

PN-ARF-433

TECHNICAL ASSISTANCE AND PLANNING
FOR HEALTH AND HYGIENE EDUCATION
AND WOMEN'S INVOLVEMENT
IN THE TUNISIA RURAL POTABLE WATER
INSTITUTIONS PROJECT

Field Report No. 307
May 1990

**WATER AND
SANITATION for
HEALTH
PROJECT**

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WASH FIELD REPORT NO. 307

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HEALTH AND HYGIENE EDUCATION AND
WOMEN'S INVOLVEMENT IN THE TUNISIA
RURAL POTABLE WATER INSTITUTIONS PROJECT**

Prepared for the USAID Mission to the Republic of Tunisia
under WASH Task No. 138

by

Elaine Elizabeth Rossi

May 1990

Water and Sanitation for Health Project ~~936-5973~~
Contract No. 5973-7-00-8081-00, Project No. ~~836-1249~~
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U.S. Agency for International Development
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Plan de Travail de l'Unité d'Autogestion. Wash Field Report 276 (French only). 1989.

On the content issues:

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Guidelines for Designing a Hygiene Education Program in Water Supply and Sanitation for Regional/District Level Persons. Wash Field Report 218. 1987.

New Participatory Frameworks for the Design and Management of Sustainable Water Supply and Sanitation Projects. WASH Technical Report 52 (also available in French and Spanish). 1987.

A Training Guide on Hygiene Education. WASH Technical Report 60, 1990.

Developing and Using Audio-Visual Materials in Water Supply and Sanitation Programs. WASH Technical Report 30. 1984.

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ACKNOWLEDGEMENTS

The success of this three-week consultancy is due to the close collaboration of a number of people. Sereen Thaddeus spent many hours providing me with all available background on the project. May Yacoob and Sumana Brahmam of WASH coordinated a great effort to ensure that I received the necessary support and documentation. Upon my arrival in Tunis, Lee Jennings gave generously of his time and knowledge. These briefings facilitated my work enormously.

Ahmed Ridha El Fekih managed to give encouragement and support to the health education and women's interest group components of the project in spite of a major organizational restructuring in Kasserine; his help was indispensable. Mosbah Hadji, Hattab Ben Chaabane, and the members of UAG worked closely with me, and therefore enabled the resolution of several problems that impeded project advancement.

The Regional Director of Health, Dr. Adbel-Malek, and the representatives of the Ministry of Health on the Regional Health Education Team (Fatma Guessmi, Ammar M'raih and Molsen Felhi) shared untiringly of their time and insight during my stay in Kasserine.

Denise Harrison, consultant to the Director of UAG and dedicated believer in women's involvement in this project, saw no inconvenience in answering lists of questions and facilitating my access to the women's interest groups. The women of the rural villages of Boulaaba, Ouled Mansour, Foumm'dhfa, and Lajred welcomed me into their communities and shared their concerns about water, health, and poverty.

Without the support of Diana Putman of USAID/Tunisia the results of this consultancy would have been cursory. Her insight into organizations in transition helped me to place the project in the correct contextual framework, thereby enabling me to complete the many tasks that had to be done.

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ACRONYMS

AIF	<i>Association d'intérêt féminin</i> , Women's Interest Group
CRDA	<i>Commissariat régional au développement agricole</i> (now includes the ex-ODTC), Regional Agricultural Development Commission
CTDA	Central Tunisia Development Agency (ODTC)
GOT	Government of Tunisia
KAP	Knowledge, attitudes, and practices
MOE	Ministry of Education
MOH	Ministry of Health
ODTC	<i>Office de développement de la Tunisie centrale</i>
PACD	Project activity completion date
RHET	Regional Health Education Team (<i>Equipe régionale d'éducation sanitaire</i>)
UAG	<i>Unité d'Autogestion</i> , Regional WUA Support Unit
USAID	United States Agency for International Development
VHW	Village Health Worker (<i>Animatrice de base</i>)
WASH	Water and Sanitation for Health Project
WUA	Water Users Association (<i>Association d'intérêt collectif</i>)

EXECUTIVE SUMMARY

This report presents the findings and recommendations of a WASH consultancy for technical assistance and planning for health and hygiene education activities and the development of women's interest groups (AIFs). The consultancy, conducted between February 16 and March 13, 1990, was part of larger technical assistance efforts to the ex-ODTC (now part of the CRDA) under the Rural Potable Water Institutions Project (No. 664-0337) of USAID/Tunisia. The basic goals of this effort were: to review the status of health education activities planned by RHET and ensure the implementation of the school health pilot program; to follow-up on pilot AIF activities; to examine the VHW program and recommend follow-up and evaluation methodology; and to work with RHET to improve its team dynamics and enable the satisfactory continuation of project activities. A separate training activity completed during this consultancy is documented in a French language WASH/CRDA working paper entitled "Rapport sur Deux Journées de réflexion au CRDA Kasserine, le 27 et 28 février 1990 pour les collaborateurs concernés par le projet des institutions d'eau potable dans les zones rurales."

The following are the main conclusions and recommendations:

1. The vacant positions within UAG should be filled as soon as possible, and the new incumbents should agree to work at least until the project completion date.
2. RHET has achieved many of the objectives specified in the work plan. But greater coordination between the representatives from MOH and UAG, and regular sharing of information at meetings as well as informally, would help to complete activities more efficiently.
3. The school health project will need the continued vigilance of RHET to be successful because of the many activities to be completed before July.
4. The evaluation of the pilot program for school education must take place according to the activities plan if an expansion of the program is to be considered during the autumn of 1991.
5. RHET needs to decide shortly whether to recruit a third group of VHWs. Current problems of follow-up on VHWs must be resolved, and all RHET members should have access to the data submitted in

VHW monthly reports as well as to the results of the household surveys, which should continue as planned.

6. Emphasis on the development of locally produced, field-tested, low-cost health and hygiene education materials is important.
7. A final evaluation of the four programs discussed in this report (school health, VHWs, AIFs, and community development projects) must be planned and executed.
8. The pilot AIF program should be expanded as much as possible to project communities with endemic water-related disease problems and as new AIFs are created, older functioning AIFs should be launched towards independence through planned meetings with UAG staff.
9. To ensure the continued acceptance and success of the AIF program, information and education campaigns must take place in program areas. Male advocates doing some of this at the community level would be ideal.
10. RHET has been encouraged to present new program or project proposals to CRDA and USAID, and should do so after June 1990. This would enable felt needs from the whole governorate and from individual communities to be addressed, and would give RHET the experience of developing new programs as a functioning team.

Chapter 1

INTRODUCTION

1.1 Project Background

In 1987 and 1988, the Regional Health Education Team (RHET) of Kasserine was formed to develop a health education plan, with the technical assistance of U.S. consultants (CTDA, 1987; Rull 1987, 1988). Revised versions of the plan (Jennings et al., 1989; Thaddeus 1989) continue to focus on the use of several strategies to reach rural populations targeted by the potable water project:

- Recruiting and training young women from project communities as village health workers (VHW) who provide information and practical advice about selected health and hygiene interventions to women and their families at home and in the local dispensary and school
- Training primary school teachers in basic health and hygiene principles and using them to impart knowledge to children in project communities in the hope that this information will reinforce positive health behaviors at home
- Implementing health- and water-related projects (e.g., latrines or showers) in communities that have themselves identified the need for such projects
- Establishing women's interest groups (AIFs) to foster discussion of problems related to potable water and health in their communities, to encourage communication between the VHW, women, and the water users association (WUA), and thus to begin to institutionalize the participation of women in local decision-making about potable water issues.

1.2 Definition of Tasks

The terms of reference for this consultancy (Appendix A) define the following main goals:

- To provide RHET with the help necessary to ensure the technical coherency and implementation of the pilot school health program

- To follow up on the pilot AIFs, recommend any necessary changes, and examine possibilities for expansion
- To facilitate and reinforce RHET group dynamics to encourage continuation of all health education activities, and to aid RHET in reviewing and adjusting its plan of action to reflect the many recent personnel changes and other administrative obstacles to project implementation
- To work with the new UAG interim director (also a RHET member) in reinforcing support for all health education activities, and to review the proposed VHW follow-up and evaluation study to be completed by March 31, 1991, the project activity completion date (PACD).

During this consultancy a separate training task was completed with the WASH training consultant and a committee of personnel involved in the USAID/GOT project. This activity is documented in a report produced by CRDA staff with the assistance of the WASH consultants ("Rapport sur Deux Journées de Réflexion au CRDA Kasserine le 27 et 28 février 1990 pour les collaborateurs concernés par le projet des institutions d'eau potable dans les zones rurales"). It proposes solutions for problems related to all project objectives, including UAG and RHET functions. Some of the proposed solutions had already begun to be put into effect at the time of this writing.

1.3 Methodology of Work

The methodology used to complete the consultancy included: review of health education materials; meetings; working sessions and a planning meeting with RHET; review of health education and VHW follow-up documentation; attendance at AIF meetings; review of the results of student and teacher knowledge, attitudes, and practices (KAP) surveys; participation in teacher training activities; and administrative problem-solving.

The work, conducted from February 16 to March 13, 1990, is outlined in Appendix B. A list of persons and organizations contacted during the consultancy is found in Appendix C.

Chapter 2

HEALTH AND HYGIENE EDUCATION

2.1 The Village Health Worker (VHW) Program

2.1.1 Update on Activities

First-year VHWs. The VHW program, begun in 1988 with the recruitment and training of 17 young women from 17 communities, represented 4 of the 12 delegations in Kasserine. They were trained to provide health and hygiene education outreach services, and were assigned to work with 30 families during the first project year. Of this group, 15 are still active and will complete their second year of service in April 1990, after which they will no longer be salaried.

Second-year VHWs. In 1989, a second group, consisting of 21 young women from communities representing four more delegations, was trained by RHET. One of these has recently left the project, leaving 20 active community-based health promoters.

Field Follow-up of VHWs. RHET has organized a schedule of field visits, each assigned to two or three RHET members, to supervise and follow up each VHW. However, since there is no written guide for these visits, their content and methodology vary widely according to the RHET members involved. The schedule requests the participation of a Ministry of Health (MOH) RHET member during each visit, but this is not always possible. Cultural and social restrictions in many of these communities decree that one of the two visitors preferably should be a woman. But the limited number of female RHET members often makes this difficult. Finally, much of the follow-up planned for the previous two months has not taken place because of severe transportation problems (the unavailability of CRDA vehicles) or disagreement among RHET members.

Monthly Reports. In 1989, RHET designed a one-page information-gathering report form (see Appendix D) for VHWs to complete and submit each month. The form asks the VHW to evaluate the progress that each of the 30 families has made towards achieving knowledge levels and behavior change in a number of specific areas. The VHW chooses one of three ratings for each area. The ratings are color-coded, so patterns among or between households are easily identified. This tells the VHW what subjects to emphasize during her next visit to a given household. There is also room to write down questions or describe problems, though this section is usually left blank. These monthly reports keep RHET members informed of each VHW's activity and enable them to plan field visits outside of those scheduled if it is necessary. Unfortunately, the useful data provided have not been exploited at all, and no analysis or summary has been made available to all RHET members.

Performance Evaluation of VHWs. RHET has finalized a household survey designed to evaluate the performance of VHWs by measuring levels of knowledge and practice of basic health, hygiene, and sanitation innovations in the 30 households targeted in each community. The topics covered include water purification methods, body hygiene, prevention and treatment of scabies, the childhood vaccination schedule, and prevention and treatment of diarrheal disease. The household surveys are to be administered by RHET members as a midterm evaluation for the second-year VHWs and a final evaluation for the first-year VHWs. Although planning for this activity has been hindered by transportation difficulties, it should be completed by late March 1990. (See Appendix E: Activities Plans.)

2.1.2 Future Activities

Refresher Course for Second-year VHWs. The results of the household survey will be used to determine the training needs of the VHWs. The 20 women will attend a refresher course in Kasserine, planned for May 1990, and will then have 10 project months of salaried work left before their final evaluation and the PACD.

Recruitment and Training of Third-year VHWs. The recruitment of a third group of young women from the four delegations without a VHW program was planned for March 1990. But the process has been stalled because of transportation problems and a lack of consensus in RHET about whether to recruit a third group. At the end of the consultant's work, RHET requested postponement of the decision for another week. It seems likely that a third group will be recruited and trained in May, although time constraints on RHET members and transportation problems may prevent routine follow-up of these VHWs.

2.1.3 Final Evaluation of the VHW Program

In December 1989, a WASH consultant outlined a study to measure the socioeconomic and health impact of the USAID/GOT Rural Potable Water Institutions Project (Fikry, 1989), which included the analysis of data collected from the follow-up and performance evaluation of VHWs in 20 communities. These data will enable evaluators to compare the impact of the project in a sample of target communities that had a VHW with a sample that did not.

The coordination of this data collection and its analysis was the responsibility of the director of UAG. Another portion of the study, collection of statistics about eight water-related diseases, must also be accomplished in order to fully exploit the VHW data. An MOH member of RHET agreed to train nurses in the dispensaries of target communities to collect the statistics, and transmit the charts and preliminary analysis to the UAG. Both the systematic follow-up of the sample of VHWs and the collection of medical statistics were planned to begin in January 1990, thereby providing the evaluators with one year of data before PACD, but neither of these activities has been started yet.

2.1.4 Organizational Changes

Since the last WASH consultancies for this component of the project (Thaddeus 1989; Fikry, 1989), three major organizational changes that directly affect the VHW program have occurred within the CRDA and RHET.

- The full-time sociology intern who was responsible for RHET activities, including the follow-up of VHWs, left the project in November 1989. This intern was responsible for the follow-up of second-year VHWs. The position remains unfilled, adding an extra burden for UAG agents and all other RHET members. Since this intern was a woman, her absence adds to the shortage of female agents available to do follow-up. The USAID consultant to the director of UAG who is contracted until September 1990 has assumed the role of coordinator of RHET activities, and assists with follow-up of VHWs whenever possible.
- The director of UAG who had overseen the coordination of RHET activities, supervised the work of UAG agents with the VHWs, insured adequate provision of available transportation to the team, and was responsible for the implementation of the final evaluation of the VHW program, left the project in December 1989. This position remains unfilled. An interim director was named in early March, and is beginning to take over the administrative responsibilities of this job. Recruitment of a new director is now under way.
- In February 1990, the MOH RHET agent who was a nutritionist left the RHET and has requested a transfer to another governorate. Again, this RHET member was a woman. At the time of this writing, there are three women who participate in VHW follow-up: two MOH RHET members (one of whom cannot do follow-up on her own), and the USAID consultant to UAG.

2.1.5 Findings

- The report of the findings of the household surveys administered as a midterm evaluation of first-year VHWs is not yet available.
- The first-year VHWs will receive adequate evaluation through the household survey to be administered right after they end their salaried tenure (April 1990). The report must be written and distributed to all

RHET members. Exit interviews with these VHWs are not planned at this time; with all the other constraints on activities, it would not be realistic to add these. It is unclear how many VHWs will continue active work after April 1990. The WUAs, for the most part, are financially unable or unwilling to pay them. Individual solutions to the problem of salary continuity may be found for some of these 15 VHWs.

- The second-year VHWs are in need of a refresher course. Once the results of the household survey are completed, RHET will organize a refresher course tailored to their needs. Again, the results of the survey need to be available for use by all RHET members. USAID has agreed to pay salaries beyond the initial first year of work, so salaries are guaranteed until PACD.
- The blocking of project monies after December 31, 1989, because of the reorganization of the CRDA (ex-ODTC) has delayed the salaries of VHWs, and has hindered RHET members from performing any activities that incur outside costs.
- Field follow-up of VHWs has not been regular. The loss of the sociology intern, who was responsible for follow-up of the second-year VHWs, caused some of the difficulty. This needs to be improved even though the RHET vehicle will not arrive until April at the earliest. With the existing transportation resources and administrative help from UAG agents, RHET members may be able to complete more regular visits.
- RHET members disagree over the utility of a follow-up guide or form to complete during each visit. Without this, systematic evaluation of, and provision of help to, VHWs is not possible.
- Anecdotal evidence from VHWs and RHET members suggests that VHWs face strong social and cultural restrictions in trying to accomplish their work. RHET members do not always serve as a source of suggestions and support to the community-based VHWs in this regard.
- RHET needs to decide before the end of March 1990 whether or not it will recruit train, and follow up a third group of VHWs. If RHET proceeds with this recruitment, this group of VHWs will work for 10-11 months before PACD.

- Problems of team dynamics and a lack of information-sharing among RHET members have made implementation of all aspects of the VHW program difficult.
- The loss of three important RHE'i' collaborators in a short time has caused several difficulties: increased workload, insufficient number of women members for follow-up, and coordination problems.
- It is unclear at this time whether the final evaluation of the VHW program can be done as it was planned (Fikry, 1989). Since the departure of the UAG director, there has been no meeting to pass the planning information on to the interim director or to anyone else in RHET (see Chapter 4).

2.2 Community Development Project Program

2.2.1 Update on Activities

The community development project component of the health education activities plan has as its goal the institutionalization within the community of responsibility for decision-making and action to improve community well-being. A small fund was earmarked to provide modest sums to communities that identify needs for health- and potable water-related constructions. In exchange, the communities are required either to provide the labor required to complete the installations or to pay for some or all of it.

Three criteria are used to identify project communities: communities with recent epidemics of water-related diseases, especially cholera or typhoid; predisposition of the community to participate and felt need for the project from within the community; geographic division of projects within the governorate. (Within UAG, each of the four field agents covers a specific geographic region, and a decision was made to try to identify one community in each UAG region to participate in this program.)

To date, the three communities selected and the projects they have chosen are: Zelphin—latrines; Dhraa—latrines; and Ouled Ahmed—piped water and latrines for a school. A fourth (Abartaghout) has been identified, but it is in the same region as Dhraa and has not been approved. Another community may take its place. The majority of these projects will be completed by May 1990 (see Appendix E).

Some problems have arisen in implementing this program. In Dhraa, the WUA wanted to be given the project money and to hire the construction crew itself, instead of accepting an outside contractor for the work. This problem has been partially resolved, but it gives

support to the idea that more community-based work by UAG and RHET members is needed to reinforce the notion of community participation. Another problem is that some UAG members have misunderstood the criteria for project site selection, creating some conflict between them and RHET. The USAID consultant has served as a facilitator in bringing about agreement.

2.2.2 Non-USAID Financed Community Development Projects

The USAID consultant to UAG has secured outside financing for four community development projects for which UAG and RHET are also responsible: Bir Chaabane—showers; Bir Chaabane—20 latrines; Zaowitt ben Ammar—rehabilitation of a well; Schwabnia—watering hole and spigots. (See Appendix E for details.)

2.2.3 Findings

- The community development project program is progressing smoothly and will easily surpass program objectives. However, a greater focus on the methodology and institutionalization of community participation is needed for the impact to remain after PACD (INSTRAW, 1989; Yacoob and Warner, 1989; Yacoob et al., 1990).
- To assess the impact of these projects on both the institutionalization of community participation and the health of the communities involved, a simple evaluation needs to be designed and implemented. Limited time prevented the consultant from addressing this issue.

2.3 The School Health Program

2.3.1 Update on Activities

Teacher Training. The training session for primary school teachers from the six pilot schools (of 235 in the governorate) took place during this consultancy. The criteria for the choice of pilot schools were not respected in two cases (Harrison, 1990). The regional health educator and the MOE member of RHET took primary responsibility for this activity. In keeping with the tasks outlined by previous consultants (Rull, 1987; Pine, 1989) and the timetable established in the fall of 1989 (Thaddeus, 1989), progress towards implementing this program has finally been made. The content of the training session was based on the results of a KAP questionnaire administered to a sample of 39 primary school teachers (out

of a total of 1862 in the governorate) and 177 children in the 4th, 5th and 6th years (out of a total of 60,000). (See Appendix F.) The consultant assisted in the preparation and implementation of this training session and arrived at these findings:

- RHET did not perform focus group research among teachers despite having received training in this methodology in an overseas workshop.
- Participation of JAG agents and of the USAID project manager from the CRDA were extremely important to the training. Their presentations placed the school health program in the context of the larger project, and they were able to respond to questions about other programs and technical issues. Their participation was facilitated by this consultant.
- Participation of two women RHET members from the MOH and the USAID consultant enabled questions about the VHW program and the pilot AIF program to be answered. The importance of women's participation through the AIFs was reinforced by their presence and the facilitation of this consultant.
- The training was scheduled for a Sunday because 6th year teachers could not miss a day of class with exams approaching. This made it difficult for teachers from the farthest communities to participate because of public transportation limitations, and meant that the time allotted for the training was inadequate to cover all the necessary topics. (See Appendix G for the planned and actual timetables followed.)
- For unknown reasons, teachers from two pilot schools did not attend the training. One of these schools is far from the training site. A total of seven teachers attended. (See Appendix H for a list of participating schools and teachers.)
- Materials for teachers and students in the school education program were not ready for distribution during the training, and samples had to be used for demonstration. The blocking of all CRDA funds since December, the slow pace of preparation of materials by RHET members, RHET infighting, and the loss of personnel combined to cause the delay.
- Review of the science textbook was not available in a form that RHET could use to help the teachers insert new material into existing

lesson plans. During the training, reference was made to the only applicable part of the text that was identified.

- Training techniques used included participatory and directive methods such as presentations, discussions, question sessions, learning games, and demonstrations.

Materials Identification and Development. The last WASH consultant focused on materials identification with RHET, and this has greatly aided the progress of the school health program. The general conclusions are:

- The regional health educator and Harrison are continuing the search for low-cost teaching materials. Local production of low-cost materials by RHET has not been given a high priority.
- Some of the materials identified (Thaddeus, 1989) have not been made available for general RHET use, or have not yet become available to the team for reasons beyond their control.
- Distribution or adaptation of some of the school health program materials for use by VHWs has not been planned. (Presentation of the same health message in several different contexts usually helps speed the process of institutionalization of positive health knowledge and behaviors in target communities.)
- English and Arabic versions of "Helping Health Workers Learn" have been sent to USAID/Tunisia for RHET. (A French version is not yet available.) This book contains many examples of low-cost, effective materials and suggestions for their development and use.

2.3.2 Future Activities

Teacher Training. Teachers from the two pilot schools not represented at the session will be trained at the schools themselves, thus allowing more teachers to be trained. The training will follow the same outline as the original, but will be given more time.

School-based Activities. A number of complementary activities have been planned for the school health program. A poster competition expressing various themes related to potable water and sanitation will be held among students in the target schools. The winners will be given recognition at a public ceremony. The best posters will be reproduced for distribution to schools, health centers, and the families involved. A contest among students

in the pilot schools will be held to identify the students who have best applied their new sanitation knowledge. Prizes will be given in public ceremonies at the schools involved. Health kits with items that, if used, will reinforce newly learned behaviors will be distributed to children in the targeted classes before summer recess.

Evaluation of the Pilot Phase. The school health program will be evaluated before the end of the 1989-90 school year by: a post-implementation KAP survey of teachers; a post-implementation KAP survey of students; and an assessment of the materials used by the teachers and the students. The results will be presented to RHET by the regional health educator, and a decision made as to whether the pilot program should be expanded into other schools in the governorate. If the program is expanded during the 1990-91 school year, both teacher training and the materials used in the schools must be improved.

2.3.3 Findings

- The school health program is progressing well under the leadership of two RHET members and the USAID consultant. The textbook review was accomplished but not put into an appropriate format.
- No follow-up or reinforcement of the trained teachers is planned. In spite of severe transportation problems for RHET members, it should be possible for RHET members to combine this activity with other field activities already scheduled.
- The blocking of all CRDA funds and RHET internal dynamics hindered the preparation of materials. Therefore, teachers could not practice using the materials during their training.
- Not enough time was allowed for adequate coverage of the content of the training schedule, partially because of the long distance many teachers had to travel to attend the training.
- More active involvement of RHET members and CRDA staff reinforced general project goals and ideas of women's involvement and community participation. This involvement should be replicated for the upcoming teacher training.
- In the next four project months, more emphasis on low-cost materials development is necessary. The poster competition is a good example of activities that include community participation and produce appropriate materials for sanitation education.

2.4 RHET Workshop

2.4.1 Overview

Following the consultant's two-day working session with all personnel involved in the USAID Potable Water Project and the initial meeting with RHET, it became clear that a RHET working session to reinforce group dynamics and modify the RHET activities plan was necessary. The organizational changes discussed earlier, as well as the problems of transportation and blocked money, have strained RHET working relationships. Accordingly, the USAID consultant and RHET members sat down with this consultant to plan the session, the objectives, participants and work schedule, all of which are included in Appendix I.

2.4.2 Findings

Some of the specific findings listed above about the VHW, community development project, and school education programs are drawn from the meeting or were confirmed by results of the meeting.

- UAG's interim director and the USAID consultant will ensure that a decision is made shortly about the recruitment of third-year VHWs.
- Several alternatives were proposed for institutionalizing health education activities within the governorate of Kasserine. The most promising was the training of nurses from dispensaries in areas where VHWs work so that they could do VHW follow-up and more intense sanitation and hygiene education in project areas. RHET requested postponement of any action on this proposal until a decision is made on third-year VHW recruitment.
- Proposals for additional assistance to RHET included requests for more audio-visual equipment, for motorcycles to facilitate follow-up of VHWs, and for more RHET members to be invited on study trips abroad. RHET was informed of the current USAID position on these types of requests.
- RHET was encouraged to elaborate plans and budgets for realistic new activities to be presented for approval to CRDA and USAID.
- The UAG Interim director will have a major role in the implementation of RHET activities, especially in motivating UAG agents and other RHET members and in administrative problem-solving during this period of organizational change for the CRDA. This

includes facilitating access to both means of transportation and health education funds whenever this is possible.

- The USAID consultant and the UAG interim director will work closely to overcome the major obstacles to health education activities implementation.
- RHET members are aware that VHW follow-up and evaluation activities are important, especially in the context of the proposed socioeconomic study.

2.5 General Considerations

- The nomination of a permanent UAG director is necessary to the smooth functioning of both UAG and RHET. The USAID consultant's contract ends in September 1990, and transfer of all her roles and responsibilities must be completed by that time. The proposed socioeconomic study, including statistical data gathering and VHW impact evaluation, cannot be undertaken without strong leadership from the UAG director.
- The replacement of the female intern with another female agent is essential to the continuation of health education activities, especially the follow-up and evaluation of VHWs.
- Vehicles are not currently available on the Tunisian market, and the earliest date for arrival of the long-awaited RHET vehicle is late April 1990. The USAID consultant's newly obtained rental car will ease some RHET transportation problems, but this is only a temporary, partial solution.
- Access of all RHET members to existing audio-visual equipment and documentation at CRDA and MOH has not been easy. This has limited the kinds of activities that can be planned and carried out and has added to internal RHET difficulties.

Chapter 3

WOMEN'S INTEREST GROUPS

3.1 Background

Documentation on women and water has emphasized the importance of women's active participation in project activities (van Wijk-Sibjesma, 1985; INSTRAW, 1989; Yacoob et al., 1990) in order to achieve acceptable and appropriate potable water use and management on a community level. The midterm evaluation report (Jennings et al., 1989) of the Rural Potable Water Institutions Project indicated that women in the project area are the prime beneficiaries of project activities, through health and hygiene education and access to potable water, but that they are not active participants in the selection, design, or execution of project interventions. The report identified women as important decision-makers in the management of household water supplies, but found no project components that supported or encouraged their participation. Institutionalization of local potable water systems cannot be considered successful if women are excluded from the process, so the report recommended the establishment of informal women's interest groups (AIFs) in each project community with a WUA.

Establishment of a work plan and selection of strategies for the development of pilot AIFs was completed (Thaddeus, 1989), and implementation undertaken in late 1989 (Harrison, 1990).

3.2 Update on Activities

After the appointment of the USAID consultant to the UAG director in September 1989, implementation of the pilot AIFs began in earnest. With support from the UAG director and the intern, the first fledgling women's groups became a reality. Appendix J contains descriptions of the four functioning AIFs, as well as a description of a fifth community that is in the process of organizing its AIF.

3.3 Expansion of the Pilot Phase

The pilot phase of AIF creation is nearing completion. Time limitations and changes in scope of work to reflect the situation in Kasserine prevented an in-depth study of AIFs during this consultancy. It was possible, however, to attend two AIF meetings (Boulaaba, Foum'dhfa) and to visit the VHWs and other women involved in the AIF in two other communities (Ouled Mansour, Lajred). From these experiences and meetings with CRDA

staff, UAG agents, RHET members, project community leaders, MOH staff, the USAID consultant and the former UAG intern, some preliminary findings have been drawn.

3.4 Findings

- The mechanism for establishing AIFs demands many hours of field work by a female agent in each community. Any plan for expansion of AIFs must take into account the recent loss of UAG personnel and the current lack of any UAG agent capable of following up on current AIFs or creating new ones.
- The majority of UAG agents are not actively fostering the AIF concept in the communities in which they work with WUAs. For the UAG agents to become collaborators in the AIF program, a great information and education effort will be necessary.
- AIFs are sometimes viewed with suspicion by men in positions of authority at the community level, delegation level, and in governorate structures. Once again, information and education campaigns about the benefits that an AIF can bring to a community are needed. Identification and use of male advocates of the program could be advantageous.
- The existence of trained, motivated VHWs has greatly facilitated the creation of AIFs.
- The pilot phase has been successful in fostering community organization skills among women and discussions about water-related problems, and has provided a mechanism for women to participate in WUA decisions.
- The availability of outside funding for small income-generating projects within the AIFs has created a good opportunity for group decision-making among women and between the WUA and the AIF. Some AIFs, however, have found it difficult to focus on solving water-related problems once it is known that the possibility of a project exists.
- Practical demonstrations and story-telling could reinforce hygiene and sanitation KAP during AIF meetings, create an atmosphere of "active" participation, and encourage discussions about problems related to water and water use. These kinds of activities might also lead to

continued development of group meeting skills and leadership skills among women in each community.

Chapter 4

TECHNICAL ASSISTANCE NEEDS

The CRDA and UAG staff losses make it difficult to predict technical assistance needs. The on-site presence of the USAID consultant allows flexibility in this planning, since she can provide information on technical assistance needs as the situation evolves. The following technical assistance is suggested at this time:

- (1) One technical assistance visit in late summer-early fall 1990 will be needed to complete the following tasks:
 - Help RHET analyze the results of the student and teacher KAP surveys and materials review to evaluate the pilot phase of the school health program
 - Recommend and develop potential improvements to the program based on the evaluation results
 - Help plan an expanded school health program for 1990-1991 that reflects the recommended improvements and covers as much of the project area as possible
 - Review the AIF program, recommend necessary changes, and provide necessary training for the new female agent

An estimated six weeks will be required from mid-August to late September 1990. This visit should be planned to begin after most RHET members have returned from their summer vacations.

- (2) If the entire socioeconomic study is to be implemented (Fikry, 1990), an expatriate will be necessary for the following tasks:
 - Work with MOH statistician to train dispensary nurses in the additional data collection needed for the study
 - Oversee implementation of the logistical system for the collection and analysis of statistical data
 - Help RHET to ensure the necessary follow-up of the 20 VHWs in communities included in the study sample

- Help RHET design the forms for collecting and analyzing VHW data that will complement the rest of the study, and reinforce the necessary skills among RHET members involved

An estimated two to three weeks will be needed to accomplish these tasks. The technical assistance should be provided as soon as a decision is made to implement the rest of the study.

The consultant should have the same qualifications as all previous health education consultants and previous experience with the project.

- (3) If the socioeconomic study is not to be implemented, an evaluation plan with impact indicators should be outlined. An additional one to two weeks in the fall of 1990 will be needed to complete this. At that time, future technical assistance needs for the completion of the final evaluation of the health and hygiene education women's participation programs will be identified.

Chapter 5

RECOMMENDATIONS

1. For the smooth continuation of project activities, the vacant positions within UAG should be filled as soon as possible and the new incumbents should agree to work at least until the PACD. This recommendation is supported by CRDA and USAID.
2. RHET has achieved many of the objectives specified in the work plan (Thaddeus, 1989). However, greater efforts at coordination between the representatives from MOH and UAG are needed. Delegation of tasks among members and regular sharing of information at meetings as well as informally would help to complete activities more efficiently. Assigning one or two RHET members to inventory (at MOH as well as CRDA and the ex-ODTC) and handle requests for both documentation and audio-visual equipment would make more activities possible and could improve their quality.
3. The school health project will need the continued vigilance of RHET to be successful because of the many activities to be completed before July. Follow up of the newly trained teachers would be extremely useful, but current transportation problems may make this difficult until late April. Future teacher training needs to include the diverse staff present at the first training and the allocation of more classroom time.
4. The evaluation of the pilot program for school health education must take place according to the activities plan if an expansion of the program is to be considered during the autumn of 1991.
5. RHET needs to decide shortly whether to recruit a third group of VHWs. Current follow up problems must be resolved to the extent possible, given personnel and transportation constraints. This includes agreement upon a methodology for the visits, and access of all RHET members to the data submitted in VHW monthly reports. Administration of the household surveys should continue as planned, and the results made available to all RHET members involved in the VHW program. The report on the first round of household surveys must be completed.
6. Emphasis on the development of locally produced, field-tested, low-cost health and hygiene education materials is important. These will complement appropriate existing materials.
7. A final evaluation of the four programs discussed in this report (school health, VHWs, AIFs, and community development projects) must be planned and executed. There is currently nothing planned for the simple assessment of community development

projects or AIFs. The proposed VHW study, as part of the larger socioeconomic study, will need additional technical assistance to be completed. This is heavily dependent upon the resolution of personnel deficits cited above.

8. The pilot AIF program should be expanded as much as possible to project communities with endemic water-related disease problems. This should begin as soon as the new social worker is assigned to UAG. Transfer of technical knowledge and lessons learned from the pilot experience needs to be made to the new female agent by the USAID consultant before September 1990. As new AIFs are created, older functioning AIFs should be launched towards independence through a final series of planned meetings with UAG staff.
9. To ensure the continued acceptance and success of the AIF program during the expansion phase, information and education campaigns based on interpersonal communication skills must take place in program areas. The identification of male advocates to do some of this on a community level would be ideal.
10. RHET has been encouraged to present new program or project proposals to CRDA and USAID, and should do so after June 1990. This would enable felt needs from the whole governorate as well as from individual project communities to be addressed. It would also give RHET the experience of developing new programs as a functioning team.

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APPENDIX A

Terms of Reference

ORIGINAL

SCOPE OF WORK

**FOLLOW-UP HEALTH/HYGIENE EDUCATION AND
DEVELOPMENT OF WOMEN'S INTEREST GROUPS (AIF) WITHIN THE WUAs**

BACKGROUND

While all people in the project area are expected to benefit from increased water supplies, the role of women in the collection and management of water is paramount. This and their traditional responsibilities as caretakers of family health means that women have been particularly targeted to receive health and hygiene education interventions. The Project Evaluation team recommended that women play a more visible role in management of water by promoting the creation of women's interest groups (AIF) within the Water User Associations (WUAs).

A WASH consultant completed the first phase of this task from August 25 - September 19, 1989, for USAID/Tunis and the Central Tunisia Development Authority (CTDA) under the Rural Potable Water Institutions Project (No. 664-337). The main conclusions and recommendations of this consultancy are included in WASH Field Report No. 227.

In brief, the recommendations are as follows:

- o Continuation of training skills and resources improvement to institutionalize health education activities within the regional WUA support unit (UAG) and regional health education team (RHET).
- o Start-up health education activities for the school health and community project programs.
- o Ensure the continuation of partnership between the Ministry of Health and the UAG to promote health education activities.
- o Ensure that project activities promoting women's involvement are coordinated by UAG to encourage the development of women's interest groups.
- o Continue to sensitize water user associations regarding issues of health, hygiene, and sanitation. This includes awareness building of the role and responsibilities of women as partners in community development.
- o Continue the development of project materials, for example, health education materials. New materials developed specifically for the project should include creative, low-cost educational aids, particularly for use in the school-based program.

The ultimate purpose of this task is to institutionalize activities that will ensure women's participation. To achieve this, the following tasks will need to take place: (1) assist the UAG and CTDA in general, to conceptualize how to develop Women's Interest Groups; (2) prepare a work plan for institutionalizing them within selected WUAs prior to the completion of the project; and (3) provide guidance and follow-up to CTDA and the Ministry of Health on health and hygiene education activities.

The required consultancy is to be implemented under two separate WASH tasks.

MAIN TASKS

Tasks under Phase II of this activity will include:

- o Help the RHET finalize appropriate messages and educational aids for school teacher's use. Messages should be developed based on results of the needs assessment conducted to determine existing knowledge.
- o Help the RHET design and execute the schedule, curriculum, and methodology for the teacher training. Topics should include presentation of the project, role of the WUAs, VHWS, schools, and community participation in the health education component; water-related diseases, hygiene, and sanitation; the development of effective messages for schoolchildren; the use of educational aids to communicate the messages.
- o Follow up on pilot AIF activities, recommend necessary changes, and identify future TA needs for expanding the pilot phase.

PERSONNEL

Required qualifications for this assignment are as follows:

- Professional training in both applied social sciences and community health with background in women's issues.
- Experience working in rural settings, preferably in community development and/or organizing as part of development projects
- Fluent French and/or Arabic. Work experience in Africa/Middle East.

SCHEDULE

- A two-three week assignment beginning mid-February 1990.

Terms of Reference

March 3, 1990
Kasserine, Tunisia

TO: Dr. Diana Putman
Project Management Officer
USAID/Tunisia

FROM: Elaine Rossi
Health/Hygiene Education, Training and Women's Interest Group Consultant
WASH

RE: Amendments to Scope of Work

Per our discussion in Tunis and Kasserine, my scope of work now includes two discrete training tasks and review of portions of a proposed study. The following additions to the scope of work are suggested:

- Work with CRDA and RHET staff, USAID/Tunisia and WASH training consultant to design and execute a two-day work session (Journées de Réflexion) for key project staff from all coordinating institutions.
- Plan and execute, with RHET members, a one-day training session to reinforce RHET group dynamics, to encourage the design of a VHW followup guide, and to review and adjust the RHET activities plan to reflect the loss of and changes in personnel and other obstacles to project implementation.
- Work with UAG interim director and other members of the Planning and Evaluation Unit (Direction de la Planification and d'Evaluation) to review proposed VHW followup and evaluation study. Inform RHET of its potential role in this evaluation.

APPENDIX B

Schedule of Activities

APPENDIX B

Schedule of Activities

February 19, 1990 (Saturday):

- Research computer rentals
- Read documentation on project

February 12, 1990 (Monday):

- Rent computer, find transformer and buy it
- Question session with Thaddeus by telephone after reviewing project documentation

February 14, 1990 (Wednesday):

- Fly from San Francisco to Washington, D.C.

February 16, 1990 (Friday):

- TPM at WASH

February 18, 1990 (Sunday):

- Fly to Paris from Washington, D.C.

February 19, 1990 (Monday):

- Change airports in Paris, fly to Tunis from Paris.

February 20, 1990 (Tuesday):

- Briefings with Jennings and Rosensweig.
- Meeting with Putman at USAID and draft revised Scope of Work

February 21, 1990 (Wednesday):

- Review new Kasserine reports
- Travel to Kasserine

February 22, 1990 (Thursday):

- Meeting with project manager Hadji, and two UAG members re: progress on health education activities and AIFs.
- Meeting with one MOH and the MOE member of RHET re:school health program.
- Attend AIF meeting with Harrison at Boulaaba and visit Ouled Mansour to organize a meeting for next week.
- Briefing from Harrison re: AIFs.

February 23, 1990 (Friday):

- Organize two day training for following week.
- Meetings with Regional Directors of Health (Abdelmalek) and Education (Charney) re: school health program and VHWs.
- Review materials used in previous CRDA training workshops.

February 24, 1990 (Saturday):

- Meeting with all UAG members re: AIFs, VHW program.
- Meeting with members of Planning and Evaluation (DPE) re: implementation of Fikry's study.
- Make logistical arrangements for training.

February 26, 1990 (Monday):

- RHET meeting and organize for planning session.
- Meeting with Mosbah, Fekih, Putman and Jennings.

February 27 1990 (Tuesday):

- "Journée de Réflexion" I
- Summarize results, plan for tomorrow.

February 28, 1990 (Wednesday):

- "Journée de Reflexion" II
- Divide responsibility for producing report among project staff and consultants; draft some sections.

March 1, 1990 (Thursday):

- Finish report delegation and drafting tasks.
- Debrief Fekih and other key players on results of training.
- Try to deblock funds to enable teacher training to take place.

March 2, 1990 (Friday):

- Review KAP results and proposed materials for school health education program with RHET representatives.
- Review teacher training contents and methodology with Ben Aissa and M'raih.
- Work with manager to unblock enough funds to pay training costs and outstanding bills from previous trainings.

March 3, 1990 (Saturday):

- Work at MOH with Guessmi and Felhi; arrange participation of other actors for teacher training.
- With M'raih, arrange printing of materials and final review of curriculum for tomorrow.

March 4, 1990 (Sunday):

- Teacher training in Kasserine for six pilot schools.

March 5, 1990 (Monday):

- Attend two AIF meetings.
- Review results of teacher training with RHET members.

March 6, 1990 (Tuesday):

- Attend two AIF meetings (all-day trip).
- Brief Wayat and Malina.

March 7, 1990 (Wednesday):

- Brief new UAG interim Director re: health education activities.
- Work with Harrison on AIF evaluation, expansion, recommendations.

March 8, 1990 (Thursday):

- Working session with DPE to assess proposed socioeconomic study components that assess health KAP. Develop strategy.
- Plan for RHET meeting.

March 9, 1990 (Friday):

- RHET planning meeting.
- Meet with ex-UAG sociology intern to discuss VHW and AIF programs.

March 10, 1990 (Saturday):

- Debrief Fekih, Mosbah, Abdel-Malek and some UAG/RHET members.
- Begin report writing.

March 11, 1990 (Sunday):

- Report writing.

March 12, 1990 (Monday):

- Travel from Kasserine to Tunis.
- Complete most of draft report.
- Debriefing at USAID with Putman.
- Travel from Tunis to Paris.

March 13, 1990 (Tuesday):

- Travel from Paris to San Francisco.

APPENDIX C

List of Persons and Organizations Contacted

APPENDIX C

List of Persons and Organizations Contacted

TUNIS

USAID

Dr. Diana PUTMAN

Project Development Officer

KASSERINE

COMMISSARIAT REGIONAL AU DEVELOPPEMENT AGRICOLE (EX-ODTC, now CRDA)

M. Ahmed Ridha EL FEKIH	Commissaire regionale du developpement agricole, et ex-Président directeur général d'ODTC
M. Mohamed CHARFI	Agro-econome DPE
M. Mohamed BOUBAKRY	Statistiques agro-econome, DPE
M. Mosbah HADJI	Directeur, Aménagement hydro-agrocole (AHA)
M. M'SINET	Chef d'arrondissement/finance
M. Hattab BENCHAAABANE	Directeur par Interim Unité d'autogestion (UAG)
M. Lazhar LABIDI	Adjoint technique (UAG)
M. Taoufik GHARSALLI	Assistant social
M. Mokhtar LAOUTI	Assistant social
M. Mohsen THEMRI	Assistant social
Mlle. Denise HARRISON	Consultante auprès du directeur de l'UAG

COMMISSARIAT REGIONAL AU DEVELOPPEMENT AGRICOLE

M. Ridha ABDALLAH	Chef d'arrondissement, Direction des ressources en eau (DRE)
Mounir MGARRECH	Chef d'arrondissement, Génie rural (GR)
M. Mohamed KRIBI	Ing. adjoint, chargé de la maintenance (GR)
M. Houcine YAHYAOUI	Chef du bureau d'études (GR)

DIRECTION REGIONALE DE LA SANTE PUBLIQUE

Dr. Chérif ABDEL-MALEK	Directeur régional
M. Belgacem MAHMOUDI	Chef du service des soins de santé de base
M. Ammar M'RAIHI	Educateur sanitaire régional et Représentant MSP à l'ERES
Mme. Fatma GUESSMI	Représentante MSP à l'ERES
Mlle. Raoudha OMRI	Représentante MSP à l'ERES
M. Molsen FELHI	Représentant MSP à L'ERES

DIRECTION REGIONALE DE L'ENSEIGNEMENT

M. Mohammed CHARNEY	Directeur régional de l'éducation nationale
M. Hagui BEN AISSA	Assistant Pédagogique, chargé du service pédagogique. Représentant à l'ERES

ARCHITECTURE, URBANISME ET INGÉNIERIE, S.A. (AUI)

M. Khaled SAHNOUN	Architecte Coordinateur
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LYCEE DES FILLES, KASSERINE

Mme. Chahrazed NASRAOUI	Ex-stagiaire (UAG)
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APPENDIX D

VHW Monthly Report Form

تقرير عن برنامج التثقيف الصحي لشهر:

الجمعية ذات المصلحة المشتركة ب.....

رقم العائلات	الماء الصالح للشرب		التلقيح			مقاومة الإسهال		النظافة العامة		غيره	
	التطهير	الخزن	حالة تلقيح	حالة لتحت	حصة	حالة إسهال	حالة اوراليت	حصة	السلوك	حصة	السلوك
1											
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APPENDIX E

Activities Plans

APPENDIX E

Activities Plans

Plan 1: Programme Communautaire/Animatrices de Bases

	<u>ACTIVITE</u>	<u>QUI</u>	<u>QUAND</u>
1.	Evaluation finale de la 1ere promotion des AB.	ERES	mars 1990
2.	Sulvi des AB.	ERES	mars '90-mars '91
3.	Evaluation a mi-chemin de la 2eme promotion des AB.	ERES	mars 1990
4.	Recyclage des AB de la 2eme promotion.	ERES	mai 1990
5.	Decision concernant la 3eme promotion des AB.	ERES	mars 1990
6.	Si oui, recrutement de la 3eme promotion des AB (Feriana, Hessi Farid, Majel bel Abbas)	ERES	avril/mai 1990
7.	Formation de la 3eme promotion des AB.	ERES	mai 1990
8.	Evaluation mi-parcours de la 3eme promotion.	ERES	novembre 1990
9.	Evaluation finale des AB	ERES	fevrier/mars 1991

Plan 2: Projets du developpement communautaire

Projets finance par USAID/Tunis:

<u>ACTIVITE</u>	<u>QUI</u>	<u>QUAND</u>
1. Sensibilisation (en cours) des 3 communautés identifiées (Dhraa,Zelphin, Ouled Hamad)	UAG Harrison ERES	mars/avril 1990
2. Assurer la participation financiere et/ou main d'oeuvre de la part des communautés		mars/avril 1990
3. Travaux de construction UAG chefs	Communautés	avril 1990

Projets avec financement exterieur:

<u>ACTIVITE</u>	<u>QUI</u>	<u>QUAND</u>
1. Bir Chaabane: douches construction	UAG chefs MS/ERES Harrison	avant fin avril
2. Bir Chaabane: construction de 20 latrines	"	fin mai 1990
3. Rehabilitation d'une source a Zouiwitt ben Ammar	"	avril 1990
4. Borne fountain a Schwabnia	"	fin juir: 1990

Plan 3: Education Sanitaire en Milieu Scolaire

<u>ACTIVITE</u>	<u>QUI</u>	<u>QUAND</u>
1. Finir le developpement des supports educatifs	M'raihi Harrison	mars 1990
2. Usage des supports educatifs dans les 6 écoles pilotes	M'raihi Ben Aissa UAG chefs	avril-juin 1990
3. Formation des instituteurs des écoles Doghra, Rakhmet	M'raihi, Ben Aissa Gharsalli,Laouiti	mars 1990
4. Concours des élèves: meilleur affiche	ERES	avril/mai 1990
5. Evaluation des supports educatifs	Ben Aissa M'raihi	juin 1990
6. Evaluation CAP des élèves	Ben Aissa M'raihi UAG chefs	juin 1990
7. Evaluation CAP des instituteurs		juin/juillet '90
8. Prix pour le meilleur élève qui applique l'educ. sanitaire apprise	ERES	juin 1990
9. Distribution aux élèves des trousse de propreté	ERES	juin 1990
10. Présentation des resultats des evaluatons faites en juin	M'raihi	juillet ou sept. 1990
11. Identification des modifications necessaires et evaluation finale de l'étape pilote	ERES	septembre 1990
12. Identification d'autres sites pour le programme	ERES	septembre 1990

SUITE: Plan 3

<u>ACTIVITE</u>	<u>QUI</u>	<u>QUAND</u>
13. Planification pour le lancement du programme dans d'autres écoles identifiés	ERES	septembre 1990
14. Evaluation CAP des instituteurs et des élèves	M'raïhi Ben Aïssa, ERES	octobre 1990
15. Préparation des supports éducatifs	M'raïhi	octobre 1990
16. Formation des instituteurs	ERES	oct/nov 1990

Suivre toutes les étapes nécessaires d'arriver à avoir un bon programme!! La planification exacte sera faite en septembre 1990.
(Voir 13. au dessous.)

Evaluation finale du programme dans le milieu scolaire	M'raïhi	jan/fev 1991
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APPENDIX F

Teacher and Student KAP Surveys and General Results

بحث حول اليوك الصحي (التلاميذ)

- المدرسة = المنطقة =
المعمدية = الولاية =
صفة المستجوب السنة التاريخ

(1) ما معنى التثقيف الصحي حسب رأيك ؟

.....

(2) هل حضرت حصص تثقيفية ؟ نعم لا

(3) هل أنتفعت من هذه الحصص ؟ نعم لا

كيف ؟

(4) من قام بهذه الحصص ؟

الماء الصالح للشرب

(1) هل تعرف صلة بين الماء والأمراض نعم
لا

كيف ؟

(2) أذكر بعض أسماء هذه الأمراض ؟

.....

(3) ما هي طرق الوقاية من هذه الأمراض ؟

.....

(4) هل أنت قادر على إقناع عائلتك وجيرانك بذلك نعم
لا

(5) هل استعمال بيت الراحة مضر

نافع

كيف ؟

(6) هل يوجد ماء الجفال في منزلكم باستمرار نعم
لا

(7) في أي مجال يستعمل

- 1) ما هو: تلقيح حسب رأيك ؟
- 2) لماذا نستعمل التلقيح ؟
- 3) ما هي الأمراض التي نلثع ضدها ؟
- 4) متى يبدأ التلقيح ضد هذه الأمراض ؟
- 5) متى يكون التلقيح ناقما ؟ مرة واحدة
بتأبئة الجرعات

الأمراض الجلدية

- 1) ما هو الجرب ؟
- 2) متى يصاب بمرز الجرب ؟
- 3) كيف نحمي أنفسنا منه ؟
- 4) ما هي طرق الوقاية منه ؟

- 1) ما هو مرض القرع ؟
- 2) متى يصاب الانسان بمرز القرع ؟
- 3) كيف تكون العدوى ؟
- 4) ما هي طرق الوقاية منه ؟

ما هي المتلومات الصحية التي تمنى معرفتها ؟

شكرا

مخبر التثقيف الصحي

(المرشون)

لهدسة المعتمدة الولاية
لنطقة صفة الاستجوب

(1) هل تدرس التثقيف الصحي في القسم نعم لا

(2) حول أي موضوع أو مواضيع

(3) هل أنت في حاجة لذلك ؟ نعم لا

..... إذا ؟

(4) ماهي المواضيع التثقيفية الصحية الهامة حسب رأيك في منطقتك ؟

(5) كيف عرفت ذلك ؟ بحوث ملاحظة

اصابت مرضية

(6) هل قمت بحصص تثقيفية ؟ نعم لا

لا

لصالح من ؟ التلاميذ

الإبياء

المواطنين

(7) هل حاورت المواطنين أو التلامذة قبل بربجة هذه الحصص ؟ نعم لا

لا

(8) ماهي الطرق التثقيفية الاكثر نفعا في منطقتك حسب رأيك ؟

زيارات منزلية توكرين التلاميذ

اجتماعات شعبية بالمواطنين توكرين تطوعيين

(9) بذهي الوسائل التثقيفية الممكن استعمالها لبلوغ الهدف الصحي :

أفلام معاتات

كتيبات صور ثابتة

(10) هل بإمكانك القيام بدور المثقف الصحي نعم لا

- مع التلامذة نعم لا

..... ؟

- مع المواطنين نعم لا

.....

شكرا

RESULTAT DE L'ENQUETE C.A.P.

(auprès des instituteurs)

- 39 instituteurs enquêtés
- Est-ce que vous enseignez l'éducation sanitaire? 89% disent oui
- Les thèmes classés par priorité de besoin.
 - Propreté 74%
 - L'hygiène de l'eau 51%
 - Les vaccinations 28 %
- Est-ce que vous avez fait des séances d'éducation sanitaire? 87% disent oui
- Bénéficiaires:
 - Elèves: 90%
 - Parents: 10%
 - Citoyens: 10%
- Est-ce que vous avez discuté avec votre groupe cible 46% disent oui
- Méthodes d'éducation:
 - Visites à domicile: 64%
 - Réunion: 46%
 - Formation des élèves: 74%
 - Formation des volontaires: 35%
- Moyens éducatifs:
 - Affiches: 53%
 - Brochures ou dépliants: 38%
 - Do Draporama: 46%
 - Film: 76 %
- Vous préférez l'éducation des élèves:
 - des adultes: 48%

Résultat de l'enquête CAP
Auprès des élèves de 5e et 6e années
des écoles primaires

Ecoles visitées:

- Boulaaba
- Abar Taghout
- Doghra

Elèves enquêtés: 177

- Qu'est-ce que c'est l'éducation sanitaire? 8% savent
- Est-ce que vous avez assisté à des séances d'éd. sanit.: 11% disent oui
- Y a-t-il une liaison eau-maladies? 77% disent oui
- Citez ces maladies:
 - moins de deux maladies: 13%
 - trois maladies et plus: 7%
- Moyen de prévention contre ces maladies: Javel ou Ebullition: 17%
- Est capable de convaincre l'entourage à la prévention des maladies hydriques: 76%
- Latrine: 58% disent que c'est bon
- Vous avez du javel à domicile: 51% disent oui
- Pourquoi vous utilisez le javel? Pour désinfecter l'eau 53%
- Qu'est-ce que c'est le vaccin? 8% seulement savent prévenir des maladies
- Pourquoi est-ce qu'on vaccine? 70%
- Age de vaccinations: 12% seulement savent
- Quand est-ce qu'une vaccination est efficace? 75% après tous les rappels
- Qu'est-ce que c'est la gale? 25% seulement savent
- Cause de la gale? 40% disent que c'est la malpropreté
- Prévention: 55% disent c'est la propreté
- Transmission: habits et contact direcⁿ 34%
- Qu'est-ce que c'est la teigne? 22% savent
- Cause de la teigne: 30 % savent
- Transmission: 32% savent
- Prévention: 22% savent

Thèmes proposés: propreté et hygiène corporelle 15%
vaccination 8%
hygiène de l'eau 10%

APPENDIX G

Teacher Training Schedules: Planned and Actual

APPENDIX G

Teacher Training Schedules: Planned and Actual

<u>Topic</u>	<u>Planned Time</u>	<u>Actual Time</u>
Welcome and Introductions	8:30	8:30
Formal Opening	9:00	9:45
Presentation of Schedule	9:15	9:50
Potable Water Project: Components of the project and	10:00	10:10
Presentation of KAP results		10:40
Coffee break	10:30	—
Objectives of this program; how to conduct a health education session	10:45	11:30
Lunch	13:30	14:00
Key subjects in health education	14:30	12:45
Evaluation game of the session (content review)	15:00	14:45
Closing	15:30	15:45

NOTE: More time was needed for the two main technical sessions: how to conduct a health education session, and important topics in health education. In the "topics" session, prevention and treatment of endemic water-related diseases was taught.

APPENDIX H

Pilot Schools and Participants in Teacher Training

APPENDIX H

Pilot Schools and Participants in Teacher Training

<u>SCHOOL</u>	<u>PARTICIPANTS (Teachers)</u>
I. Hinchr Werghi, Thala Delegacion	1. Souad FAKRAOUI 2. Mohsen MCHAIGUI
II. Abartaghout, El Ayoun Delegacion	1. Abdessmad NASRAOUI
III. Boulaaba, Kasserine Delegacion	1. Bechir MLAIKI 2. Zohra KAHRI
IV. Khmouda, Foussana	1. Hasni Mohammed FADHOUL 2. Jedli Mohammed CHAFIK
V. Dogra, Kasserine Sud Delegacion	none
VI. Rakhmet, Sbeitla	none

APPENDIX I

Participant List, Objectives, and Schedule for RHET Workshop

LIST OF PARTICIPANTS: RHET PLANNING MEETING

COMMISSARIAT REGIONAL AU DEVELOPPEMENT AGRICOLE (Ex-ODTC, now CRDA)

M. Hattab BENCHABANE	Directeur, Unité d'autogestion (UAG)
M. Lazhar LABIDI	Adjoint technique (UAG)
M. Taoufik GHARSALLI	Assistant social (UAG)
M. Mokhtar LAOUTI	Assistant social (UAG)
M. Mohsen THEMRI	Assistant social (UAG)
M. Mohsen THEMRI	Assistant social (UAG)
Mlle. Denise HARRISON	Consultante auprès du directeur de l'UAG

DIRECTION REGIONALE DE LA SANTE PUBLIQUE

M. Ammar M'RAIHI	Educateur sanitaire régional
Mme. Fatma GUESSMI	Spécialiste, Statistiques Sanitaire

CONSULTANTS

Mlle. Denise Harrison	USAID consultante (UAG)
Mme. Elaine Rossi	WASH consultante

SEANCE DE TRAVAIL POUR L'EQUIPE REGIONALE DE L'EDUCATION
SANITAIRE (ERES) DU PROJET D'EAU POTABLE DANS LES ZONES
RURALES EN TUNISIE (No 664 - 0337)

A KASSERINE LE 09 MARS 1990 DANS LA SALLE DE CONFERENCE DE
L'EX - O.D.T.C DE 8 H 30 à 13 H 30

-*-*-*-*-

But Global de l'Atelier : Promouvoir la collaboration entre les membres de l'ERES afin de préciser la démarche nécessaire d'assurer la bonne continuation du travail de l'équipe.

Objectifs de l'Atelier :

1. Réunir tous les membres de l'ERES dans le but de revoir la programmation des activités faite en Septembre 1989.
2. Discuter les idées suivantes : " Travail en équipe ", " porte parole ", " division des taches ", " suivi des animatrices de base ", " évaluation des animatrices de base ", " participation communautaire ".
3. Lister et discuter toutes les taches et toutes les activités de l'ERES qui sont programmées d'ici la fin du Projet (US-AID) et reformuler le plan de travail pour qu'il puisse refléter la situation actuelle,

LE PROGRAMME POUR LA SEANCE DE TRAVAIL SERA PROPOSE VENDREDI MATIN A 8 H 30

Sont invités à participer à la séance de travail les membres de l'ERES, à savoir :

- * M. Ben chaâbane Hattab
- * M. M'raïhi Ammar
- * Mne Guesmi Fatma
- * Mne Saâdaoui Chérifa
- * Mlle Omri Raoudha
- * M. Laouti Mokthar
- * M. Gharsalli Taoufik
- * M.Felhi Mohsen
- * M. Themri Mohsen
- * M. Laâbidi Lazhar
- M. ben Issa Haggi

et les consultantes :

- Mlle Harison Denise (US-AID)
- , Mne Rossi Elène (WASH)

Vous êtes priés de bien vouloir passer un quart d'heure en réfléchissant au sujet des objectifs (cité ci-dessous) avant l'ouverture de la séance du vendredi.

Programme pour la seance du travail de l'ERES

8h30	Présentation des objectifs de la seance et du programme pour la journée
8h45	Exercice en petit groupes: quatre phrases ou un seule?
9h15	Discussion des resultats du travaux de groupe
9h30	Mise au point de la situation actuelle de l'ERES
11h00	Les animatrices de base: guide d'encadrement? recrutement d'une 3eme promotion? prise en charge?
11h30	Seance de planification des activités de l'ERES
13h00	Mise au point de la nouvelle planification
13h30	Ou en sommes-nous?
14h00	Cloture

Un quatrième objectif a été adopté par le groupe:

4. Lister les problematiques de l'ERES et proposer les recommandations.

APPENDIX J

Description of a Women's Interest Group (AIF)

APPENDIX J

Description of a Women's Interest Group (AIF)

NOTE: This description was prepared by Denise Harrison in March 1990 to give small donors a general idea about AIFs.

THE BOULAABA WOMEN'S INTEREST GROUP

The Boulaaba Women's Interest Group was the first created and is the strongest. A council of 12 women represent 90 families in the community. The council is composed of 2 representatives, a project coordinator, the Potable Water Project's Health Care Worker and a secretary. This group is playing a lead role in helping the community resolve its water problems by promoting a discussion among women on the cleanliness of the Project's well water and advising women to purify their water with bleach especially if it comes from the local spring. Furthermore, the group interacts regularly with the Water Users' Association.

The Boulaaba Women's Interest Group has proposed a garden project as its first project. Gardens are a common way women reduce their food bill and improve their families' nutrition. To promote this positive activity, the women want to enlarge their gardens, improve their gardening techniques and provide gardens to women without them. Eleven women will benefit from the project, and they will pay 5 dinars toward renting a car that will transport the excess vegetables to the market to sell.

THE ABAR TAGHOUT WOMEN'S INTEREST GROUP

The Abar Taghout Women's Interest Group is located in a desolate area of Kasserine. Its activities revolve around a council of 5 older women, 6 young women, and the Potable Water Project's Health Care Worker, who is responsible for running the monthly meetings. One older woman and a young woman represent each of the 5 douars (a gathering of 15-25 homes of the same family) in the community of 150 families. Women organizing is quite a revolutionary idea to the community that has relatively no contact with the world outside of Abar Taghout and the neighboring town of Thala.

The Abar Taghout Women's Interest Group has proposed a chicken raising project. Many women already raise chickens for family consumption. The women want to improve their livestock raising techniques to raise enough chickens to sell in the markets of Kasserine and Thala. The Women's Interest Group will choose 25 families (5 from each douar) to benefit from this project.

THE OULED MANSOUR WOMEN'S GROUP

Just created and already very dynamic, the Ouled Mansour Women's Group is run by a council of 13 women including the project Health Care Worker. One to two women from nine neighborhoods help women learn the importance of sterilizing water from small uncovered wells in the area. The equipment for the community's deep sunk well has not yet been installed.

The scarceness and uncleanness of drinking water and the ramifications have been such a preoccupation of the community that the group is not yet considering projects.

COMING SOON... THE LAJRED WOMEN'S GROUP

The community of Lajred plans to hold a contact meeting with the women to structure a Women's Interest Group in early March. The women in the community have expressed a strong interest in forming a Women's Interest Group. The meeting will be organized and run by the project health care worker.

The project Health Care Worker has expressed two ideas for small projects that she feels may interest the women. The first is a small contest among the women on which family follows her advice the best on vaccination of children, cleanliness of home and water. She will give a small prize to this family. Secondly, she sees a need for an area around the water point to be built for women to wash their clothes and linen. Because water is quite far from homes (1 to 3 km); it is very difficult to bring enough water to do laundry at home.

FOUMMA'DHFA WOMENS INTEREST GROUP

The Foumma'dhfa Women's Interest Group is organized around a council of young women. Each of the four douars is represented by two girls and four representatives from each douar are responsible for communicating with the Water User Association President. Two Project Health Care Workers sit on the Council and play a leading role with the representatives in leading the meetings. One of the Health Care Workers is the group's secretary.

The Council feels that the main water problem is the distance girls have to travel to collect water. The girls are discussing ways to deal with the long distance.

Recently, the Council decided to launch a weaving project. One girl was elected project coordinator and will work closely with the consultant to develop the project.

WHAT ARE WOMEN'S INTERESTS GROUPS? WHAT DO THEY DO?

Women's Interest Groups are a mechanism for involving women more directly in the USAID Rural Potable Water Institutions Project. Women are the primary users of water in many areas of the world. They fetch the water; they cook and clean with the water. How they use water has a tremendous effect on the lives of everyone in their families. Thus, the primary goal of Women's Interest Groups is to promote a discussion among women about water: What problems exist? What solutions are possible?

All the women in a community are invited to join the Women's Interest Group, but a council is elected to run the group. This council meets with the Water Users' Association (created and supported by the Rural Potable Water Institutions Project) president and key members during and outside of official meetings. There are presently four pilot Women's Interest Groups: Boulaaba, Ouled Mansour, Foumma'dhfa, and Abar Taghout.

To encourage women to go outside of the domain of water and to improve their family income, small income generating projects are designed and executed by the Women's Interest Groups.

Camp Dresser & McKee International Inc.
Associates in Rural Development, Inc.
International Science and Technology Institute
Research Triangle Institute
University Research Corporation
Training Resources Group
University of North Carolina at Chapel Hill

WASH Operations Center
1611 N. Kent St., Room 1001
Arlington, VA 22209-2111
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THE WASH PROJECT

With the launching of the United Nations International Drinking Water Supply and Sanitation Decade in 1979, the United States Agency for International Development (A.I.D.) decided to augment and streamline its technical assistance capability in water and sanitation and, in 1980, funded the Water and Sanitation for Health Project (WASH). The funding mechanism was a multi-year, multi-million dollar contract, secured through competitive bidding. The first WASH contract was awarded to a consortium of organizations headed by Camp Dresser & McKee International Inc. (CDM), an international consulting firm specializing in environmental engineering services. Through two other bid proceedings since then, CDM has continued as the prime contractor.

Working under the close direction of A.I.D.'s Bureau for Science and Technology, Office of Health, the WASH Project provides technical assistance to A.I.D. missions or bureaus, other U.S. agencies (such as the Peace Corps), host governments, and non-governmental organizations to provide a wide range of technical assistance that includes the design, implementation, and evaluation of water and sanitation projects, to troubleshoot on-going projects, and to assist in disaster relief operations. WASH technical assistance is multi-disciplinary, drawing on experts in public health, training, financing, epidemiology, anthropology, management, engineering, community organization, environmental protection, and other subspecialties.

The WASH Information Center serves as a clearinghouse in water and sanitation, providing networking on guinea worm disease, rainwater harvesting, and peri-urban issues as well as technical information backstopping for most WASH assignments.

The WASH Project issues about thirty or forty reports a year. *WASH Field Reports* relate to specific assignments in specific countries; they articulate the findings of the consultancy. The more widely applicable *Technical Reports* consist of guidelines or "how-to" manuals on topics such as pump selection, detailed training workshop designs, and state-of-the-art information on finance, community organization, and many other topics of vital interest to the water and sanitation sector. In addition, WASH occasionally publishes special reports to synthesize the lessons it has learned from its wide field experience.

For more information about the WASH Project or to request a WASH report, contact the WASH Operations Center at the above address.