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WATER AND SANITATION FOR HEALTH PROJECT

WASH

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EVALUATION OF THE TOGO RURAL WATER SUPPLY PROJECT: OBSERVATIONS OF A WASH PARTICIPANT

WASH FIELD REPORT NO. 82

MAY 1983

Prepared For:
USAID Affairs Office, Republic of Togo
Order of Technical Direction No. 145

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May 11, 1983

Mr. Myron Golden
USAID Affairs Office
Lome, Togo

Attention: Mr. Paul Guild

Dear Mr. Golden:

On behalf of the WASH Project I am pleased to provide you with 10 (ten) copies of a report on the Evaluation of the Togo Rural Water Supply Project: Observations of a WASH Participant.

This is the final report by Dr. Raymond B. Isely and is based on his trip to Togo from March 17 to April 1, 1983.

This assistance is the result of a request by the Mission on Janaury 26, 1983. The work was undertaken by the WASH Project on March 7, 1983 by means of Order of Technical Direction No. 145, authorized by the USAID Office of Health in Washington.

If you have any questions or comments regarding the findings or recommendations contained in this report we will be happy to discuss them.

Sincerely,

Dennis B. Warner

Dennis B. Warner, Ph.D., P.E.
Director
WASH Project

cc. Mr. Victor W.R. Wehman, Jr., P.E., R.S.
AID WASH Project Manager
S&T/H/WS

DBW:cdej

WASH FIELD REPORT NO. 82

EVALUATION OF THE TOGO RURAL WATER SUPPLY PROJECT: OBSERVATIONS OF A WASH PARTICIPANT

Prepared for the USAID Affairs Office, Republic of Togo, under Order of Technical Direction No. 145

Prepared by:

Raymond B. Isely, M.D., D.T.M., M.P.H.

May 1983

Water and Sanitation for Health Project
Contract No. AID/DSPE-C-0080, Project No. 931-1176
is sponsored by the Office of Health, Bureau for Science and Technology
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Washington, DC 20523

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ACKNOWLEDGEMENTS

This evaluation effort would not have been successful without the splendid support provided by John Lundgren, AID Affairs Officer, Paul Guild, AID Project Officer, and Agma Prins and Sarah Fry, AID Personal Services Contractors. Additional excellent cooperation and support were provided by M. Ourou, National Coordinator, Mme. Zoumarou, the outgoing Regional Coordinator for Atakpame, and M. Ketoglo Yao, the new Regional Coordinator. Thanks are also due to Dagbenyo Mavul, Madjome Tchanimbe, Hounake Kouassi Djido, and Edorh Ananou Botse, Regional Supervisors for social affairs and sanitation services respectively, and to Mona Ellerbrook, Barbara Weis, and Phebe Prescott, Peace Corps volunteers who all helped the team a great deal. The many agents for both the social affairs and sanitation services and the countless village chiefs, health committee members, and citizens who participated in the meeting all deserve a special thanks. Finally, personal thanks are due to John Cloutier, Darlene Bisson, Richard Sines and Dan Jenkins, team members, who provided support, companionship, intellectual stimulation, and good humor throughout the exercise.

Chapter 1

INTRODUCTION

1.1 Background

A WASH senior officer went to Togo from March 15 to April 1 to participate with AID (Lome and REDSO/W) and Government of Togo personnel in a mid-term evaluation of the Togo Rural Water Supply Project (AID 693-0210). This project has been underway for 18 months with joint AID, FED, FAC, and GOT funding. The major implementing agencies are the Ministry of Public Health and Social Affairs and the Ministry of Public Works. The visit was made in reponse to a request from the AID Affairs Office in Lome, Togo dated 26 January 1983 (see Appendix A) and in conformity with the scope of work contained in a cable dated 11 February 1983 and WASH Order of Technical Direction No. 145 issued March 7, 1983.

The results of the evaluation are to be found in a separate report issued by the REDSO Office in Abidjan. This report contains a description of the activities of the WASH officer together with a summary of the conclusions of the evaluation team and an appendix containing the results of the evaluation of the health and social aspects of the project (Appendix B).

1.2 Terms of Reference

The terms of reference for the WASH officer were as follows:

"A. Interview project field agents, village health committees, and village pump mechanics to:

1. Assess effectiveness of training received.

2. Evaluate the relationship between villagers and field agents.

3. Identify and propose solutions of problems encountered in carrying out project-related activities at the village level.

B. Review and make recommendations concerning the planning and implementation process of the micro-projects including alternate water source development.

C. Review and make recommendations concerning the analysis of base-line research data.

D. Assist in planning first health education campaigns."

These terms of reference were followed to the extent possible given the time available, the availability of information, and the quality of the planning for the evaluation.

Aside from the terms of reference given, the WASH Senior Officer, as a team member with intimate knowledge of the project, was to serve in an organizing and trouble-shooting role on the team, helping to keep the evaluation focused on the key issues and helping to bring all the important problems to the attention of other team members.

Among the problems requiring the attention of the team, the chief ones were of a management nature (mostly questions of petty cash disbursements, reimbursement of agents expenses, and delivery of goods and materials). Other problems had mostly to do with coordination of activities between ministries and with certain technical questions regarding the number of wells per village, exploitation of alternate water sources, and latrine design and construction. A final set of problems surrounded the coordination of health education efforts in the project. All these problems are addressed in the full report of the evaluation team. In this report only problems and recommendations related to the health and social aspects of the project are discussed. Other aspects covered in the full report include:

Management - Written by John Cloutier (REDSO/W)

Economics - Richard Sines (REDSO/W)

Engineering - Daniel Jenkins (REDSO/W)

In addition, Darlene Bisson of REDSO/W participated with the WASH Senior Officer in writing about the health and social aspects of the project.

Chapter 2

DESCRIPTION OF ACTIVITIES

2.1 Overview

The WASH senior officer arrived in Lome on 17 March 1983, three days after the evaluation team had begun its work. He did not actually join the team until 21 March 1983 in Atakpame. By then the team had already completed its visit to the Savanes Region of the project. As a consequence the observations in this report are based only on the work in the Plateaux Region. In any case the project is just getting underway in the Savanes Region so that the team had little to observe.

The first four days in Togo were therefore spent in consultation with project field officers, with senior Togolese field agents, and with the WASH training consultant who was in the field completing work on the materials emanating from two training workshops.

The first full week was spent in making field observations in the Plateaux Region and the second week in preparing the report on the health and social aspect and in a series of briefings with various parties. The entire evaluation team left on 2 April 1983.

2.2 Difficulties in Achieving the Work Described in the Terms of Reference

Before discussing the work actually done it is useful to review the major obstacles to accomplishing all that is contained in the terms of reference. These obstacles are of three types.

1. Insufficient time.
2. Insufficient information.
3. Inadequate planning of the evaluation.

2.2.1 Time

The number of days in-country were simply not enough to perform several of the specified tasks. For example, little time could be spent on interviews with village mechanics, recommendations on micro project planning and implementation, or on the planning of the health education campaigns. Some attention was given to each of these issues, but it was clearly not sufficient.

2.2.2 Unavailability of Information

Lack of information clearly affected the request to make recommendations on the analysis of baseline data. The data were not ready to be even looked at. This task will be postponed until the Peace Corps Volunteer working on the data can finish the initial tabulations and send them to WASH with attached questions.

2.2.3 Inadequate Planning in the Part of the Program of the Evaluation Team

As of the second day in-country (8 March, 1983) no plans had been made for any interviews with social promotion agents or visits to the village health committees. Reportedly the same lack of planning had characterized the team's visit in the Savanes Region as well. On learning of this situation the WASH officer called the Peace Corps counterpart of the Regional Coordinator of the project in Atakpame, asking her to schedule meetings with at least ten health committees and with representative agents in each of the prefectures. The villages were to represent both those with successful and with unsuccessful health committees and those with wells and without wells. As a result the schedule found in Appendix C was developed.

A further constraint was imposed by the duplication in terms of reference for the WASH officer and the team sociologist. This duplication was overcome by dividing the responsibilities. The team sociologist took the responsibility for interviewing the agents, the WASH officer for meeting with the village health committees.

All these planning problems were eventually resolved at least partially by the team leader (John Cloutier) who provided some structure to both the work and the final report, but unfortunately some time had already been spent in an unstructured and unproductive fashion. Final assignment were:

2.3 Interviews with Village Health Committees

Nine villages were visited, three without successful wells. The same general format was followed in each village. The questions asked are found in Appendix D. No serious problems were encountered in carrying out this activity. The assistance given to micro-project planning was associated with these village visits. The results of village meetings are reported in the full documentation of the team (report to be issued by REDSO/W).

2.4 Interviews with Agents

The WASH senior officer took advantage of the second day to meet with the four senior Togolese field agents working in both social work and sanitation who had served as co-trainers in the rainwater harvesting and spring capping workshops. This meeting generated a great deal of information about the agents' perceptions of their training and their jobs in the project as well as their current capabilities. It also helped to familiarize the WASH officer with some of the more severe management problems faced by the project. These agents enunciated a number of specific complaints about project management practices (mentioned in the introduction) that directly affect their work and their morale. More detail on these problems is to be found in the full report of the team.

2.5 Meetings with Project Officers

A considerable amount of time was spent with both personal service contractors reviewing problems and advising on such matters as the health education campaigns, the need for further training of the village health committees in financial management and accounting, and the availability of resources both within WASH and elsewhere for filling project needs.

2.6 Other Activities

Two additional activities were carried out with the team engineer at his request.

2.6.1 Informal Water Use Survey in Avote Village (Ogou Prefecture)

A half-day was spent in this village of 800 people observing water use patterns at the pump and interviewing two families--one near the pump and the other 15 minutes away. This pump produces 0.9 litres of water per second, the fastest rate of any of the pumps observed during the evaluation. At this rate women carried 25 litre basins of water away from the pump every three minutes. Since this observation was made from 10:30 to 11:30 am, a period of low activity at the pump, it can only be assumed that despite the good flow of water delivery must still pose severe problems of queuing during peak periods mentioned in the interviews.

In the two househoulds visited, problems of queuing up at the pump were frequently cited as reasons for use of the alternate water source, a heavily polluted spring at the edge of the village. The family nearest the pump derives only 50 percent of its water from the pump, but the family farther away from the pump derives even less, only 3 percent, from the pump.

The results of this study despite its informality were useful to the engineer in supporting his recommendations for multiple wells in large villages, those with a population of more than 500.

2.6.2 Site Visit to the Gravity Systems in Lavie Village

For the last 18 months, the citizens of Lavie village (Klotou prefecture) have been working on two gravity systems with the assistance of a Togolese engineer whose home is in the village and a Peace Corps volunteer. Financing has been through the AID-financed Improved Rural Technology (IRT) Project. There was one visit to the project by an engineer from Experience, Inc., the contractor.

Basically the systems consist of a dam across a mountain stream with an intake pipe and one to two kilometers of buried PVC pipe with galvanized steel segments over crevices and at the turns. The latter are reinforced with concrete. The pipe leads to a reservoir with a storage capacity of 150 cubic meters. From the reservoir still other pipes lead to a series of branches and taps. A total of 20 taps in the village are planned including those for the primary and secondary schools, the dispensary, and the market. In addition, some citizens will have household taps.

All the labor, much of the basic materials, and some of the financing have been provided by the village. Maintenance of the system will be entirely a local responsibility. Anyone with a private tap must pay for the branching and the meter and pay by the liter for more than 40 litres a day. All other citizens are taxed at a flat rate of 500 francs a year.

Even with a population of 5,000 it is calculated that water use could be expanded fourfold without exceeding the capacity of the combined systems.

The visit to Lavie was important because there are at least 12 if not more villages along the Kpalime-Atakpame-Badou roads that have perennial streams flowing beside them. Ezime, for example, a project village with 2,952 inhabitants, has no well despite four attempts. There is a stream with abundant water year round with the source estimated to be 3 km. above the village. More details on recommendations for Ezime and similar villages can be found in the complete report of the evaluation team.

Chapter 3

RECOMMENDATIONS AND CONCLUSIONS

The individual recommendations and conclusions themselves are lengthy and detailed and will not be reported here. The team did conclude that the project is one of the best if not the best of its kind in West Africa. Project renewal was recommended, and a new project paper is to be completed by July 1st so as to be submitted for the 1984-85 budget. Abidjan has already provided funds for an additional 100 or more wells.

The most severe problems facing the project are administrative and managerial. Long delays in reimbursing Ministry personnel for their expenses, late arrivals of materials, delays in getting gasoline coupons, and frequent transfers of staff have led to low morale and inefficiencies. A series of specific recommendations for resolving these problems is a major part of management section of the team report.

The conclusions and recommendations of the team were presented in detail to AID staff on 31 March 1983. Since some of the management recommendations are of a delicate nature, they were not discussed in a meeting held with representatives of the Togolese government, the Fonds Europeens du Developpement, the Fonds d'Assistance et de Cooperation Francaise, and Canadian International Development Agency. At the latter meeting the specific recommendations were made but the most sensitive issues were avoided.

APPENDIX A

WATER AND SANITATION FOR HEALTH (WASH) PROJECT
ORDER OF TECHNICAL DIRECTION (OTD) NUMBER 145
March 7, 1983

TO: Dr. Dennis Warner, Ph.D., P.E.
WASH Contract Project Director

FROM: Mr. Victor W. R. Wehman Jr., P.E., R.S.
AID/S&T/H/WS
AID WASH Project Manager

SUBJECT: Provision of Technical Assistance Under WASH Project
Scope of Work for USAID/Togo

REFERENCES: A) Lome 00886, dated 11 Feb 83
B) Lome 00822, dated 9 Feb 83
C) Lome 00504, dated 26 Jan 83

1. WASH contractor requested to provide technical assistance to USAID/Malawi as per Ref A., para 2-3 and Ref C para 3-5.

2. WASH contractor/subcontractor/consultants authorized to expend up to 22 person days of effort over a three (3) month period to accomplish this technical assistance effort.

3. Contractor authorized to expend up to 20 person days of internationa and/or domestic per diem to accomplish this effort.

4. Contractor to coordinate with AFR/DR/HN (J. Shepperd), AFR/DR/ENG (J. Snead), Togo Desk Officer and should provide copies of this OTD along with any ETA information or interim reports as may be requested by S&T/H/WS, AFR/DR or USAID staff.

5. Contractor authorized to provide up to one (1) international round trip from consultants home-base through Washington D.C. to Togo and return to consultants home base through Washington D.C. during life of this OTD.

6. Contractor authorized local travel for consultants in Togo NTE $700 without the written approval of the AID WASH Project Manager.

7. Contractor authorized to obtain secretarial, graphics, reproduction, or piecework assistance (miscellaneous) services in Togo or WASH CIC as necessary and appropriate to accomplish tasks. These services are in addition to the level of effort specified in para 2 and 3 above and NTE $600 without the prior written approval of the AID WASH Project Manager.

8. Contractor authorized to provide for car or vehicle(s) rental as necessary and appropriate to facilitate effort. USAID/TOGO and Government of Togo strongly encouraged to provide vehicle support for evaluation activities if at all possible and if available and appropriate.

9. WASH contractor will adhere to normal established administrative and financial controls as established for WASH mechanism in WASH contract.

10. WASH contractor should definitely be prepared to administratively or technically backstop field consultants and subcontractors.

11. Contractor report on overall activity to be made in writing in the field to USAID Evaluation coordinator and/or Project Paper Amendment Coordinator. Technical input to USAID documents will constitute report requirements under this OTD. No other formal WASH final field report will be prepared or printed by WASH CIC.

12. New procedures regarding subcontractor cost estimates and justification for subcontractor/consultants remain in effect.

13. USAID/Togo and persons identified in para 4 above should be contacted immediately and technical assistance initiated as soon as possible.

14. Appreciate your prompt attention to this matter. Good luck.

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E.O. 12356: N/A
SUBJECT: TOGO RURAL WATER: 693-0216 - WASH ASSISTANCE

REF: LOME 984

1. AID TEAM FOR SUBJECT PROJECT EVALUATION AND PROJECT PAPER REVIEW IS COMPOSED OF THE FOLLOWING:

A) DR. DARLENE BISSON, SOCIOLOGIST, REDSO
B) JOHN CLOUTIER, PROJECT DEVELOPMENT OFFICER, REDSO
C) SARAH FRY, HEALTH EDUCATION ADVISOR, PSC/OAR
D) PAUL GUILD, PROJECT MANAGER, OAR
E) DR. RAY ISELY, COMMUNITY HEALTH EVALUATOR/WASH
F) DAN JENKINS, WATER ENGINEER/REDSO
G) AGMA PRINS, PUBLIC HEALTH ADVISOR, PSC/OAR
H) DR. RICHARD SINES, ECONOMIST/REDSO
I) HEALTH SANITATION ADVISOR, AID/W

2. SCOPE OF WORK FOR ISELY INCLUDES THE FOLLOWING:

A) INTERVIEW PROJECT FIELD AGENTS, VILLAGE HEALTH
- COMMITTEES AND VILLAGE PUMP MECHANICS TO:
- (1) ASSESS EFFECTIVENESS OF TRAINING RECEIVED BY THEM,
- (2) EVALUATE RELATIONSHIP BETWEEN VILLAGERS AND FIELD
- AGENTS,
- (3) IDENTIFY (AND PROPOSE SOLUTIONS TO) PROBLEMS
- ENCOUNTERED IN CARRYING OUT PROJECT RELATED
- ACTIVITIES AT THE VILLAGE LEVEL;

B) REVIEW AND MAKE RECOMMENDATIONS CONCERNING THE PLANNING
- AND IMPLEMENTATION PROCESS OF THE MICRO-PROJECTS IN-
- CLUDING ALTERNATE WATER SOURCES DEVELOPMENT;
C) REVIEW AND MAKE RECOMMENDATIONS CONCERNING THE
- ANALYSIS OF BASE-LINE RESEARCH DATA;

D) ASSIST IN PLANNING FIRST HEALTH EDUCATION CAMPAIGNS.

3. ALL EVALUATION PERSONNEL MUST ARRIVE LOME NLT SUNDAY 13 MARCH. PLS ADVISE YOUR ETA. TKS. HUDSON

Wehman

McJunkin
Austin
Witten
~~WEHMAN~~ JWW

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Austin
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TO SECSTATE WASHDC 7459

UNCLAS LOME 00822

AIDAC

FOR S&T/H/WS FOR WEHMAN PLS PASS WASH FOR GOFF AND ISELY
E.O. 12356: N/A
SUBJECT: TOGO RURAL WATER 693-0210 SPRING CAPTATION

REF: GOFF/ISELY/FRY LETTER

1. FOR GOFF: PARTICIPANTS IN TRAINING WILL INCLUDE 20 FIELD AGENTS, 2 PROJECT MASONS AND SOME VILLAGE MASONS. LABOR FORCE WILL CONSIST OF PROJECT AND VILLAGE MASONS. PC VOLUNTEER IS CURRENTLY IDENTIFYING SPRINGS. NO MORE THAN TWO TYPES WILL BE SELECTED. NO COMMITMENTS HAVE BEEN MADE TO VILLAGES AS YET. IN TOGO SPRINGS ARE NORMALLY CAPPED WITH CONCRETE. YES, WE WOULD LIKE YOU TO SHOW ZAIRE SLIDES. SPRING CAPTATION PROJECTS BY FIELD AGENTS AFTER TRAINING WILL BE PART OF ONGOING PROJECT ACTIVITIES AND WILL BE SUPERVISED AS SUCH.

2. FOR ISELY: YES, WE WOULD LIKE TO HAVE TALC MATERIALS. AGMA WILL CALL YOU FROM EUROPE WEEK OF FEBRUARY 14.
HUDSON

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WASH Prof Dir

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INFO AMEMBASSY ABIDJAN

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UNCLAS LOME 00504

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AID/W FOR ST/H/WS FOR WEHMAN PLS PASS WASH FOR ISELY
ABIDJAN FOR CLOUTIER

E.O. 12356: N/A
SUBJECT: TOGO RURAL WATER (693-0210): WASH ASSISTANCE

REF: (A) LOME 265, (B) ISELY/PRINS TELEGRAM

1. SUBJECT PROJECT EVALUATION AND SUBSEQUENT PROJECT PAPER REVIEW DATES SET FOR MARCH 13 TO 06 APRIL 83.

2. REF (A) REQUESTS AID/W DIRECT HIRE ASSISTANCE IN PROVIDING HEALTH/SANITATION ADVISOR AS TEAM MEMBER TO WORK WITH OAR PROJECT MANAGER GUILD, REDSO PROJECT OFFICER CLOUTIER AND WATER ENGINEER JENKINS, OAR PROJECT PSC'S FRY AND PRINS PLUS GOT PROJECT PERSONNEL.

3. OAR ALSO DESIRES DR. ISELY AS PART OF THIS TEAM, IF POSSIBLE. IF NOT, PLS SUGGEST ALTERNATE CANDIDATE FOR HIM. ALSO, PER REF (B), OAR CONCURS WITH ALL PROPOSED ETA DATES. THE PROJECT STAFF IS DOING ITS UTMOST TO ADVANCE CONSTRUCTION DATES TO 2 FEB.

4. PROPOSED SCOPE OF WORK FOR PROJECT EVALUATION PER PARA 1 ABOVE IS AS FOLLOWS.
- A. 1. EFFECTIVENESS OF ESTABLISHMENT AND FUNCTIONING OF WELLS;
- 2. EFFECTIVENESS OF ESTABLISHMENT AND FUNCTIONING OF VILLAGE HEALTH COMMITTEE;
- 3. EFFECTIVENESS AND FUNCTIONING OF THE ENTIRE PROJECT STAFF BOTH AID AND GOT;
- 4. EFFECTIVENESS OF ESTABLISHMENT AND FUNCTIONING OF PUMP MAINTENANCE SYSTEM;
- 5. EFFECTIVENESS OF TRAINING OF VILLAGE PUMP MECHANICS;
- 6. EFFECTIVENESS OF MICRO PROJECT PLANNING IN THE PLATEAU REGION.
- B. PROCEDURES OUTLINES IN AID HANDBOOK 3 APPENDIX 12 B.
- C. ANY OTHER CRITERIA DECIDED UPON BY EVALUATION TEAM (PARA 2 ABOVE) AT START OF EVALUATION.

5. RE REF (B) REQUEST ALL PROJECT RELATED WASH CORRESPONDENCE INCLUDING LETTERS AND TELEXS BE SENT DIRECTLY TO AID REP C/O AMERICAN EMBASSY, B.P. 852, LOME, TOGO AND NOT REPEAT NOT DIRECTLY TO RESEARCH TRIANGLE OR PSC PROJECT STAFF. WHEN PSC STAFF IS OUT OF LOME, WHICH IS OFTEN THE CASE, THOSE MESSAGES REMAIN UNDELIVERED. THANKS. WALKER

Received ST/H/WS (Wehman) 1-28-83
Passed to WASH 1-28-83

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HEALTH AND SOCIAL ANALYSIS

Introduction

Key components of USAID's participation in the rural water project are the health education and sanitation components. The original project document established goals in these areas and proposed methods for attaining them. As the project has evolved, several changes have occurred which should be recognized in a reconsideration of the project's health and social objectives.

The project document correctly recognized that the placing of wells is an environmental modification which can be related to improvements in health status. Yet in setting project objectives too little attention was given to the need to bring about behavioral changes. A restatement of project objectives should recognize that these, rather than measurable changes in health indicators, will be the major outputs of the health and sanitation component of the project. It is unrealistic, and would do an injustice to the project, to expect that even in the middle-term (10-15 years) health indicators such as infant/child mortality would be affected by the installation of wells. With the exception of perhaps Guinea worm, directly and solely water-related, few measurable health status changes can be expected. Thus, project objectives should be restated to reflect the hoped for, and quite likely to be attained behavioral changes: acquisition of organizational skills by agents and villagers, introduction and reinforcement of improved health and hygiene practices, acceptance of the notion of preventive medicine, and the like.

One other deviation from the original project document should be noted and taken into consideration in restating project goals. As originally conceived in this project, latrines constructed in all project villages were to have constituted the main health input. Appropriate health education was to have accompanied their construction. As a result of the insistence of Togolese sanitation authorities, the only latrine model acceptable is one in which the pit is completely lined and the slab is cement and the superstructure also in durable materials. The cost of this model is about $400. At this cost, not more than one or two per village are possible. Public latrines at schools, dispensaries or in other locations among the populations represent consequently the only choice. This approach is of course totally unacceptable. Public latrines are relatively unknown to rural African populations and there are multiplied hundreds of examples of extremely poorly maintained pit latrines in schools, markets and health centers. Private latrines, one per household, preferably two or more for men, women, and small children, are much to be preferred.

Four hundred dollars exceeds of course the ability of the average householder to pay for a latrine. Besides, having a latrine is not the only answer to the control of environmentally related diseases. For

these reasons, a broader based health component has been adopted, with latrine construction still a viable part but with other approaches and techniques playing important roles.

This shift in emphasis is applauded by the evaluation team as more appropriate to the population's needs, perceptions and ability to absorb inputs than the imposition of a single expensive technology. Essentially, villages are asked to name their perceived health priorities and to analyze effective approaches to prevention and treatment. Latrine construction is still a part of the proposed programs of several villages. Less expensive and perhaps more culturally and technically appropriate models, however, need to be identified, tested, and adapted to local circumstances.

In the following sections the health and social aspects of the project a' discussed in detail. These analyses focus on the two major levels at which health and social activities have taken place: the level of social promotion agents and the level of the villages. Conclusions and recommendations based on these findings appear at the end of this sec ion.

A. Social Agent Level Analysis

In a sense, the social promotion and sanitation agents are the backbone of the project. They serve as the liaison between USAID and Togolese project personnel and the villagers, with whom they work through the village health committees. The agents, once trained by USAID health specialists and Togolese counterparts, are responsible for the mobilization of villages through establishing and training village health committees.

The social promotion agents represent the major Togolese contribution to the project. They include virtually all the field agents in the Savannah and Plateau regions from two divisions of the Ministry of Health: Social Affairs and Sanitation. Working on the project is the major activity of these personnel. All have been trained at the national school for social workers (agents de promotion sociale) before being assigned to the field. Since the beginning of the USAID project, approximately 100 social promotion agents have received special training for the project.

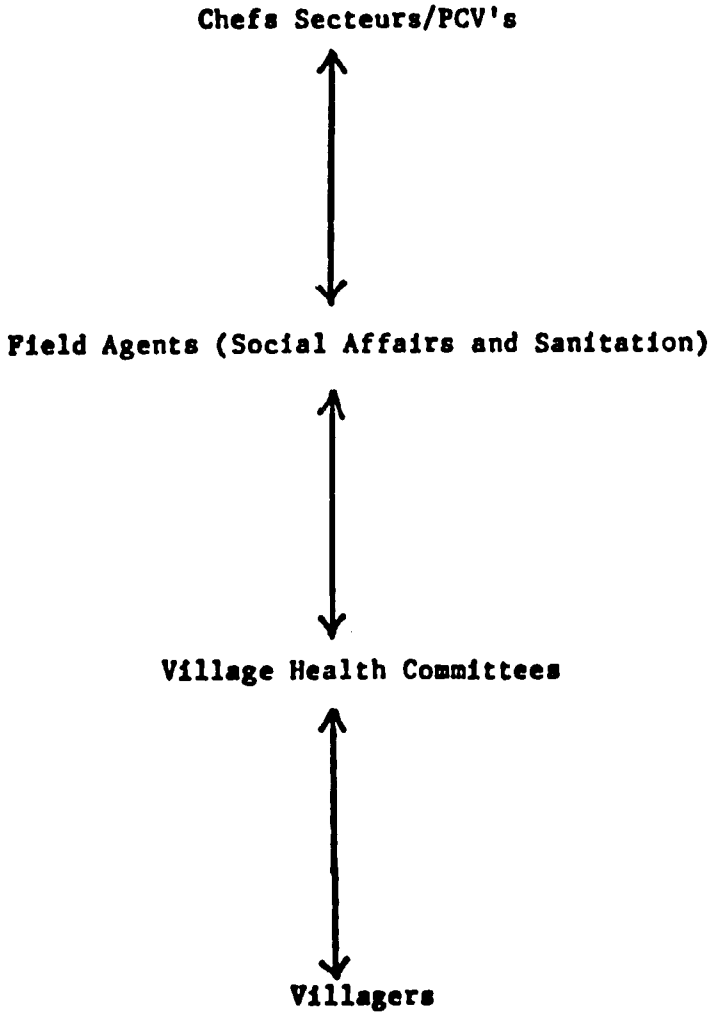
Figure 1 presents a partial organization chart of the project, indicating the position of the social agents. Several comments should be made regarding this figure. Arrows are double-headed to indicate that these relationships are more collaborative than hierarchical. Although chefs de secteurs (from Affaires Sociales) and sanitation agents (from Assainissement) are the supervisors of the social promotion (field) agents, in practice they also perform most of the functions of the latter, visiting the field and sharing responsibility for villages. Likewise, the team was struck by the close collaborative relationship between the Peace Corps Volunteers and the field agents. The PCV's assigned to the project are exceptionally dedicated and competent, and appear to have the complete confidence of the agents and villagers.

In the following pages, results of interviews conducted in the field with field agents and supervisors are reported. These focus on two main areas: training and work in the field. The latter includes a discussion of several management-related issues which have an impact on the work of the field agents. A copy of the protocol used for the interviews appears in Annex A.

1. Training. As mentioned above, all social promotion agents are graduates of the national school of social work. For their work on the project, they have received special on-going training on various aspects of project implementation. Initially, the two PSC health specialists on the USAID project trained the chef de secteurs and sanitation agents. This included teaching them how to train field agents, which they then did in turn. In general, training is in the form of periodic seminars of 3 to 5 days. Content varies depending on the stage of the project which has been attained. For example, earliest training was in how to organize village health committees. Now that these have been established,

Figure 1

PROJECT ORGANIZATION



training is focusing on the development of micro-projects. In addition to this type of training which focuses on management and organizational skills, seminars have covered specific topics such as pump maintenance, health practices, village hygiene, and water-related diseases. In addition, seminars have been conducted on special topics when problems have arisen in the project. A particularly useful aspect of training has been that at the end of seminars the participants have been asked to evaluate the sessions. This has provided them with an opportunity to have input into the design of future training programs.

During the interviews, agents were questioned about their training. In general, their comments were extremely positive. They felt their training had been useful and had prepared them adequately for the work in the field. When asked which aspects of their training had been most useful, a majority of agents mentioned the skills they had acquired which enabled them to organize villagers into health committees. They felt they would not have been able to succeed this without their project training. Many agents also stated that practical training had been more useful to them than that which was more theoretical. Other "most useful" features of training mentioned by one or more agents include the following:

- training of trainers,
- conflict resolution in villages,
- communication techniques,
- group dynamics, and
- project planning.

Agents were hard-pressed to respond to a question on which aspects of their training had been least useful. The most frequently mentioned (by about half those interviewed) was the technique of role-play. Although they had initially found role-play interesting, some agents found when employing it that villagers did not take the subject matter seriously, or thought it was a "game for children". Agents commented that group discussion "among adults" was a much more effective teaching technique in their villages. It should be noted that at least two agents felt role-play was their most useful technique. Apparently, it is up to agents to evaluate the appropriateness of this technique in their particular villages.

Agents were asked to provide suggestions for additional areas in which training was needed. Most frequently mentioned was practical training, for example in techniques such as spring-capping, pump maintenance, and latrine construction. Also mentioned was training in the planning of micro projects (this is planned for the near future, as the project is now entering this phase). Several suggested more training in the development of visual aids for use in the village education campaigns. Two agents suggested that village chiefs should be included in the training given to the health committee members.

2. Agents' work in the field. During the interviews, agents were asked a series of questions about their work in the field. In general, they expressed strongly positive feelings concerning their relationships with their supervisors, Peace Corps Volunteers, and village health committees. Regarding their work with the latter, agents expressed pleasure that village participation goes beyond the committee members. A majority indicated that their meetings usually include many villagers in addition to those on the committee. In discussing their relationships with their supervisors and the PCV's, agents cited the collaborative nature of their work, with all performing similar activities. Agents saw this as a very positive factor.

Agents explained that the frequency of their visits to their villages depends upon the number which they cover (agents are responsible for between 3 and 20 villages) and the stage of the project, some stages requiring more intensive preparatory work. During each visit, the agents attempt to schedule the next visit. However, some agents reported difficulty in setting fixed times very far in advance, as circumstances often intervene to prevent meetings from being held as scheduled.

Agents felt they had won the confidence of the villagers. Some reported being called upon to assist in resolving problems unrelated to the project. They also often need to resolve conflicts among villages, particularly over water rights. They felt their training had prepared them well for this type of mediation.

Agents were questioned about ways in which their work with villages could be facilitated. Several mentioned that the guides they have been given to assist in planning village work are too complicated. They would like to work with USAID project personnel to develop simplified versions. About half the agents mentioned the need for first aid kits to take on their field visits.

A recurrent theme in this portion of the interview was management-related problems which they perceive as seriously impeding their work in the field. The primary problems, mentioned independently by a majority of those interviewed, are discussed in the Management Review section of this document.

B. Village Level Analysis

1. Savannah Region. In the northernmost region, the Savannah, the project has gotten underway 12-18 months later than in the South. Although social promotion agents operate in the region and have already helped to establish health committees in many villages, few health or sanitation activities have begun. Drilling of wells and installation of pumps are the major project activities being conducted in the Savannah region as of early 1983. To obtain an idea of how these installations are proceeding, the team visited three villages, accompanied by the drilling team.

In Cinkasse the team observed the installation of a pump. Word had not spread to the villagers that the installation would occur that day, so few were present. However, the two villagers selected for pump maintenance were at the site and the team observed their training by the drilling team. This training consisted primarily of a trial-and-error assemblage of the moveable pump parts. Use of simple visual aids, such as a diagram indicating the order of pistons and other parts, should be considered for more effective training.

In Nayeng the villagers were observed constructing the margelle (apron) of the recently installed pump. The team had the opportunity to speak with several villagers, all of whom expressed the hope that the village would now have sufficient water. One villager asked for advice in how to obtain water for the pigs and poultry which he raised for the market.

While visiting Mogou, the team watched the testing of a new well to assess its potential yield which would begin operating in several weeks. A visit to the former water source was made, approximately 1 1/2 kilometers from the pump site. This site consisted of a series of holes of several meters, dug by women of various villages (each for a particular village). These shallow holes produced a very limited amount of extremely muddy water. Each village jealously guarded its hole, some attaching fetishes to frighten off water-seekers from neighboring villages.

2. Plateau Region. Annex C presents basic data on villages visited in the Plateau region. Table 1 summarizes some of the main findings obtained by questioning the village health committees; other findings are more conveniently presented in narrative form. As noted in the table, six of the nine villager visited had functioning pumps. In the other three, all attempts at well-drilling had been negative. Most of the health committees had been functioning for about a year. There were two exceptions, one of which is notable: Kounyohou, where social promotion agents had hesitated to go for over six months because of embarassment over the negative drillings. That committee has existed only since January 1983. All of the committees except one have women

TABLE 1

ESSENTIAL CHARACTERISTICS OF VILLAGES AND VILLAGE HEALTH COMMITTEES VISITED

Village	Prefecture	Population	Pump	Committee Since	No. Members	No. Women	Guinea Worm	Health Priority	Micro project Discussed
Agadjame	Haho	350	Yes	26/8/82	11	5	Yes	Guinea worm	Yes
Tomtala	Haho	500	No	2/82	11	3	Yes	Guinea worm	No
Kounyohou	Ogou	364	No	23/1/83	10	No	No	Diarrhea	No
Avete	Ogou	800	Yes	20/2/82	12	3	No	Measles	Yes
Niantougou Kope	Ogou	470	Yes	?	7	0	No	Intestinal parasites	Yes
Imoussa	Wawa	1000	Yes	31/3/82	11	4	No	Malaria	Yes
Idao	Amou	250	Yes	12/5/82	9	1	No	Malaria	Yes
Ezime	Amou	2952	No	?	13	4	No	Malaria	Yes

members. In one, nearly half the members were women. Officers include the president, the secretary, the treasurer, the counselors, and usually two pump maintenance technicians. The secretary in nearly every case was a school teacher. The procedure for selecting committee members varied somewhat among the villages visited but usually involved a meeting of the entire population. The chief maintains a varying amount of control over the selection depending on the ethnic composition of the village. This factor depends further on the relative authority of the chief in such matters in villages with only one ethnic group, and on the number of different ethnic groups in those villages that have a heterogenous composition.

Two villages, both in the Haho prefecture, were endemic for Guinea worm. For those villages, it is the priority health problem. Others named malaria, diarrhea, intestinal parasites and measles in that order of frequency. All but two villages had begun discussing their microproject. In only two had the discussions led to any planning and in no village had any activity begun.

With the foregoing as a general introduction to discussing the status of the village health committees, the next step is a more detailed presentation and discussion of the findings of the inquiry. The presentation of the findings will follow the order of the questions not summarized in the table. For convenience in grouping the findings, the villages with pumps will be discussed first, followed by those without pumps, the so-called "dry villages".

Villages with pumps

In general the pump is located at a distance of several hundred meters from the edge of the village. All the pumps except two were observed or reported to have severe problems of queuing-up, resulting in long waits. Both these factors, distance and waiting-in-line, are discussed below, but more fully in the engineering analysis.

Functioning of the health committees

All the committees reported that they met more or less regularly, and even in the absence of the social promotion agent. The meetings are usually attended by other villagers.

In several cases, the president of the committee expressed great appreciation for the training given by the project. Some said they hadn't known how to organize themselves before the training since they were "simple villagers". In general, the greatest value placed upon the training was in fact the acquired ability to organize themselves to a concerted action. In one instance, this result was expressed more in

terms of "learning to live as a society". Other committees were a little more vague about what they had learned. One seemed to particularly appreciate learning where and how to ask for help.

The immediate result of the training received was in all cases a series of activities, usually a general village clean-up, a programme for keeping the area around the pump clean, and a plan for maintaining and repairing the pump, usually involving the creation of some kind of a fund. Variations on the activities were several. In fact, each village presented a rather unique history of response to the project. In four villages the fund is raised by collecting a fee per capita; in the others, a community money-making project, most often a communal field, has been planned. Among the villages collecting a fee, one has two systems: one for men, the other for women. The men pay 200 francs a month, the women 25 francs. They have already collected 20,000 francs, from which a spare piston and several spare rings have been bought in advance. In another village, all efforts to collect money have thus far been frustrated. A poor harvest and heavy family expenses were blamed. In still another village, the fund is contributed to by some of the residents of a neighboring village with borders right at the pump. In a fourth village, the fund, kept by the secretary, has already been used to buy spare parts for the pump. Because the money had already been collected, the delay in repairing the pump was minimal.

Not one of the communal projects has as yet netted any funds. Both villages have begun their fields but are awaiting the rains. In one of the villages recalcitrant citizens who refuse to work are made to pay 300 francs instead.

Other variations in the initial activities of the committees centered around the village clean-up programme and that for keeping the pump maintained and repaired and the pump surroundings clean.

One village had just received its pump the week before the visit so that no real programmes had begun beyond the initial installation. In all the others, the village clean-up was carried out with reportedly no problems. Those who refused or failed to participte are usually brought to the chief and made to pay a fine.

The clean-up of the area surrounding the pump is the exclusive responsibility of the women in one village and of a committee of primary school students in another. This task also appeared to proceed generally with little difficulty.

Activities of the Committees

Following the establishment of these basic activities, most villages have entered a second phase where the social promotion agent has worked closely with the committee to define local health priorities and to

design local means of combatting these health problems. This phase had progressed in a variable manner in those villages visited. In most, the activity had not progressed beyond the definition of the problem. Table 1 identifies the problem selected by each village. The procedure for arriving at this decision involves house-to-house visitation by committee members, followed by a general meeting with the population, with the committee making the final choice. In some villages, the meeting is attended by only a representative group from the population.

In one of the villages identifying malaria as the chief health problem, a village campaign to eliminate small collections of water had begun. In another, latrine construction had been conceived of as part of the malaria control program.

These activities are in fact supposed to be preparatory to the planning and excution of microprojects. In most cases, however, the response to the identified problem is not an activity requiring funds, so that in many villages other projects, not necessarily bearing a direct relationship to the identified problem, have been put forth by the committee. Table 2 summarizes these proposed projects.

Of note are the recurring projects: latrines, village pharmacies, and school projects. The first type is usually conceived of as a communal or public type latrine, in one case for a dispensary, in most cases for defined neighborhoods. When asked whether they expected any problems in maintaining the cleanliness of these public latrines, the members of one committee seemed unaware of any possible problem. This response is surprising in view of the miserable history of public latrines of any type in Africa.

Many of the proposed projects, of course, fall outside the area of water supply and sanitation, even when the definition is stretched to its utmost limit. But certainly there would be nothing to inhibit villages from using the organizational resources and expertise gained through the project as well as the local funds to launch these projects. The one exception would be the village pharmacies, since there is apparently a policy factory inhibiting their organization. Only one village had begun a vegetable garden at the pump site and it appeared to be well kept.

Most committees expressed great appreciation for the work of the social promotion agents in the areas of village health and hygiene and in fact several expressed a desire for more training in these areas. There was also expressed a general desire for more frequent visits by the agents.

Participation in decision-making on health priorities and on microproject selection appeared not to be a problem. There seems to be wide use of village meetings to deal with issues and problems.

TABLE 2

PROPOSED MICRO PROJECTS

Village	Projects Proposed	Projects begun
Agadjame	Village pharmacy Primary school Vegetable garden Livestock	None
Avete	Latrines Village pharmacy Livestock New school buildings Maternity	None
Niamtougou Kope	None mentioned	
Imoussa	Construction of a storage building Latrine for dispensary Latrines for each neighborhood	None
Idao	A school Latrines	None
Kuma-Tsame-Totsi	Dispensary Latrine	Latrines

Villages Without Pumps

Although many of the same questions were posed to the committees in these so-called "dry villages", the responses were so colored by the absence of an adequate water supply that a separate discussion is merited. These villages may be considered typical of at least a proportion of the 44 project villages without pumps. A possible exception would be the dry villages of the Wawa prefecture where the water supply situation (springs) is somewhat different. Unfortunately only one village, with a pump, was visited there.

Kounyohou

With 364 inhabitants, this is a village typical of the eastern section of the Ogou prefecture. In this village the formation and training of the health committee was completely inhibited for nine months by the failure to find water. The social promotion agents, in fact, could not bring themselves to return to the village since so much of the initial thrust of their work had centered on the probability of having a functioning well. Since the possibility of building cisterns for rainwater catchment has emerged, however, the agents have had new courage to come back, and the health committee has been formed.

There are several rainwater catchment efforts already in place in the village--jars set under a short gutter on the few houses with corrugated metal roofs. The chief is adamant about having a well, however, and the committee has organized the collection of 90,000 francs for the drilling. They hope to tap into a mineral prospection drilling operation in the area that is run by the Ministry of Mines. In this project, water wells are put in as a side benefit of the drilling operation in villages willing to pay. The project is funded by UNDP. The committee apparently intends to use its funds to pay for another drilling effort.

Because of the high probability of a negative drilling and thus a waste of village funds, it is recommended that the committee be influenced to invest its money plus microproject funds in the construction of a large public building (school, maternity, or simply a storage area) with a corrugated metal roof, from which rainwater could be collected into a large public cistern. There is likely to be resistance to this idea from villagers who already have corrugated roofs but the idea should be pursued until a clearly informed decision can be made.

Tomtala

With a population of 500, it is representative of the dry areas of the Haho prefecture, where the prevalence of Guinea worm infection is high. The committee was remarkable for its determination to carry on with the project despite a negative drilling and despite severe conflict with a nearby (2 km) village with a well over rights to use the well.

This conflict occured despite the fact that Tomtala had contributed money to the fund in the other village. The social promotion agent had intervened to help resolve this conflict.

The committee expressed great appeciation for the particular agent, not only because of his efforts in resolving this conflict but also because of the training given to the committee and the help in the areas of village hygiene and the means for raising local funds (collective field). The committee is convinced that with the use of the well in the neighboring village and the increase in village cleanliness, the prevalence of Guinea worm infection has diminished.

Since only one attempt at well drilling was made, at least two more should be undertaken. In addition, a public rainwater catchment scheme should be pursued, and perhaps the maternity that the committee proposed as a microproject.

Ezime

Ezime (population 2952) convoked a large meeting for the visit, in fact the largest of all the villages. Four attempts have been made to drill for water, all without success. Despite this negative result, the committee has pursued a programme of activities including village clean-up and collection of funds.

A long list of potential microprojects was put forth including many suggested by the dispensary nurse who is a committee member. This list includes:

- A cistern at the dispensary;
- Latrines throughout the village in public places;
- Housing for nurses, teachers and other personnel;
- Structural improvements in the dispensary and the maternity;
- Technical supplies for the same units; and
- A kitchen for the maternity.

Although there is a cooperative in the village, the committee expressed a need for further training in management and organization. It was apparent from the discussion that there had been many problems in gaining the participation of the population.

Just beside the village is a perennial stream used for all purposes by the villagers. Questioning revealed that the stream originates on the mountain that rises just behind the village. Several persons, including the Peace Corps volunteer, agreed that the spring is about three kilometers from the village, and that there are no significant obstacles such as large boulders, valleys or gulches between the source and the village. Further investigation revealed that a French coffee and cacao

research organization owns land behind the village and through which the stream runs. Gaining access through their land and possible conflict over stream rights might present serious obstacles to exploiting the stream. The possibility of tapping the stream at its source for a gravity system to the village should, however, be pursued.

C. Conclusions and Recommendations

. In the original project document the project objectives focus on improving the health status of the rural population of Togo, thereby leading to their increased agricultural productivity. The project logframe states that "reduction of diseases in the project area" (to be verified by medical records) will be an objectively verifiable indicator of goal achievement. It is felt that, in order to do justice to the project's achievement, the focus of these objectives should be shifted to behavioral outputs. Given general health conditions, as well as the inability of the project to provide adequate water supply for all villagers in all villages touched by the project, it is unrealistic to expect (at least in the short to middle-term) a measurable reduction in the incidence of water-related diseases (with the possible exception of Guinea worm). Even less likely are reductions in infant/child mortality. The major strength of the project is the organization and mobilization of villages through village health committees. The primary impact which can result is the reinforcement of existing good health practices (e.g., village clean-up campaigns) and the introduction of new concepts (e.g., that of preventive medicine). Project goals should be restated to reflect these outputs, as well as the other major area, i.e., the teaching of organizational and managerial skills to villagers. These behavioral indicators will provide a more realistic asessment of the project's success at its conclusion.

. There is consensus among the social promotion agents that the major difficulties they encounter in their work are linked to the management issues discussed in detail in this section. These are clearly impeding the agents' movement and efficacy in the field and are having a negative impact on morale. Prompt rectification of these management problems is essential to the continued functioning and increased effectiveness of the project.

. Training of agents appears to be thorough and effective. A major advantage is that training is on-going, with periodic seminars being held. Agents have strong feelings about the training. Particularly those who have been in the field for some time have many constructive comments, and are eager to offer them. A formal study of agents' opinions and recommendations for training would provide extremely useful input for continued planning of the project's training program.

. A substantial amount of survey data has been collected to date, including baseline research on water utilization, health status, and sanitation. However, problems associated with the design, execution and analysis of the surveys have prevented the maximization of their utility. For example, the timing of the surveys in the project regions did not permit all of them to serve as true baseline measures. The project staff itself questions the reliability of the water utilization survey conducted in the Plateau region. A third problem is related to the village survey conducted under the direction of a Peace Corps Volunteer who has a Masters degree in Public Health.

The scope of this survey, and the hand tabulation of the data, are too ambitious for even this dedicated and competent volunteer. Data collection efforts in the Savannah region have profited from the lessons learned in the Plateau, and some of these problems can be avoided there. Nevertheless, it would be advisable to revise the system of data collection to reflect the restated (see recommendation above) project objectives. Revision should include establishment of indicators for measuring short and middle-term behavioral goals as well as a re-examination of the methods of collecting health data from dispensaries for eventual long-term evaluation. In addition, assistance should be provided in the analysis of the survey data. The REDSO/WCA computer system which may be in operation during the coming months, could be utilized for this.

. Most health committees appeared to be functioning well. In at least three, however, there are serious problems with organizing the population around activities, collecting money, and/or conflicts with neighboring villages over rights to a pump. Further training in general management and organization plus training in simple accounting and fiscal management procedures is in order.

. Although health priorities have been identified in most villages, the priority health problem seldom bears a direct relationship to the micro projects being proposed. A different approach to micro project planning, perhaps using a broader problem-solving approach based on issues beyond health, should be employed. Water supply after all has economic and social as well as health benefits.

. Further training of the committees in health and hygiene should not be neglected, however. Many expressed a desire for it, and there are many tasks that the committees can undertake at little or no cost to meet health priorities such as malaria control, diarrhea control, prevention of dehydration, and Guinea worm control.

. In both dry villages and in those with populations too large for one well, there has been a general neglect of alternative water sources; springs, gravity systems, rainwater catchment, infiltration galeries next to rivers and perennial marigots, etc. Several large villages complained that one well was insufficient. Most continue to use other sources to supply their needs, largely because of long waits at the well. It is strongly recommended that every village in these categories undertake a broad-based water resource survey and that project funds be used to apply appropriate technologies to source improvements.

. Participation of women in the project is not as high as might be desired, both at the agent and village levels. The number of women on village health committees varies, but rarely exceeds 25 percent in any of the villages visited. Agents should be reminded of the importance of insuring women's active participation in the village health committees and in their activities. This issue should be brought up by the agent

with the committees, as the latter do not always seek to include women among their members. Women play a key role in village life, and can be instrumental in introducing and reinforcing improved hygiene and health practices in the villages.

. Some villages have made an active effort to involve youth in the village health and sanitation activities. Like women, young people can play an important role, particularly vis-a-vis their younger siblings in the household. Agents should encourage villages either to organize youth committees at schools or, if it appears more practical, simply to solicit active cooperation of young people in such activities as village clean-up programs.

. Latrine construction in the Plateau region appears to be a top priority in many villages, but plans seem to be directed incorrectly toward public rather than private latrines. A complete reassessment of the latrine program, including the search for less costly models and the evaluation of various models based on soil characteristics, cost and local preferences, should be undertaken.

. The drains from the wells are generally poorly managed. In only one village had a garden been started. Drain management, preferably with attempts at vegetable gardening, should become a major health committee activity. Many committees expressed their satisfaction with the benefits brought by the presence of a well in the village - both health improvements, especially in the lowering of diarrhea incidence and Guinea worm prevalence, and the convenience to women who now have more time for household management, child care, and work in the fields. These benefits have not yet been realized by many project villages with no well (44 in all) and even in some villages with one well where women still find it easier to walk 3 kilometers. to a marigot than to wait for hours at the pump. As long as these needs remain unsatisfied, much of the progress of the health committees in related areas of village improvement will be hampered.

. Although some activities have already been conducted, the education campaign component of the project will become a major thrust during the coming year. This is a key project activity, particularly in light of the suggested restated project objectives discussed above. Before the campaign gets underway, it is recommended that careful study be done of the appropriate techniques to be used and a detailed plan be drawn up, using the skills of an expert in communications if necessary. There are many problems inherent in designing educational materials for non-literate populations, and in West Africa the language problem is particularly acute. It is essential that comprehensive research, including message-testing, be conducted at the outset and before educational materials are produced in quantity.

EMPLOI DU TEMPS

LUNDI	MARDI	MERCREDI	JEUDI	VENDREDI
	- Visite de courtoisie au Préfet dc l'Ogou - Visite de 2 villages Préfet de Haho (Discussion avec le comité et les agents) - Visite au Préfet de Haho	- Rencontre à Anie avec un comité (leçon d'E.S.) - Visite à Wawa au Préfet, à une source et aux 2 villages	- Visite de courtoisie au Préfet de l'Amou - Visites aux 2 villages de l'Amou - Ezimé - Idao	DEPART POUR
- Présentations - Mise au point du programme de la semaine - Exposé sur la région des Plateaux	Cloutier a travaillé avec Edohr, Tchebe. Visite à 2 villages de l'Ogou - Avété - Konyohou	Jenkins - discussions avec Jace et Adjallah Mise au point du programme. Programme flexible d'ailleurs.	Visite au Préfet de Kloto Visite à 2 villages	LOME

Health and Social Analysis

Annex B

Questions posed to village health committees

I. On the structure of the committee

a. How many members are there?

b. How many women are members?

c. When was the committee started?

d. Have there been changes in membership since then?

e. How were members selected?

f. Who are the officers?

II. On the functioning of the committee

a. How often does the committee meet?

b. Who participates in these meetings besides committee members?

c. Do you remember the training given to presidents, secretaries, and treasurers?

d. What did you learn from that training?

e. How have you applied what you learned?

f. What further training do you need?

III. On the activities of the committee

a. What have been the major activities of the committee up to this point?

b. How has the social promotion agent worked with you?

c. How have you gone about obtaining the participation of the reat of the population?