assistant or Link Worker).

We experienced a dearth of Health Education materials that carry our messages sufficiently to the masses, especially in the beginning of the project. Leaflets and posters were of great help. Films, Slides, or Vedeos dealing on Water and Sanitation related health education are scarce. Whatever is available from other departments are either outdated, damaged, or in languages foreign to the villagers. Production of such materials are heavily taxing on the units' money and manpower. Flash cards, flannel graphs and other pictorial presentations are extremely useful for group meetings. But good films can make a big impact on a large number of people.

HEALTH EDUCATION ACTIVITIES UP TO SEPTEMBER 1989.

SCHEME	HEALTH EDN. MEETING	ATTEND-ANCE	FILM SHOWS	ATTEND-ANCE	PUBLIC MEETING	ATTEND-ANCE	HOME VISITS	TRAININGS	ATTEND-ANCE	CAMPAIGNS	SCHOOL HEALTH CLUB	SCHOOL H. POSTERS DISTRIBUTED	PAMPHLETS DISTRIBUTED
MALA	229	9870	23	4600	8	8600	1200	9	429	2	3	8000	30000
NATTIKA	40	3900	10	2500	2	350	600	4	190	1	2	1000	3500

* APPROXIMATE ATTENDANCE.

MODEL IMPLEMENTATION CHART

WATER RELATED HEALTH EDUCATION

1990

MONITORING AND CONCURRENT EVALUATION

3 MONTHS

<p>1989 - 1990</p> <p><u>INTENSIVE CAMPAIGNING 6-9 MONTH</u></p>	<p>1989 - 1990</p> <p><u>MONITORING AND CONCURRENT EVALUATION</u></p> <p>Quarterly, * 3 Half Yearly and Annual</p>	<p>Gradual Transfer to existing agency.</p>
<p>1989 - 1990</p> <p><u>INITIAL 6 MONTHS PRIOR TO ARRIVAL OF WATER</u></p>	<p>1989 - 1990</p> <p><u>INTENSIVE CAMPAIGNING 6-9 MONTH</u></p>	<p>Gradual Transfer to existing agency.</p>
<p>3 MONTHS</p> <p><u>PREPARATION AND MOBILISATION</u></p> <p>1. <u>PREPARATION</u></p> <p>(a) Identification and selection of field organiser.</p> <p>(b) Training of FO</p> <p>(a) Panchayat level meeting</p> <p>(b) Voluntary agency meeting</p> <p>(c) Preformation and identification of WWC (FO's - 5 days).</p> <p>(d) Scrufiny of WWC members</p> <p>(e) Formation of WWC/Sub Committee.</p> <p><u>TRAINING</u></p> <p>Wc Training.</p> <p>Sub Committee (HE) Training.</p> <p>Orientation to Govt and Non-govt agencies.</p>	<p><u>APPROACH</u></p> <p>1. Interpersonal Communication</p> <p>(a) House Visits (needy areas)</p> <p>(b) Survey</p> <p>11. * 2 <u>GROUP MEETINGS</u></p> <p>(a) Classes and group discussions</p> <p>(b) * 4 OT Camp Family Education Centre Meeting.</p> <p>111. <u>MASS APPROACH.</u></p> <p>(a) <u>WARD LEVEL</u> - Nava boards, cultural programmes (local art).</p> <p>(b) Panchayat Seminar for women 4th month.</p> <p>- Exhibition 7th Month</p> <p>- Competitions.</p> <p>- Religious Centre.</p> <p>Camp for WWC - 6th month.</p> <p>IV. <u>SCHOOL LEVEL PROGRAMME</u></p> <p>- Teachers training</p> <p>- Unit formation</p> <p>- Quarterly meeting</p> <p>- Annual day</p> <p>Water Month</p>	<p>Gradual Transfer to existing agency.</p>

* 1. Responsible - Sub Committee and external govt/non-govt agency.
 * 2. Responsible - Sub Committee and FO.
 * 3. Sub Committee Report to WWC and FO
 * 4. Responsible - PRC's.

ACTIVITIES	PERSON RESPONSIBLE	TARGET GROUP	DURATION	IEC. TECHNIQUE	MAN DAYS	BUDGET
IDENTIFICATION AND SELECTION OF FIELD ORGANISERS						
TRAINING OF P O	Head HE C O		Month I		3	
a) Panchayat level meeting	Head, H E, C O F A.	Panchayat Ward members	Month I	Slides, guest Fieldwork, lectures Leaflets etc.	3	
b) Voluntary Agency Meeting	Head, C O, H E F A.		Month I	Leaflets, slides	4	
c) Pre-formation and identification of WWC	C O, H E.		Month II	Slides, Films	2	
	FO		Month II		5	
			Month II			
d) Scrutiny of WWC	C O + F A		Month II		2	
e) Formation of WWC	C O + H E + F A		Month III		15	
	5 5 5				(5 + 5 + 5)	
TRAINING						
WVC Training	1 3 2 Head CO HE 2 F A.	Ward Water Committee members	Month III	Training Manual (WVC)	10	
Sub-Committee Training	H E, F A.		Month IV	Lesson Plan guide	2	
Orientation to Govt and non-Govt agencies	Head, H E, CO F A.	PHCs, I C D S, Rural development, NSS, KSSP, etc	Month IV	Reference Manual	4	
PLACEMENT						
T O R (FO, sub Committee)	H E, F A.		Month IV	TOR	2	
Introducing to other Govt and non Govt. agencies and to beneficiaries area identification	H E F A		Month IV	Field visit & institutional familization Reporting format	1 5	
REPORTING						
Audio-Visual production						
Production of Health Education Materials	Head HE C O		Initial		2	
			Six months		15	
					22	

Field Organiser (FO) is applicable only to the SEU (North)

ACTIVITY	RESPONSIBLE	TARGET GROUP	DURATION	IEC	MAN DAYS	BUDGET
<u>INTENSIVE CAMPAIGNING</u> - House Visits	Sub Committee FA, Other agencies HE	Colonies, needy area women	2 days per week	Leaflets, pamphlets bit notices	22	
1. Group meetings	Sub Committee FA	Women	Month V	Flip charts Flash cards Flannelo graph Booklet Slide Film	10 50	
<u>OT Camp, Family education Centre meetings.</u>	PHC FA				3	
<u>PANCHAYAT LEVEL</u> Women Seminar	Head, HE CO FA	Women	Month IV	Films Slides	1 } 2 } 1 } 2 } 6	
Camp	Head CO HE FA	WVC Member	Month VI	Films Slides Field Work	1 } 2 } 3 } 2 } 8	
Exhibition	Head HE CO FA		7th Month		1 } 2 } 2 } 7	
Competition	HE 4 CO 4 FA	Public	Month VII	Competition Package	8	
Other Programmes	FA & WVC, SEU, CO-OFFICE	Community		Cineme Slides Metallic Boards Aik, Press and Doordarshan kit.	5	
At Ward level, cultural Programmes etc.	FA & WVC, SEU, CO-OFFICE	Community	Month VII	Posters, Bulletin Boards, Cinema slides. Street Cinema, Songs (Audio)	5	
<u>SCHOOL LEVEL PROGRAMMES</u> Teacher Training	Head HE, FA	Panchayat Level (School)	Month June	Games, Puzzles Stories Bookn & Booklets, Flash Cards Leaflets, Posters etc.	1 2	
Unit Formation	HE, FA	3 Schools			6 6 6	
Quarterly Meetings Annual Day <u>MONITORING</u> Quarterly Half Yearly And Annual	HE, FA Head, CO, HE, FA Head CO HE				1 4 4	



ANNEXURE - L

SOCIO-ECONOMIC UNITS, KERALA

KERALA WATER AUTHORITY

DUTCH-DANISH SUPPORTED WATER & SANITATION PROJECT

Coordinating Office :

Post Bag 6519, Vikas Bhavan P.O., Trivandrum-695 033,

Phone (0471)-68907, 69543, 68773 Telex : (435)-379

REPORT OF AUDIO VISUAL TRAINING CUM WORKSHOP IN
HEALTH EDUCATION FROM 31 OCTOBER TO 4 NOVEMBER

1. INTRODUCTION

As suggested in the Health Education taskforce meeting in Trichur on 21 September 1988, an Audio-Visual Workshop in health education was arranged in Trivandrum for the Health Educators, Community Organisers and Field Assistants. (See Annex-1 for list of Participants). Four experts from the Gandhigram Institute of Rural Health and Family Welfare, were entrusted to conduct the required practical training for the benefit of the involved participants. It is worthwhile to mention here that the experts from Gandhigram (in four different fields of audio-visual and media production) have been involved in similar work for the past 22 years or more and their names and specialities are given below:

Mr. Tharanisingarajan	.. Chief of Audio-Visual and Mass Communication	30 years of experience in various capacities as a faculty member.
Mr. P. Sadasivan	.. In charge of Audio-Visual and Media Section	22 years of experience in handling all A.V. Equipments.
Mr. H. Arunachalan	.. Senior Artist	20 years of experience as an Artist.
Mr. S.A. Kannaiah	.. Photographer-Artist	25 years of experience as a professional photographer and Artist.

2. OBJECTIVES:

The Workshop was meant to cover the following broad areas:

- Handling of simple A.V. Equipment.
- Production of selected A.V. aids.
- Applied Communication: effective ways of communicating with people (principles and methods).
- Pre-testing of Audio-Visual aids.
- Evaluation of A.V. aids.
- Prioritising the production of aids.
- Strategy for education and communication.
- Preparation of guidelines for Health Education Handbook.

Unfortunately the workshop it was not possible to give proper attention to a few topics, i.e pretesting of aids, evaluation of aids and handbook preparation. This should be considered as a major limitation of the Workshop. In spite of this the Workshop accomplished very positive results and provided practical approaches and strategies for carrying out effective Audio-Visual Programmes in the community.

3. PROCESS:

- a) The Senior Adviser and the Executive Co-ordinator of the Project, during the inaugural session emphasised that visual and audio-visual aids, plans of action etc should be considered as the primary focus of the Workshop in order to bring changes in Knowledge, Attitude and Practice (KAP) of the target population in relation to drinking water, sanitation and hygienic practices. Such deliberate change should be conceived in the context of what people like and practise.
- b) Afterwards the participants expressed their views on people's attitude towards water, economic aspects of tap water, poverty condition as one of the reason for non acceptance etc. They also indicated that the Workshop should help to find ways and means to overcome such problems.

c) The Senior Technical Officer of Gandhigram Institute of Rural Health and Family Welfare Trust, Mr.G.Tharanisingarajan, in his introductory remarks mentioned that the people's perception should be changed so as to create a need in them for various development programmes. This condition can be taken care of through creating knowledge about susceptibility of disease, severity of diseases and perceived course of action.

d) Followed by this a steering committee was constituted for providing the necessary back up support (how to make use the best out of this) for the workshop:

Mr. Isac John, Community Organiser, SEU North (Calicut).

Ms. Thresiamma Mathew, Health Educator, SEU Central (Trichur).

Mr. C.O. Kurian, Community Organiser, SEU South (Quilon).

Eventhough a tentative programme was chalked out earlier for the Workshop, absolute importance were given to obtain the views of participants for preparing the subject matter (topics to be covered) for the Workshop (See Annex: 2-Programme for the Workshop).

4. PRODUCTS OF THE WORKSHOP:

The following products were partially or completely prepared in the course of the workshop:

- 1) Educational points on water and sanitation.
- 2) Lesson Plan
- 3) Posters
- 4) Flash card draft design
- 5) Flannelgraph
- 6) Flip chart.

In addition, majority of them were acquired the proficiency of handling simple A.V. equipment. It is worthwhile to mention that the materials handed over to the Co-ordinating Office has been given to the press for preparing the posters, flip charts and flash cards respectively. The Flannelgraph has been sent to Gandhigram, since the people contacted here, do not have the technical know how of preparing this material. It is anticipated that all the health education materials proposed in the Workshop would be made available by the end of December 1988.

5. EVALUATION OF THE WORKSHOP:

As a way of getting some feedback about the Workshop an evaluation was carried out. Only 10 people were included or participated for the evaluation. Their responses are as follows:

1) Objective of the Workshop achieved:	Fully	1
	Moderately	9
	Less	0
	<hr/>	
	Total	10
2) Workshop sessions were:	Learner oriented	9
	Theory oriented	0
	Teacher oriented	-
	All mixed	1
	<hr/>	
	Total	10
3) Physical Needs:	Good	2
	Satisfactory	4
	Not up to the Mark	4
	<hr/>	
	Total	10
4) Supply of Background materials:	Good	1
	Satisfactory	6
	Not up to the Mark	3
	<hr/>	
	Total	10
5) Skill practice aspect achieved:	Fully	5
	Moderately	5
	Less	-
	<hr/>	
	Total	10
6) Any other thing (specify) :	Nil	

6. RECOMMENDATIONS:

1. Workshop on the pretesting and evaluation of visual aids has to be organised for the staff involved in health education programmes;
2. A handbook on Water and Sanitation for Health Workers and Voluntary Workers from the Community should be prepared;
3. The materials produced through the training workshop has to be made available by the end of December 1988 for health education programmes;
4. Training classes for Field Assistants has to be organised in various aspects of health education.

The following suggestions were given by the participants:

1. Team training may not be effective because of differences in needs and expectations.
2. Limited period more topics covered on media materials on the same topic;
3. Media materials should be supplied as early as possible;
4. Training class for the Field Assistants may be organised;
5. This type of programme may be provided to exchange field based experiences.

7. CONCLUSION:

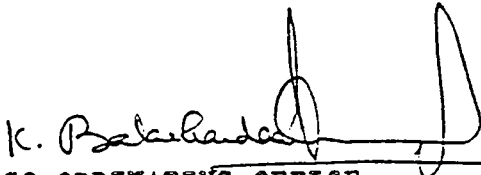
It has been agreed that each Unit will provide the details of training required for the Staff members to the Co-ordinating Office for further action. It is worthwhile to mention here that two posters on Environmental hygiene has been designed and themes for 10 posters, Flip-chart, flash-card, flannelgraph and a lesson plan was prepared in this Workshop.

8. EXPENSES OF THE WORKSHOP:

1. T.A, D.A and honorarium	..	Rs. 8100.00
2. Stationary	..	Rs. 200.00
3. Other miscellaneous expenses	..	Rs. 2000.00
4. Accommodation	..	Rs. 2600.00

Total	..	Rs. 12900.00

23rd December 1988.


CO-ORDINATING OFFICE,
SOCIO-ECONOMIC UNITS, KERALA
TRIVANDRUM.

ANNEX-1

PARTICIPANTS OF THE WORKSHOP

A. SEU (North), Calicut.

- 1) Mr. Isaac John, Community Organiser (31 October - 4 November)
- 2) Mrs. O.T. Remadevi, Health Educator (1 - 3 November)
- 3) Mr. N.V. Aliyas, Draftsman (31 October - 3 November)

B. SEU (Central), Trichur.

- 4) Mr. George Varghese, Community Organiser (31 October-4 November)
- 5) Ms. Thresiamma Mathew, Health Educator (31 October -4 November)
- 6) Mr. Nagesh C.K, Field Assistant (")
- 7) Ms. Mariamma Andrews, Field Assistant (")
- 8) Ms. Jessy V.D, Field Assistant (")

C. SEU (South), Quilon.

- 9) Mr. C.O. Kurian, Community Organiser (")
- 10) Mrs. Kochurani Mathew, Health Educator (")
- 11) Mr. V.V. Jose, Field Assistant (")
- 12) Mrs. Jancy Marhal, Field Assistant (")
- 13) Mrs. Suma Mathew, Field Assistant (")

The last two days of the Workshop Mrs. Sosamma Chacko and Mr. K.A. Abdulla attended as resource people for preparing the guidelines for the handbook.

ANNEX-2

PROGRAMME FOR THE WORKSHOP

- 31st October 9.30-11.30 Introduction : Objectives of the Workshop.
11.30-1.00 Discussion : (Group Work)
identification of target groups and preparation
of Educational points
2.00-5.00 Group Work
listing of Educational points.
- 1st November 9.30-11.30 Introduction to A.V.Aids.
11.45-1.00 Presentation of Educational Points.
2.00 -3.00 Film Review "Prescription for Health".
3.00-5.00 Introduction to Action Plan.
Group Work-Mass Communication and Media
requirements.
- 2nd November 9.30-11.00 Preparation of Theme and Poster Preparation
(Group Work).
11.00-1.00 Discussion of Flannelgraph and its content
finalisation (Group Work)
2.00-5.15 Group Work-skill lab designing aids and use
of equipments
- 3rd November 9.30-11.00 Group Work Preparation of content for
Flashcard.
11.00-1.00 Use of equipment-skill lab
2.00-3.00 Skill Lab Equipments
3.00-5.00 Training, Communication Strategy and Lesson
Plan (Assignment)
- 4th November 9.00 A.M. Presentation of the Report of the Workshop
by Gandhigram Experts
9.30 A.M. Presentation by SEU Unit Staff :
a) Talking Points on Sanitation
(See Annex-3)
b) Poster and Flipchart.
c) Flannelgraph (See Annex-4)
d) Flash card
e) Lesson Plan (See Annex-5)

POSTERS/FLIP CHART

PROTECTED WATER

- Page One : River/Rain/Village
- Page Two : Water is nature's gift, the factor for existence.
Kerala is blessed with water resources.
Majority of rivers and wells are polluted.
Protection of water resources is our responsibility.
- Page Three : Pure water is becoming a scarce commodity.
- Page Four : Clear water need not be always pure.
Pure water is that which doesn't harmful to health.
Tap water is pure.
- Page Five : How is well water contaminated?
Background/visual (a tree)
Falling leaves and dust.
Filthy buckets and ropes.
Bathing and washing clothes near wells.
Non-removal of mud from wells.
Waste water near wells.
Closeness of wells and latrines.
- Page Six : Qualities of Tap water
Free from germs.
Assured availability of water during drought seasons.
(disadvantages of tap water in rare cases -
bad taste, non-availability and stirred nature)
Reduced work load for women.
Significant expenses needed only when new house
connections are required.
Those who can't afford house connections could use
public taps.

Page Seven : Collection

Keep surroundings of taps clean.

Collect drinking water in clean vessels.

Use closed containers to store water.

Avoid putting fingers into drinking water.

Take drinking water in vessel with handles.

Page Eight : Storage

Store water in clean containers with a lid.

Page Nine : Defects of using impure water

Impure water causes many diseases

Example - dysentery, cholera, jaundice, polio, typhoid etc.

Each citizen has responsibility to prevent the preventable diseases.

Page Ten : Water purification procedures

Protect it from falling dirt and wastes.

Use clean buckets and ropes.

Use appropriate quantity of chlorine to purify water.

Take off mud from wells once in a year.

Use boiled water.

Prevent water accumulation near wells.

Page Eleven : Tap water is pure.

Quality of water is important than its taste.

Chlorine-taste could be prevented by keeping water closed for some time.

Page Twelve : Never waste even a drop of water.

Tap water is precious.

SCRIPT FOR FLANNELGRAPH

Visuals

Talking Points

- 1) A moderate house of a common labour woman - Parvathy. She has 3 children. One of them defecating in the frontyard. A hen eating faeces. Another child urinating from the verandah.
Garbage & wastes on the frontyard.
Such houses and environments are common sights in our villages.
- 2) Inside of Parvathy's house. A dysentery infected child lying in bed. Another child drinking water from an open vessel with hands dipped in the vessel. While drinking water drops into the same vessel.
Carelessness threatens the life of our children.
- 3) People taking water from a public tap. Parvathi moving forward forcibly and collects water in a small vessel. Water from the small vessel overflows into the larger one beneath. Slush around the tap. Child playing in slush.
Drinking water is precious. Never pollute it.
- 4) a) Parvathi washes the child, who had defecated, with the collected water.
b) She takes water from the same vessel for another child to drink
Carelessness in handling drinking water.
- 5) Parvathi collects water in a pot from the tap and lifts it with fingers inside
Drinking water turns filthy.
- 6) A health worker standing little away noticing all these. She has come for house visits. Parvathi approaches her.
- 7) The health worker shows Parvathi a chart indicating water-borne diseases. Two children watching it anxiously. Women from neighbourhood assemblies.
Lack of cleanliness and sanitation leads to many diseases. I have been visiting similar houses. We could easily prevent such diseases by using protected water and maintaining clean surroundings and proper latrines.

- 8) Corresponding visuals : Children must be trained to use latrines.
- 9) " : Care must be taken to dispose infants' faeces also in latrines.
- 10) " : Vessels used to collect and handle water must always be cleaned.
- 11) " : Don't dip hands in drinking water.
- 12) " : Always store drinking water in closed containers.
- 13) " : Use long handled ladles to transfer water.
- 14) " : Keep the surroundings of taps clean.
- 15) " : Washing clothes and bathing near public taps must be avoided.
- 16) " : Do not dump wastes near the house.
- 17) " : Vessels used in latrines must not be used for other purposes.
- 18) " : Do not make direct 'mouth-to-tap' contact while drinking water from taps.
- 19) " : Wash hands with soap before taking food and after going to toilet.

(Health Worker's visit to Parvathi's house has become frequent. She organises health classes also.)

- 20) Health worker visiting Parvathi's House after some time. She sees a well organised house, playing children and clean surroundings.

GUIDELINES FOR THE PREPARATION OF HAND BOOK ON HEALTH EDUCATION
FOR EXTENSION WORKERS AND VOLUNTARY AGENCIES

OBJECTIVES:

- To strengthen the existing knowledge in health and waterborne diseases.
- To orient about the SEU and its activities.
- To equip the health personnel in water and sanitation.
- To explore venue of co-operation and co-ordination of these agencies with SEU.

CONTENTS

CHAPTER - I

- a) Water - Source, Purification, Sanitary Well.
- b) Protected water.
- c) Water related diseases.
- d) Health Education in waterborne and water related diseases.

CHAPTER - II

ENVIRONMENTAL SANITATION

- a) Definition
- b) Diseases due to environmental sanitation
- c) Health Education
- d) Sanitary latrines.

CHAPTER - III

PERSONAL HYGIENE

- a) Care of eye, ear, nose, skin etc.
- b) Diseases due to poor personal hygiene
- c) Health Education

CHAPTER - IV

Governmental, Non Governmental and Voluntary Agencies, their role in Health, Water and Sanitation. How the Health Personnel and Voluntary Agencies can co-operative with SEU activities.

<u>Picture</u>	<u>Text</u>
I. Water drops turning diamonds	Top: Drinking water is precious. Do not waste a single drop. Bottom: Protected water is the source of life. Unclean water is the source of diseases.
II. Standpost where a bucket is filled	Keep the tap and surroundings clean.
III. Standpost where a pot is filled	Top: Rivers and ponds are unclean. Use pipe water for domestic use. Bottom: Cleanliness of water matters more than its taste.
IV. Mud pot with lid	Top: Protect drinking water by always keeping it covered Bottom: Observe cleanliness prevent diseases.
V. Finger dipped in glasses of water	Top: Do not dip fingers in drinking water. Bottom: Careful cleanliness prevents a lot of diseases.
VI. Mud pot on chulla	Top: Germs don't live in boiled water boiled and cooled water is best for health. Bottom: Cleanliness is most important to keep away germs.
VII. A well protected with a net	Protect wells by placing nets on the well mouth.
VIII. Woman with a pot	Tap water reduces work load of village women.
IX. Pan and footrest	Top: Purpose excreta only in latrines. Everybody must use latrines. Bottom: Unhygienic environment invites diseases.
X. A woman taking a child to the latrine	Train children to use latrines.
XI. Picture on left Avoid this	Picture on right Practise this
XII. This water is not suitable for domestic purposes.	

1. As a follow up activity of the pre-testing and evaluation of the book on water, SEU is planning to establish School Health Clubs, in collaboration with the Departments of Education and Health. As we all aware children (students) are the future citizens of the country and hence it is necessary to evolve appropriate programmes to improve the hygienic practices and environmental conditions in the schools. Programmes in this direction will considerably influence the habits of the members of the family and the society ultimately. As a first step of this exercise we have established School Health Clubs in selected schools to study the effectiveness of the programme. In the selected schools SEU will be building sanitary latrines with 25% contributions from the Parent & Teacher's Association (PTA). Time table cards and nameslips are developed with messages on water and sanitation for distributing among the students.

2. The objectives of the School Health Clubs are as follows:

1. To increase the awareness of pupil on the value of water, water management and other associated factors;
2. To educate them how to use and safe handling of drinking water effectively;
3. To educate the people on hazards of Gastro-enteritis and other water-borne diseases, and the need to use sanitary latrines;
4. To make them aware of the fact that the health of a person is the health and wealth of the family and the society.

3. The activities of the Club.

1. Undertake activities to make the members of the club understand the value of drinking water, and environmental hygiene.
2. Club members will be taught to be models to others by following hygienic modes of living.
3. Giving training on how to purify drinking water, to store it well, and to use it wisely in their houses.
4. Distribute free copies of the book on 'Water' to the members of the club.

5. Organise meetings of members once in a week for an hour (Preferably on Saturdays or holidays).
6. Club Masters will discuss the contents of the book on water with the members. Discussions will be conducted on various relevant topics. Practical suggestions may be advised and recorded.
7. The members of the staff of the SEU, members from the Health Department, members of Panchayat, and other specialists will be invited to the Club and discussions will be conducted or lectures will be given on various connected topics.
8. Presentations on topics like drinking water, personal hygiene, water-borne diseases, etc will be conducted at the school assembly.
9. At the end of weekly meeting, monitor the activities held earlier and suggestions for the programme of the next week will be made.
10. The club members will clean the class rooms and school premises during working days. Other students will be encouraged to participate in the activity.
11. Once a month, the members of the club will go to the nearest hospitals, Primary Health Centres, Markets, Bus Station and Railway Station etc to clean them.
12. The club members will help in the working of the Ward Water Committee. They must keep the public taps and public wells, clean. Misuse of drinking water will be minimised through educational programmes.
13. All the members will be issued badges, of the Health Club and these will be worn during the club meetings or while attending any programme in connection with cleaning activities (Metal badges will be supplied by the Socio-Economic Units).
14. Students Health Club will have a flag of its own. The flag will be tied to a stick or a rod and be kept in the place where the activity of the club goes on.
15. The members of the club will visit a ward of the Panchayat once in a month during holidays. If they go outside the school for cleaning activities, they must wear the badges, walk in rows. Songs may be sung or slogans may be said on different topics like drinking water, sanitation, hygiene etc...
16. When the members of the club go outside the school they will hold Placards (to be supplied by the Socio-Economic Units).
17. Distribute the pamphlets and wall posters prepared by the SEU,

exhibit them in the school premise.

18. Distribute the name slips, timetable cards, stickers etc through the club.

19. Arrange programmes and other activities to all other students in the school, once in three months. Discussions, sanitary activities, exhibitions, film shows will be conducted.

20. Newspaper cuttings relating to, the importance of drinking water, health, hygiene will be collected and albums may be prepared.

21. In each school one day will be celebrated as Health day, preferably the annual day of the club. Competitions will be conducted at school level. Exhibitions, seminars, lectures are also will be conducted.

22. After organising the health clubs in all schools in a Panchayat Celebrations may be conducted at Panchayat level. This will be conducted through the joint efforts of Ward Water Committee, SEU and students health clubs.

23. Literary competitions and quizzes will be conducted at state level.

24. The members of the staff of the three units of SEU will have constant touch with the health clubs.

CO-ORDINATING OFFICE
TRIVANDRUM.

31-7-1989.