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CARE Guatemala and USAID/G-CAP**

**RAPID ASSESSMENT OF THE
HEALTH EDUCATION COMPONENT
OF PAYSA**

Guatemala, March 1996

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RAPID ASSESSMENT OF THE HEALTH EDUCATION COMPONENT

EXECUTIVE SUMMARY

At the end of February and beginning of March, CARE Guatemala conducted a Rapid Assessment of the Educational Health Component (RAHEC), with the following objectives: a) to obtain data before the end of the project, which will permit feedback to the Ministry of Health and especially the PAYSAs department regarding its efforts to strengthen the health education component; b) to obtain explanatory elements to complement the analysis of the Project Progress Survey which PAYSAs carried out in February 1996; and c) to establish which aspects or areas of the educational component need strengthening.

This rapid assessment was a joint effort CARE-PAYSAs personnel with technical support from the CARE Monitoring and Evaluation Manager and a Consultant. The RAHEC focused on the process followed by the educational component with the health volunteers being considered as the analysis unit. A sample of nine communities was selected based on previously established criteria (projects in the departments included in the CARE-USAID Agreement; progress in the educational component; geographical location and number of volunteers). The activities carried out included the review of the seven principal educational materials produced by PAYSAs and utilized by the volunteers; individual and group interviews with 51 volunteers; observation of 36 educational home visits and four group educational talks; and finally, 139 direct observations of the adoption of practices at the home level. The principal findings of the Rapid Assessment were:

- 1) The primary target audience towards which the volunteers should be directing and concentrating their efforts has not been clearly identified.
- 2) There is very little support and recognition for the volunteers on the part of the committee. The volunteers also need more support and follow-up from PAYSAs and MOH personnel.
- 3) The distribution of educational materials has not been uniform. Some communities have received all the materials and others have only received partial shipments.
- 4) The volunteers receive little or no orientation in order to carry out educational activities whether they be educational home visits or group sessions. Currently the educational home visit is used as a means for supervision and control rather than for educational purposes. The volunteers spend very little time on the educational home visits with the majority lasting less than five minutes. Furthermore, when they do make an educational home visit they do not have any guide with them for the educational messages nor any educational materials, using only the "Basic Information Sheet".
- 5) The indicators for measuring compliance with hand washing are difficult for the volunteers to verify since they are not present when this is being done (before preparing food, after using the latrine, before eating, etc.). This difficulty in measuring the

indicators may also be related to the limited time the volunteers spend in the homes during their visits.

- 6) There is no systematized and standardized way for applying the monitoring form (Basic Information Sheet) in the communities. Frequency varies from once every eight days to once every three months. In some communities the form is completely filled out during the home visit and in others only one or two modules are covered.

Taking into account the time left until the end of the Project and the findings from the RAHEC, the following suggestions are given for strengthening the PAYSA Health Education Component:

- 1) To establish or clarify, in conjunction with the health volunteers, what the primary audience for their educational messages should be.
- 2) PAYSA and MOH personnel should make more frequent follow-up visits to the volunteers in order to provide them with educational supervision and to increase their status in the eyes of the participants.
- 3) The volunteers need training in educational methodologies.
- 4) The volunteers should identify problems and find solutions during the educational home visits. For this a three part process would be necessary: First, the volunteer identifies the messages that are not being implemented; second, the volunteer begins a dialogue with the participants to determine the reasons or obstacles which inhibit implementation of the practice; and third, the volunteer and the participant jointly establish ways of eliminating the obstacles in order to implement the practice taught in the educational message.
- 5) The volunteers should focus their messages and prioritize the home visits according to the problems observed. Currently the volunteers carry out educational home visits to all the participants and give talks as they appear in the educational modules. These talks and the target audience should be focused in a two part process: First, the most important water related problems should be identified by the volunteers, then talks with messages aimed at these problems should be presented to the community. The talks that contain messages which are not relevant to the problems identified should not be given. Second, focus on identification of those homes which present the identified problems with greatest frequency. In large communities or sectors the volunteer does not have time to visit each participant, so the homes with greatest risk of water related problems should be identified and prioritized in order to receive longer, more frequent educational home visits.
- 6) The indicators related to hand washing practices must be revised in order to make it possible for the volunteers to verify and record them.
- 7) The frequency, content and target population for completion of the Basic Information Sheet should be established and standardized.

RAPID ASSESSMENT OF THE HEALTH EDUCATION COMPONENT PAYSA 1996 CARE Guatemala

I. METHODOLOGY

1. Purpose of the Study

- To obtain data which will permit feedback to the Ministry of Health and especially the PAYSA department regarding its efforts to strengthen the health education component, before the end of the project.
- To obtain explanatory elements to complement the analysis of the Project Progress Survey which PAYSA carried out in February 1996.
- To establish which aspects or areas of the educational component need strengthening and to provide recommendations in this regard.

2. Instruments and Techniques used in the Rapid Assessment

This rapid assessment used a series of techniques and tools for data collection. The most relevant aspects of these techniques include:

- Interviews were carried out by the researchers, not the interviewers as in a formal survey.
- The interviews were not structured or semi-directed, but emphasized dialogue and information based on the informants' experiences.
- The sample was directed to the goals of the investigation.

Each of the instruments used in the present study is described below:

- *Guide for Review of Educational Material:* This guide was designed to analyze the content of the educational material as well as to determine whether it focused on behavior change. The analysis was conducted in order to ascertain whether the materials were developed based on the specific needs of the communities and whether they provide messages that the target audience can apply. The study also attempted to identify who the target audience/s were according to the focus of the material. (see Annex B, Form No. 1)

- *Guide for Observation of Educational Activities:* This guide is designed to establish how the educational activities led by volunteers are carried out. The methods or techniques utilized for transmission of messages, the target audience to whom it is directed, the support material used during the sessions, etc. are all studied. (see Annex B, Form No. 2)
- *Guide for Volunteer Interviews:* The guide for interviews with health volunteers is designed for either individual or group interviews. Its content attempts to establish a profile of the health volunteers, their coverage in the community, the techniques or methods used for the transmission of messages, the monitoring system used, and their perspective on the obstacles encountered and recommendations for overcoming them. At the same time, tendencies are determined according to the volunteers' opinion about the adoption of behaviors by the community members. To this effect the volunteers are asked to share their observations about the number or percentage of the population who carry out the desired practices and at the same time the barriers for adoption of these practices are determined. (See Annex B, Form No. 3)
- *Direct Observation in Homes:* This covers any type of direct observation of the events, processes, relations, people or field objects which are noted by the research team. In order to document these observations, an instrument was designed in which all positive observations were recorded based on 13 indicators related to the changes and practices which are promoted according to the content of the project's educational material and messages. (See Annex B, Form No. 4)
- *Use of Educational Material in the Field:* The purpose of this instrument is to establish the type of educational material that the health volunteers use, what they use it for and/or why they do not use it. At the same time, it determines whether or not the volunteer received training or orientation on the contents and ways to use the material. (See Annex B, Form No. 5)

3. **Activities**

- Review of educational material
- Discussions with volunteers (Individual and group interviews)
- Observation of educational activities carried out by volunteers (Educational group talks and home visits)
- Observation of practices at the household level

4. **Calendar of Activities**

This rapid assessment was carried out in five weeks:

- The first week was used for planning, sample selection and review of the educational materials (February 19 to 23).

- The second and third weeks were dedicated to field work as it was estimated that each team could visit two communities per week (from February 26 to March 8).
- The fourth and fifth weeks were used for data analysis and preparation of the report (from March 11 to 15 and March 18 to 22).

5. Resources

- The work team for the Rapid Assessment of the Health Education Component was composed of personnel from the CARE-PAYSA project, including the Project Manager, two people from the Health Education Component and two people from the Infrastructure Component. This study also received technical support from the CARE Monitoring and Evaluation Administrator and from a CARE-PAYSA project consultant.
- Two teams were formed for the field work, each was made up of one person from the CARE-PAYSA Health Education Component and one from the Infrastructure component.
- Two cars, one for each field team.

6. Criteria for Selection of Sample Communities

	# Projects		Selection Criteria			# of Homes	
	Total	Sample	Geographical Location	% of Progress in the Ed. Comp.	# of Volunteers per community	per Volunteer	Total Sample
Solola	2	1	Distant 1	< 50%	≥2	3	≥ 6
Tonicapan	13	1	Distant	< 50%	≥2	3	≥ 6
		1	Close	< 50%	≥2	3	≥ 6
San Marcos	11	1	Distant	> 50%	≥2	3	≥ 6
		1	Close	> 50%	≥2	3	≥ 6
Quiche	7	1	Distant	> 50%	≥2	3	≥ 6
		1	Close	> 50%	≥2	3	≥ 6
Huehuetenango	4	1	Close	> 50%	≥2	3	≥ 6
Quetzaltenango	6	1	Distant	100%	≥2	3	≥ 6
TOTALS	43	Communities = 9	5 Distant 4 Close	3 < 50% 5 > 50% 1 with 100%	Volunteers ≥ 18		Homes ≥ 54

7. Communities Selected

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- 1 Communities for which the closest health post is over 5 kilometers away.
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**TABLE No. 2
COMMUNITIES SELECTED**

COMMUNITY	MUNI- CIPALITY	DEPARTMENT	LOCATION		% ED.2 COMPO- NENT	No. VOLUN- TEERS
			CLOSE	DISTANT		
Tzucubal	Nahuala	Solola		X	41.20%	5
Xesuc	San Cristobal	Totonicapan	X		30.10%	7
Chocuz y Nimacorrall	San Francisco el Alto	Totonicapan		X	26.25%	5
Canatzaj	Tacana	San Marcos		X	70.70%	5
Loma Linda	Tacana	San Marcos	X		55.10%	3
Xatinap II	Santa Cruz del Quiche	Quiche	X		89.45%	6
La Estancia	Santa Cruz del Quiche	Quiche		X	89.45%	6
Xepon Grande	Malacatancito	Huehuetenango	X		86.00%	19
Chiquival Alto	San Carlos Sija	Quetzaltenango		X	100%	2

II. RAPID ASSESSMENT FINDINGS

1. VOLUNTEER PROFILE

A total of 51 volunteers from the sample of selected communities were interviewed. Of these, 28 (55%) have held this position for a period of between 6 and 12 months, 20 (39%), for one to two years and three (6%), for approximately three years. Thirty-four of the total volunteers (67%) were elected by their communities by means of a general assembly, 11 (22%) were chose jointly by the water committee and some of the community members, and finally, six (11%) volunteers were named exclusively by the committee.

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- 2 The percentage of progress in the Educational Component was taken from the last PAYSA report available from November 1995.
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Each of the volunteers is responsible for one sector which is made up of a group of members' homes. In eight communities the volunteers are responsible for sectors composed of 25 to 40 homes and there is only one community where the sectors vary from 9 to 25 homes. This situation can be explained by the fact that in the project the number of members who have the system is low in relation to the total population.

In the volunteers' opinion, there is a high level of member participation in the educational component, from 80% to 100% of the households. The participation or interest of members in the education component varies in direct relation to the level and support which the volunteers receive from their committees. The lack of this type of support was identified by the volunteers as one of the principal obstacles to carrying out their educational activities. At the same time, the volunteers mentioned that for those who were not elected to their post via a general assembly and in the presence of the committee, recognition and acceptance by the members is very low.

Forty-six (90%) of the volunteers visit the homes in their sector at least once a month and the other five (10%) volunteers make home visits at least once every two or three months. This activity is for the transmission of educational messages is the one most used in the nine communities which were visited. In four communities (44%), the volunteers carry out demonstrations as well as home visits. In three communities (33%), the volunteers hold group meetings and in the remaining two communities (23%), the volunteers make posters.

When the volunteers were asked for suggestions for increasing member participation (activism) in the educational component they mentioned three main activities: more frequent educational home visits; more follow-up and support from PAYSA and/or MOH personnel in the educational component; more group education sessions.

Finally, in the nine communities which were visited all the volunteers had receive general training in the four educational modules. Some had received their training in February and had not yet had the educational reinforcement activities in at least two of the modules.

2. CHARACTERISTICS OF THE COMMUNITIES VISITED

TABLE NO. 3
CHARACTERISTICS OF THE COMMUNITIES

COMMUNITY	MUNICIPALITY DEPT.	ACCESS	CLIMATE	DISPERSION	TOPOGRAPHY	PRODUCTIVE ACTIVITY	PUBLIC SERVICES	ETHNICITY & LANGUAGE (Predominant)	PROJECT PROGRESS	VOLUNTERSE
Tzucubal	Nahualá, Sololá	1hour (56 km. from Quezaltenango, 4 Km. of dirt road in good conditions	Cold	Dense	Flat	Agriculture and day labor (they migrate to the Sout Coast)	Electricity, Water (public taps)	Predominantly Quiche Indian, Quiche and Spanish	100% Latrines; Water system under construction	5 men (3 w/previous experience)
Xesuc	San Cristóbal Totonicapán	12 km. from the department seat, paved road	Cold	Disperse	Flat	Agriculture and commerce	Electricity, water from artesian wells	Quiche Indian, Quiche and Spanish	100% Latrines; 10% Water system	7 women
Chocruz y Nimacorral	San Francisco el Alto, Totonicapán	35 km. from department capital on paved road (30 Kms.) and 5 Km. in dirt road in poor condition.	Cold	Disperse	Flat	Agriculture and commerce	Electricity, water from artesian wells	Quiche Indian; language predominantly Quiche and a little Spanish	100% Latrines; 15% Water system	3 men and 2 women
Canatzaj	Tacaná, San Marcos	5 km. from the municipal seat of Ixchiguan, dirt road from San Marcos	Cold	Disperse	Hilly	Agriculture and some cattle	Piped in water (informal system)	Indian, Spanish	100% Latrines; 90% Water system	5 men
Loma Linda	Tacaná, San Marcos	78 km from the city of San Marcos dirt road in good conditions	Cold	Disperse	Hilly	Agriculture and some cattle	Electricity, water from artesian wells and river	Indian, Spanish	100% Latrines; 95% Water system	2 women and 1 man
Xatinap II	Sta. Cruz del Quiché, Quiché	Dirt road in condition	Warm	Disperse	Mainly flat	Agriculture, commerce and crafts (weaving)	Electricity, water system (rationed), latrines (MOH)	Quiche Indian; language Quiche	100% Latrines; Water system under construction	4 women and 1 man (little participation)
La Estancia	Sta. Cruz del Quiché, Quiché	15-20 minutes (9 Km) from Sta. Cruz dirt road in good condition	Warm	Disperse	Flat in the center and mountainous on the outskirts	Crafts (weaving)	Electricity, health post, school and some latrines (MOH)	Quiche Indian; language Quiche	100% Latrines water system under construction	4 men
Xepón Grande	Malacatancillo; Huehuetenango	2.5 hours from Quezaltenango; paved road to Totonicapán and dirt road from Momostenango	Hot	Disperse. It is made up to villages which are far away from each other	Mountainous	Agriculture	The market and school are found in central Xepon; latrines (MOH)	Quiche Indians and ladinos; Quiche and Spanish	100% latrines	14 men and 3 women
Chiquival Alto	San Carlos Sija, Quezaltenango	1 hr. (80 km.) from Quezaltenango, paved road	Warm	Dense central nucleus; outskirts disperse	Mountainous and irregular	Agriculture, commerce, and day labor	Electricity, water, latrines and health	Ladinos, Spanish	00% water & latrine water committee	2 men and 2 women

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3. EDUCATIONAL MATERIALS FOR THE PAYSA PROJECT

The analysis of the content and use of the educational material developed for PAYSA was carried out in two parts: a) analysis of the content and orientation of the material; b) field use of these materials.

1. Educational Materials

The materials identified and reviewed in this study include:

- *Health Volunteer's Manual:* The health volunteers are the target audience for this manual which is focused on transmitting knowledge and not directly on changing behaviors in the population. It is composed of eight lessons: 1) Health Systems; 2) Community; 3) Diarrhea; 4) Water; 5) Latrines; 6) Hygiene and Household Cleanliness; 7) Garbage; 8) Environment.
- *In-service Training Guides for PEs* These guides are designed for the training of the Project Educators and serve as resource material. The guides are focused on behavior change and are divided into four modules. Each of the modules is covered in three sessions. These modules are: 1) Latrines; 2) Water; 3) Diarrhea; 4) Household Cleanliness and Environment.
- *Posters:* This material provides illustrations for transmission of knowledge and is aimed at the adoption of certain hygiene behaviors. It covers the four educational modules and includes 20 posters: 1) Water (6 posters); 2) Latrines (3 posters); 3) Diarrhea (7 posters); 4) Household Cleanliness and Environment (4 posters).
- *Other educational materials:* Other educational material has been developed by PAYSA and is used by the volunteers to support the transmission of educational messages on hygiene and health. Some of these include:
 - Pamphlet "Salucita y la Gotita"
 - Pamphlet "Appropriate Use of Water"
 - Sign "We Love Life"
 - Worksheets for School Children
 - Basic Information Sheet

2. Analysis of the Content and Focus of the Educational Material

The table which is presented below summarizes the characteristics and focus of the educational material that PAYSA uses and that is supplied to the volunteers for carrying out their educational activities within the project.

TABLE No. 4 ANALYSIS OF CONTENT AND FOCUS OF EDUCATIONAL MATERIALS								
QUESTIONS	TYPE OF EDUCATIONAL MATERIAL							
	Health Volunteer's Manual	Training Guides for PE's	Posters	Pamphlet "Salucita y la Gotita"	Pamphlet "Appropriate Use of Water"	Sign "We Love Life"	Worksheets for School Children	Basic Information Sheet
Does the information transmitted stimulate or encourage behavior change?	NO	YES	YES	YES	NO	NO	YES	YES
Is it prepared based on the concrete needs of the group to whom it is directed?	YES	NO	YES	YES	YES	YES	YES	YES
Does it only include the contents that the homes or individuals can apply or practice?	YES	YES	YES	YES	YES	YES	YES	YES
Does it hold their interest, build confidence and give practical solutions to the obstacles to change?	YES	NO	YES	YES	NO	YES	YES	YES
Is it aimed at the primary and secondary target audiences?	YES	YES	YES	YES	YES	NO	YES	YES

3. Field Use of the Educational Material

TYPE OF MATERIAL	HAVE RECEIVED MATERIALS (% of communities)³	HAVE RECEIVED TRAINING (% of communities)	WHAT IS IT USED FOR	IF NOT USED, WHY?
Health Volunteer's Manual	100% → Yes	100% → Yes	- To transmit knowledge - Study guide - Study	
Posters (Water, latrines, diarrhea, household cleanliness/environment)	55% → Yes (40% the four complete modules and 60% partially)	55% → Yes (40% the four complete modules and 60% only for the pages received)	Support for transmission of messages in Group Meetings	Not used in home visit because: - of transportation difficulties - not much time for visit - participants don't pay attention.
Worksheets for School Children	44% → Yes	Only received the material, not the training	They deliver it to the schools where it is used by the children to color and learn the educational messages	
Pamphlet: "Salucita y La Gotita"	22% → Yes	22% → Recently received the material but haven't received training yet.	Not used, only given to them for their information and study.	
Pamphlet "Appropriate Use of Water"	22% → Yes	22% → Yes	Support for transmission of messages during home visits.	
Signs "We Love Life"	78% → Yes	78% → Only received instruction to place them in the latrines	They are placed in latrines as a reminder to wash hands after use.	Although they use it, they suggest that it would be better with drawings.
Other Educational Materials (PAYSA)	22% → Yes		- Sheets for coloring, transmission of messages in schools about cleaning the latrine. - Posters about how to prevent cholera, posted in public places. - Signs regarding hand washing and Happy New Year placed on the door of the latrine.	
Other Educational Materials (Non- PAYSA)	11% → Yes	11% → Yes (MOH)	Posters regarding prevention of Dengue: These are not used they are just found in the communities	

3 The percentage of communities indicates that all the volunteers of these communities have received the same material and/or training.

4. OBSERVATION OF TRANSMISSION OF EDUCATIONAL MESSAGES BY VOLUNTEERS

The two means of educational message transmission which were observed during visits to the selected communities were educational home visits and group sessions. The most relevant aspects observed in each of the activities are described below:

1. Observation of Educational Home Visits

Thirty six educational home visits by volunteers were observed. Deeper analysis was carried out for 19 (53%) of these. The home visit is the one most often used by the volunteers as a means for transmitting educational messages.

In 31 of the 36 educational home visits observed, the volunteers entered the home itself and in 32 cases they entered the latrines to observe its condition as well as the degree of implementation of desirable behaviors or practices. Only in nine cases did the volunteers identify undesirable practices and in none of these cases did they carry out any educational reinforcement regarding these practices.

When the condition of the latrines and homes were observed, the volunteers identified inadequate conditions (particularly in the latrines) in 23 of the visits and only in seven of these cases did the volunteers carry out the appropriate educational reinforcement for appropriate practices.

The minimal amount of time the volunteers dedicate to the educational home visit was identified as one of the greatest problems with this activity. Twenty three of the visits lasted less than five minutes (the norm was about three minutes), in nine visits, five to ten minutes were spent and in four cases the visits lasted from 10 to 15 minutes.

The audience for the educational home visit in 12 of the 19 homes included both the spouses, in five, only the woman was home and in two, only the man was available. It was also noted that usually one or two children (average 1.4) were present during the educational home visit but they play a passive role in the activity. In all the cases observed, the people who were present at the beginning of the visit stayed during the entire visit.

Language was the greatest obstacle encountered by the work team in order to understand and observe the development of the activity and the educational content transmitted by the volunteers during the educational home visit. Nineteen of the visits were carried out in Spanish and the remaining 17, in Mayan languages. It is important to clarify that due to this language barrier, the findings that appear below have only been taken from the five communities where 19 of the 36 educational home visits took place:

- In 18 of the 19 educational home visits, it was not possible to observe or to determine if the activity had an obvious educational goal.
- The volunteers did not use educational material for the transmission of messages in any of the 19 visits observed.
- In all 19 educational home visits the volunteers used the “Basic Information Sheet” as a guide or memory aid for the educational messages, but only to observe and make note of their findings.
- In 3 of the 19 educational home visits the volunteer transmitted an educational message about cleanliness of the latrine. In one visit more than three messages were transmitted (latrine, water and household cleanliness). In the other 15 visits, the number of educational messages could not be observed or determined.
- In the educational home visits where some kind of activity or transmission of an educational message was observed on the volunteer’s part, this generally included information and concrete actions which were easily identifiable.
- In all 19 educational home visits the method most used for transmitting the messages was a one-sided talk by the volunteer with no participation by the recipients of the message.

2. Observation of Group Sessions

Four group sessions were observed in the communities of Xesuc, Chocruz/Nimacorral, Canatzaj and Loma Linda. Three of the four sessions were carried out in Spanish and one in a Mayan language. A different topic was discussed in each of the sessions (water use, latrine use, environment and water use, and latrine use). It is important to note that none of the sessions observed had been previously programmed by the volunteers, rather they were asked to repeat the last educational group activity they had done.

The group sessions lasted from 15 to 20 minutes each. At the beginning of the session attendance ranged from five to forty men (average 19) and 15 to 65 women (average 34). The attendance at the end of the session had increased slightly with averages of 20 men and 37 women. This increase was more significant in one of the four communities as the audience had doubled by the end of the session. An average of 16 children attended the sessions in the company of their parents but their role was mainly one of distraction.

At none of the group sessions did the volunteers specifically state or imply that they had an educational objective for the session. No guide was used for the messages nor was there an agenda for the session. In all four communities the talk was limited to the transmission of knowledge by the volunteers to the audience. In two of the communities the volunteers used the "Volunteer Health Manual" to read some of the educational messages to the audience.

In three of the four sessions the volunteers concentrated on only one topic and in the other session two topics were covered. In two of the sessions the style used for transmitting messages was unilateral (informative), in another session, the volunteers only read the information from the manual while in the last session a more interactive style was used (questions and answers). No evaluation of the session by the volunteers was observed by the research team in any of the four sessions.

5. VOLUNTEERS' OPINIONS ABOUT THE EDUCATIONAL MESSAGE TRANSMISSION ACTIVITIES

As was mentioned previously, the main activities used by the volunteers for the transmission of educational messages were: group sessions and educational home visits. The comments and suggestions from the volunteers with regard to these activities are presented below:

1. Group Sessions

In general terms the volunteers from the eight communities agreed that group sessions are good as they provide a means for exchanging ideas and experiences among the participants and this enriches the message. There are also people who don't dare to ask questions but in a group there are usually others who will ask and this helps to clear up doubts for everyone present.

Normally this type of session is carried out, upon request from the volunteers, during the water committee meetings in order to take advantage of the committee having called a meeting and the interest that the members have in these meetings. Once they are allowed a space in the agenda, the volunteers share their educational messages. Nevertheless, the volunteers have realized that holding their sessions together with the committee meeting has two disadvantages: a) the audience is mainly men; y b) the groups tend to be very large. These two aspects limit exposure of the messages to the entire population. Because of this, the volunteers suggested that these activities should be held with small groups (by sectors). When the groups are so large it is difficult to maintain order and a sound system is necessary so that the messages can be heard. Another of the advantages

of group sessions is that there is more time available to share the messages than when home visits are made.

Some of the disadvantages identified by the volunteers include that they need more audio-visual support materials for transmitting messages and that when the members are called to session, the majority can not attend and it is hard to get all the beneficiaries together. The volunteers fear that when the project is finished the members will no longer come at all to the meetings.

2. Educational Home Visits

In eight of the nine communities visited (88%), this activity is the one most used by the volunteers for the transmission of educational messages. The volunteers feel that in this way people pay more attention to the messages and that they can reach every household which is not the case with group sessions. They also take advantage of the educational home visits to observe and keep track of the implementation of the educational messages they have given.

On the other hand, the volunteers identified the following obstacles: sometimes people are not home or are too busy to give them much time for their activity. When they do manage to find someone at home there is usually only one member of the family available so that the messages don't reach everyone and other times they are not admitted to the house at all.

3. Obstacles for transmission of educational messages

The following were identified by the volunteers as the main obstacles for transmission of the educational messages: lack of attendance by members to the group sessions and little recognition or importance given by the committee and the population to the educational activities. In explaining this last point the volunteers expressed that they feel resentment from the community because of a lack of value given to the educational activities that the volunteers carry out and furthermore since the volunteers are exempt from the physical labor of building the infrastructure, the community and committee give them little support and recognition for what they do.

4. Obstacles for adoption of practices

One of the main obstacles identified by the volunteers for the adoption of the practices or behaviors conveyed in the educational messages is the small amount of time that mothers have to dedicate to educational activities. Also since the water system has not been

finished, people, especially women and children, still spend a lot of time carrying water to their homes. Finally, the low educational levels, the high degree of illiteracy, local customs, the minimal retentive ability of the people are other obstacles identified by the volunteers.

5. Volunteers' Suggestions

The volunteers feel that in order to overcome the above-mentioned obstacles more frequent educational home visits would be necessary as well as carrying out more activities with the children, increasing the number of volunteers and/or reducing the number of houses to be covered per volunteer, more educational supervision from PAYSА or the MOH, with some of the talks being given by PAYSА or MOH personnel. They also feel that a member of the committee should be part of the volunteers group and that more educational material needs to be available, especially material aimed at children.

6. APPLICATION OF PRACTICES/BEHAVIORS (according to the volunteers)

1. Regular use of latrines by people over 16 years of age:

Latrine use is an accepted practice in the communities. In the nine communities that were visited, the volunteers expressed that the latrines are used regularly by adults. It is important to mention that in seven of the communities some homes already had latrines provided by the MOH during the anti-cholera campaign which occurred before PAYSА came in. In the homes where two latrines are available (one from the MOH and the other from PAYSА) the families tend to use the older one so that when it is no longer useable they can begin to use the one from PAYSА.

2. Regular latrine use by 6 to 15 year olds:

The volunteers feel that the youth of this age group use the latrines in the same way as adults.

3. Latrine use and/or training of 3 to 5 year old children:

The volunteers had several opinions about the use of latrines by children. In seven communities (77%), families are in the process of teaching their children how to use the

latrine and/or they are taken to the latrine by older siblings or their mothers. In the other three communities (33%), families don't let their children use the latrine but rather use chamber pots. The main reasons for not letting children use the latrines include: the children are small and the seats are too big and high; the hole is too big and scares them, the seat is too cold. Suggestions from the volunteers with regard to increasing latrine use by children include reinforcing with mothers the importance of educating their children regarding latrine use, adapting the seat so that children can use them (using boards to reduce the size of the hole and making steps so that they can get up by themselves).

4. Cleaning and maintenance of the seat and floor of the latrine:

In seven of the communities (77%), the volunteer expressed that at least 90% of the homes keep their latrines clean. In the other two communities (22%), the volunteers felt that 50% of the families kept their latrines clean while the other 50% did not. In these last two communities, the volunteers felt that the greatest barrier to keeping latrines clean was the poverty of the families and the fact that they don't pay attention to the volunteers.

They suggested that more support was needed for their work from the committee and from PAYSA/MOH personnel so that the families will understand the importance of applying the educational messages.

5. Existence of a container for the paper used in the latrine:

In seven (77%) communities, the volunteers indicated that the majority of the families have some container available in the latrines for used paper. In the other two communities only 50% of the homes have a container in the latrine. In one of the latter communities the volunteers mention that the children go in and play with the papers so the families prefer to dispose of the paper in the latrine itself.

6. Care of drinking water (clean and covered container):

In only two of the communities (22%), the volunteers mention that drinking water is kept covered. In one community (11%), approximately 50% of the homes also apply this practice. As has been mentioned previously, only one of the projects visited (11%) had a finished and functioning water system built by PAYSA. Nevertheless, all the projects have some kind of water supply (artesian wells, public fountain, springs) and in six (66%) the educational component has covered more than 50% of the material. As a means of increasing coverage of this practice, the volunteers recommend that the topic be covered continuously in the educational home visits emphasizing the need to store drinking water in clean, covered containers.

7. Hand washing (before food preparation, before eating, before feeding small children and after using the latrine):

The volunteers claimed that the hand washing practices (before food preparation, before eating, before feeding small children and after using the latrine) are being applied by community members. However, they also mention that they only rarely observe this practice as they are usually not around when it would happen, or when they come to visit the women stop cooking to attend the visit. It is important then to note that this practice is generally not observed by the volunteers and is difficult for them to measure.

8. Knowledge (identification) of causes and knowledge about diarrhea (at least three causes, two signs of dehydration):

The volunteers feel that in five (55%) communities the majority of the people can identify at least three causes of diarrhea as well as two signs of dehydration. In the remaining four (44%) communities, the volunteers feel that the community members are unable to identify causes of diarrhea. It is important to clarify that in these four communities, the volunteers have not yet taught the module on diarrhea and in one the module has been taught but they have not confirmed the villagers' understanding of the concepts.

9. Knowledge of at least two ways to avoid diarrhea:

In six communities (66%), the volunteers claim that the majority of the people know at least two ways to prevent diarrhea. In three communities (33%), the villagers do not know how to prevent diarrhea and in two of these communities the volunteers have not yet presented the diarrhea module and in one the module has been presented but they have not confirmed the villagers' understanding of the concepts.

10. Clean, well-swept houses:

In eight communities (88%), the volunteers claim that the houses are generally clean and well swept. Only in one community (11%), was it found that the majority of homes are not cleaned or well swept. The volunteers' perception of why this has been difficult to get across to the villagers of this community is that these people become very difficult and rebellious when anyone insists on any particular topic.

11. Keeping animals in corrals and/or tied up:

In two communities (22%), this practice is not common and in seven communities (77%), the villagers have corrals or keep their animals tied up, but this depends a lot on the agricultural activities of the community. That is, in the harvest season the animals are kept penned so that they do not eat the grain and in the planting season (rainy season) they are controlled so they will not ruin the crops. However, when there is a shortage of grain or food the animals are left loose so that they can forage for food. They are also often left loose during the day but corralled at night so they will not be stolen.

Additionally the volunteers expressed that the biggest problem is with dogs and cats and not with poultry. Another situation that was mentioned and considered to be an obstacle by the volunteers is that the hen houses and corrals (for cows or sheep) are usually located near the houses both to keep the animals from being stolen and because of the limited size of the lot.

12. Garbage disposal and treatment:

In all nine communities (100%), the volunteers feel that the majority of families do carry out the practices or recommendations that PAYSA identifies as adequate for garbage disposal (burn, bury and compost).

13. Planting of trees for reforestation:

In eight (88%) of the communities, the volunteers feel that this practice is not carried out in any organized way or is not a result of the project. The volunteers identified some isolated cases where people do carry out reforestation activities, but they are due to individual interest or for other community projects. The limitations mentioned with regard to this topic include: lack of land, lack of interest by the community members and lack of initiative. In one community (11%), the volunteers identified the planting of trees near the water source as reforestation.

7. APPLICATION OF PRACTICES/BEHAVIORS (Direct Observation)

Thirteen indicators were identified and selected for direct observation of practices/behaviors, based on the educational messages established in the "Volunteer Health Manual" and the indicators contained in the Basic Information Sheet which PAYSA uses to monitor the impact of the educational component.

It is important to note that of the nine selected projects, only one currently has a water system built by PAYSA, two communities have previous water systems (Tzucubal, has a public tap and

Xatinap II has household water supply but it is rationed). The other six communities do not have any water distribution system but rather get their water from artesian wells, rivers or nearby springs. For this reason the results found in relation to the use and management of water may be affected by these conditions in spite of the fact that the educational messages on water use have already been presented in these communities.

Another aspect that should be mentioned is that in spite of not having told the villagers that we would be making observations of their homes and latrines, as soon as they saw there were visitors accompanying the volunteers, they quickly began to clean their homes and latrines. This leads us to believe that the observations made during the visit were affected by this situation. Nevertheless, when the information was compared with that of the volunteers, the percentages were similar.

The list of questions used as indicators for the direct observation carried out by the study team in 139 homes are presented below along with the percentages for positive findings for each practice. (For greater details on the results, by community, see the Table of "Frequencies of Direct Observations of Homes" at the end of this report)

	%	(n)
Is the drinking water covered?	46%	(64)
Are foods covered?	31%	(43)
Are animals present or are signs of their presence visible in the kitchen?	50%	(70)
Does the person preparing food have clean hands?	42%	(59)
Are the children's hands clean?	20%	(28)
Is there any soap visible?	34%	(47)
Is the inside of the home clean (swept and w/out garbage)?	56%	(78)
Is the outside of the house clean (swept and w/out animal wastes)?	58%	(81)
Are there signs of the latrine being used?	94%	(131)
Are the seat and floor of the latrine clean?	76%	(106)
Is the latrine opening covered?	76%	(106)
Is there a container for papers in the latrine?	70%	(97)
Are there corrals or pens for the animals?	17%	(23)

8. FORM FOR MONITORING OF INDICATORS

The PAYSA monitoring system uses a form which covers the most important project indicators.

This form is divided into four parts, corresponding to the four educational modules established by PAYSA (Latrines, Water, Diarrhea, Household Cleanliness and Environment). The information comes from the communities where the volunteers visit each home. In the course of the rapid assessment it was seen that this instrument is used in the nine communities visited (100%). The frequency with which the volunteers use the form at each home varies from community to community. In four communities (44%) the volunteers make visits every 30 days, in one community (11%) they visit every eight days, in another community (11%) every 10 days, in another (11%), every 15 days, in another (11%), every three months and in the last community (11%) they have only made one monitoring visit given that they ran out of forms.

Independent of the monitoring frequency, when the volunteers carry out this activity in the nine communities visited (100%), they visit all the homes that are under their responsibility. Nevertheless, the way they fill out the form varies. In three communities (33%) they fill out the entire form (for all four modules) when they do a home visit and in six of the communities (66%) they fill it out partially or by modules.

The use that the volunteers give to the information collected in the forms also varies from community to community. In four communities (44%), the volunteers expressed that the data collected is primarily used to report to PAYSA and to evaluate the progress of the educational component. In four other communities (44%), the volunteers use the information as a control to establish the status of the families and of the community.

What is important to note here is that there is no uniformity in terms of criteria, nor standardization of the form in the communities or for the volunteers. It is recommended that if this information is to be used to determine progress and achievements in the educational component of the communities, training activities and standardization of form use will first be necessary.

III. CONCLUSIONS

1. In relation to the target audience for the health education component:

1. The target audience does not exist or is not clearly identified by the volunteers in order to focus their educational activities. E.g., women over 15 years of age, men and women over 15, school age children. This situation can water down the efforts of the volunteers or cause them to neglect a target group that the project has identified as a target audience for the health education component.

2. In relation to the volunteers:

1. The volunteers receive little support and recognition from the committees. A strong, close relationship needs to be established between the volunteers and the water and/or operation and maintenance committees. The volunteers also need more support, more coordination of activities and more follow-up from PAYSA and MOH personnel.

3. In relation to the use of educational materials:

1. The distribution of the educational materials is not uniform. In some communities the volunteers have received all the materials and others have only received a partial supply.
2. Only two communities have received the complete set of Posters for the four modules and three communities have received partial sets. The volunteers feel that the posters are very difficult to transport and for that reason they do not take them with them on home visits.
3. Seven of the communities have received the "We love life" signs but they are written in Spanish and approximately 50% of the communities speak Quiche so the message is not read.
4. The educational material which is aimed at school children is only given to the volunteers with the instruction to deliver it to the schools but they do not receive any training regarding its use.
5. The Basic Information Sheet is the instrument most used by the volunteers as a guide or reminder for the messages during educational home visits, nevertheless, due to the characteristic of this sheet, it does not cover the content of the messages that should be transmitted. In the two communities which have received

the Pamphlet (Appropriate Use of Water) it is used as an aid for transmission of the messages during educational home visits.

4. In relation to educational message transmission activities:

1. The volunteers receive little or no orientation about how to carry out educational activities whether they be educational home visits or group sessions. Currently the educational home visit is used as an activity for control and supervision rather than as an educational opportunity. The time that the volunteers dedicate to an educational home visit is very short, generally not lasting more than five minutes. Furthermore, when the volunteers carry out their educational home visits they do not have or have not brought any guide for the educational messages nor any support material relying only on the "Basic Information Sheet".
2. Normally the group sessions take place during the project work meetings. These meetings are programmed by the committee and the volunteers request a part of the time to give their talk.

One fear expressed by the volunteers in relation to this means of conducting group sessions is that when the project ends and work meetings are no longer held, it will be very difficult to get the members together for educational sessions.

3. The volunteers are not prepared with group dynamics or educational strategies for presenting messages to the group. They limit themselves to one-sided talks or a reading of the contents of the manual. Furthermore, the volunteers have no techniques for evaluating whether the audience understood their message or not.

5. In relation to adoption of practices at the home level:

1. Use of the latrine by adults and children over six is well accepted, but with children under five, fear exists that they might fall in the hole (the seat has a very large hole and is very high).
2. There are some indicators for the hand washing practice that are difficult for the volunteers to verify since they are not present at the times when these practices are carried out (before preparing food, after using the latrine, before eating, etc.). The difficulties with measuring these indicators may also be related to the short amount of time that the volunteers spend in the homes when they visit.
3. The volunteers know the material and are able to present the diarrhea module but have very little ability for expressing themselves and it is difficult for them to communicate the educational messages.

6. In relation to the monitoring of indicators:

1. There is no systematic, standardized method among the volunteers for completing the monitoring form (Basic Information Form). Frequency varies from once every eight days to once every three months. In some communities the volunteers fill out the whole form in one home visit and in others it is only filled out for one or two modules.
2. The total target population for measurement of the indicators has not been defined and it varies in terms of forms filled out or number of members registered who may not all be attended. Furthermore, no consideration has been given to the potential for future houses. This can result in errors with regard to perception of results or the coverage of established indicators since the percentages might not be representative of the total beneficiary population.

IV. SUGGESTIONS

1. In relation to the target audience of the health education component:

1. It is essential that the primary target audience for the health messages be established or clarified in conjunction with the health volunteers.
2. The health education messages should reach the entire population that is benefiting from the project (members).

2. In relation to the volunteers:

1. It is essential that lines of communication and support between the committees and volunteers be reinforced so that they will have greater recognition in the community.
2. PAYSA and MOH staff should set up follow-up visits with the volunteers more frequently in order to offer more educational supervision and to increase recognition among participants..

3. In relation to use of educational materials:

1. An educational message guide which can be transported easily and used by the volunteers during educational home visits would be a valuable support tool for the educational work that is involved in this type of activity.

2. The communities and volunteers which have not received the full set of educational materials should be identified in order to rectify that situation.

4. In relation to educational message transmission activities:

1. The volunteers should be trained in educational methodologies such as: role playing, sociodramas, demonstrations, problem solving, etc. Currently the technique most used by the volunteers is that of talks with questions and answers included occasionally.
2. The volunteers should focus on only one message during the educational activities. This message should be reinforced during the session. Each activity carried out in these sessions should reinforce and be related to the message.
3. The volunteers should identify problems and resolve them during the educational home visits. This requires a process composed of three parts:
 - a) First, the volunteer identifies the messages that are not being implemented;
 - b) Second, the volunteer establishes a dialogue with the participants to determine the reasons or obstacles for implementation of the message;
 - c) Third, the volunteer and participant jointly seek out ways to eliminate the obstacles for implementation. When the message is implemented, the volunteer should congratulate the participant and as a means of follow-up, the volunteer should occasionally ask the participant to repeat the message.
4. The volunteers should focus their messages and prioritize their home visits according to the problems observed. Currently the volunteers make home visits to all the participants and give talks from the educational modules. These talks and the audience should be focused in a two-part process:
 - a) First, the most important problems with regard to water should be identified by the volunteers and then talks with messages focused on these problems should be directed to the community. Talks that contain messages which are not relevant to these problems should not be given. For example, if in the majority of the homes in the community, foods are covered, but the water supplies are not, the messages should be focused on protection of home water supplies and not on the protection of foods.

b) The second step should be to focus on the identification of homes that have presented the greatest frequency of the problem which has been identified. In large communities or sectors, the volunteer does not have time to visit each participant so the homes with greatest risk for water problems should be identified and prioritized so that they will receive longer and more frequent educational home visits. These visits should be focused on habits which affect the dissemination of water related diseases. The decision about which messages and which homes should be prioritized should be made based on the "Basic Information Sheet" data collected by the volunteers.

5. In relation to the adoption of practices at the household level:

1. The indicators related to hand washing should be revised so that the volunteers can verify and record them

6. In relation to the monitoring of indicators:

1. The frequency, content to be covered and total target population to be covered should be established and standardized for filling out the "Basic Information Sheet".

V. ANNEXES

Annex A: Table of Frequencies of Direct Home Observation of Practices

Annex B: Instruments Used in the Rapid Assessment (*Form No. 1 to 5*)

Annex C: Basic Information Sheet

APRECIACION RAPIDA DEL COMPONENTE EDUCATIVO
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Anexo A

FRECUENCIA DE LA OBSERVACION DIRECTA DE LOS HOGARES

		LOMA	CANATZAJ	XESUC	CHOCRUZ	CHIQUIVAL	XEPON	LA	XATINAP	TZUCUBAL	TOTAL
		LUNDA			NIMACORRAL	ALTO	GRANDE	ESTANCIA			
TOTAL	n	9	12	18	15	10	23	13	16	23	139
	%	6	9	13	11	7	17	9	12	17	100
Agua para tomar	n	1	0	6	6	4	8	12	9	18	64
cubierta	%	11	0	33	40	40	35	92	56	78	46
Alimentos cubiertos	n	3	0	7	4	2	6	8	5	8	43
	%	33	0	39	27	20	26	62	31	35	31
Animales vivos	n	6	11	12	7	4	17	5	6	2	70
	%	67	92	67	47	40	74	38	38	9	50
Directa mano	n	3	0	9	1	7	9	6	8	16	59
preparacion alimentos	%	33	0	50	7	70	39	46	50	70	42
Materiales	n	3	0	6	0	2	5	4	1	7	28
	%	33	0	33	0	20	22	31	6	30	20
	n	4	3	12	0	9	6	4	6	3	47
	%	44	25	67	0	90	26	31	38	13	34
	n	8	3	5	1	8	8	11	13	21	78
	%	89	25	28	7	80	35	85	81	91	56
	n	7	5	5	1	6	16	9	10	22	81
	%	78	42	28	7	60	70	69	63	96	58
	n	7	12	18	14	10	18	13	16	23	131
	%	78	100	100	93	100	78	100	100	100	94
	n	8	11	10	7	9	15	12	11	23	106
	%	89	92	56	47	90	65	92	69	100	76
	n	7	7	9	10	9	21	9	10	23	105
	%	78	58	50	67	90	91	69	63	100	76
	n	8	7	13	11	8	10	9	9	22	97
	%	89	58	72	73	80	43	69	56	96	70
	n	9	1	1	4	0	6	1	0	1	23
	%	100	8	6	27	0	26	8	0	4	17

Los materiales educativos (impresos, radiales, visuales u otros) o los mensajes educativos estarán orientados a la modificación de conductas si

* la información que transmiten estimula o motiva cambios de conductas específicas o de hábitos (conjuntos de conductas que se realizan repetidamente o consistentemente);

* están elaborados en base a las necesidades concretas del grupo a quien van dirigidos: qué hacen ya y porque o porqué no; que conocimientos manejan ya; cuáles son las principales barreras al cambio conductual; cuáles son las principales oportunidades de entrada para el cambio conductual; cuales son las formas comunes y aceptadas de comunicación en la comunidad o en el grupo de personas beneficiarias; cuáles son los recursos comunitarios o grupales para la comunicación;

* incluyen solamente aquellos contenidos que, con verificación previa con la comunidad misma, los hogares o los individuos pueden aplicar o practicar de verdad

* mantienen el interés, crean confianza y dan soluciones prácticas a las barreras al cambio, sean éstas culturales, sociales o materiales;

* están orientados a audiencias metas específicas, tanto primarias como secundarias.

prácticas:

condiciones:

2.4 Hace el/la voluntario/a un refuerzo educativo sobre las prácticas que no se están realizando y/o las condiciones indeseables? Responda para cada una:

prácticas:

condiciones:

2.5 Cuanto tiempo dura la actividad?

2.6 Cuántas personas están presentes al inicio de la actividad? Describa cuántas son mujeres y cuantos hombres, rango de edades, si son en su mayoría madres o padres de familia, si son personas que se han beneficiado de un componente de agua entubada:

2.7 Describa cuántas mujeres y cuántos hombres hay al final de la actividad:

2.8 Aproximadamente cuántos niños hay en la actividad? Que rol juegan? Son distractores?

2.9 Idioma o idiomas en que se realiza la actividad:

2.10 Tiene la actividad un objetivo educativo evidente o expresado por el voluntario facilitador de la actividad? [Planificado. El facilitador/a ha establecido quiénes van a participar, qué van a aprender, cómo van a aprender, qué cosas ya saben sobre el tema o temas antes de iniciar la actividad, cómo va a verificar lo que aprendieron, qué recursos va a usar y cómo los va a usar, cuándo los va a usar, qué seguimiento, apoyo o refuerzo brindará después de finalizada la actividad.] Explique:

2.11 Tiene el facilitador una guía de mensajes (listado con resúmenes de los puntos más importantes de los mensajes)? La sigue? Cómo la sigue? [Debería usarla como recordatorio de los puntos claves de cada mensaje que debe cubrir, aunque sea en sus propias palabras.]

La guía de mensajes asegura que todos los facilitadores/as digan todos y cada uno los mismos contenidos o ideas a la audiencia principal y secundaria, aunque sea en sus propias palabras. Esto ayuda a que los contenidos sean consistentes y parejos.

2.12 Cuántos diferentes mensajes educativos (con contenidos distintos) cubre el voluntario en la actividad?

2.13 La mayoría de los mensajes incluyen contenidos sobre:

- a. conocimientos? _____
- b. destrezas/habilidades? _____
- c. actitudes (positivas o negativas) hacia un objeto, acción, individuo o evento? _____
- d. el porqué o el para qué de una destreza o de una acción que se está promoviendo? _____
- e. una acción concreta fácilmente identificable? _____

2.14 Cuáles materiales educativos usa durante la actividad? Cuáles son materiales proporcionados por el proyecto? Cuáles por otros proyectos? Cuáles y cuántos son materiales producidos por él/la voluntario/a? Describa cada uno:

2.15 Cómo usa el o los materiales educativos? Describa:

2.16 Cuáles técnicas educativas o medios educativos observa? Describa cada una:

[Ejemplos: presentación formal, charla unilateral, charla interactiva, trabajo de grupos, dinámicas o juegos de grupos, teatro, sociodramas, demostraciones prácticas, demostraciones prácticas participativas, películas, T.V., video, filminas, diapositivas, transparencias, fotografías, gráficas individuales o comunales, audio, teatro, títeres, rotafolio, papelógrafo, franelógrafo, afiches, pizarra, folletos, libros, periódicos, trifoliales, volantes.]

2.17 Cuáles técnicas evaluativas observa? Describa cada una:

[Técnicas para constatar comprensión, retención o asimilación de los contenidos educativos.]

Observar es:

1. examinar objetiva y cuidadosamente el evento y las personas que participan
2. ver y registrar (o documentar) sistemáticamente lo que hacen y dicen

quien dice qué
quien no habla
que hacen los que escuchan mientras otro habla
ponen atención o están distraídos
como sabe Ud. que están poniendo atención
cuánto tiempo dura el evento o los eventos observados?
qué cosas no se hacen?

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GUÍA DE ENTREVISTA A VOLUNTARIOS

Comunidad: _____ Municipio: _____ Depto.: _____

Nombre de la persona que realizó la entrevista: _____

Nombre del o de los Voluntarios: _____

Fecha de la Entrevista: _____ - _____ - 96 No. de Observación: _____

	PRACTICA	Lo hacen?	Por que no ?	Que hacer ?
3.18.	Las personas mayores de 16 años utilizan regularmente la letrina?			
3.19.	Los jóvenes de 6 a 15 años utilizan regularmente la letrina letrina?			
3.20.	Los niños de 3 a 5 años utilizan o les están enseñando a utilizar la letrina?			

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3.21.	Mantienen la taza y el piso de la letrina limpios?			
3.22.	Hay bote o recipiente para los papeles en las letrinas			
3.23.	El agua para tomar, la mantienen en trastos limpios y tapados			
3.24.	Las personas se lavan las manos antes de preparar los alimentos			
3.25.	Las personas se lavan las manos antes de comer sus alimentos			
3.26.	Las personas se lavan las manos después de usar la letrina			
3.27.	Las personas se lavan las manos antes de alimenta a los niños pequeños			
3.28.	Las personas mayores saben identificar por lo menos 3 casusas de la diarrea			

3.29.	Las personas conocen por lo menos 2 signos de deshidratación			
3.30.	Las personas saben por lo menos 2 formas como evitar la diarrea?			
3.31.	Las casas regularmente están barridas y limpias			
3.32.	Regularmente los animales pequeños (gallinas, perros, chompipes, etc.) los mantienen en corral o amarrados			
3.33.	Las familias tratan la basura?			
3.34.	Las familias están sembrando arboles para reforestar			

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APRECIACIÓN RÁPIDA DEL COMPONENTE EDUCATIVO

PAYSA 1996

CARE GUATEMALA - PN-56

GUÍA DE ENTREVISTA A VOLUNTARIOS

Comunidad: _____ Municipio: _____ Depto.: _____

Nombre de la persona que realizó la entrevista: _____

Nombre del o de los Voluntarios: _____

Fecha de la Entrevista: _____ - _____ - 96 No. de Observación: _____

	PRACTICA	COMUNIDAD 1	COMUNIDAD 2	COMUNIDAD 3
3.1.	Cuanto tiempo tiene(n) de ser Voluntario(s) del proyecto			
3.2.	Como lo(s) escogieron para ser Voluntario(s)?			
3.3.	Cuantos hogares son atendidos por usted (o cada uno de ustedes):			

3.4.	Con que frecuencia visita(n) cada uno de los hogares de los socios:			
3.5.	Cuantos de estos hogares están activos, es decir asisten o reciben los mensajes educativos con regularidad:			
3.6.	Podría explicarme qué actividades realiza(n) para transmitir los mensajes educativos a los socios:			
3.7.	Que haría(n) usted(es) para que todos los socios participen activamente en las actividades del componente educativo del proyecto:			
3.8.	Cuando recibió(o recibieron) la última capacitación? Cual fue el tema?			
3.9.	Sobre cuales módulos educativos ha(n) recibido capacitación:			
3.10.	Que aspectos considera(n) positivos de estas capacitaciones? Que es lo que más le(s) ha servido para realizar sus actividades educativas?			

3.11.	Que aspectos considera usted(es) que es necesario reforzar en estas capacitaciones? Que otros conocimientos o destrezas necesita usted para mejorar sus actividades educativas?			
3.12.	Que piensa(n) de la transmisión de mensajes de salud mediante reuniones de grupos?			
3.13.	Que piensa(n) de la transmisión de mensajes de salud mediante las visitas domiciliarias?			
3.14.	Está(n) pasando la boleta de monitoreo en su comunidad			
	Cada cuanto pasan la boleta a un mismo hogar?			
3.15.	Cuando llenan la boleta lo hacen para todos los hogares en su sector			
3.16.	Cuando llenan la boleta de monitoreo, la llenan completa?			

3.17.	Para que le(s) sirve la boleta de monitoreo?			
3.35	Cuales son los mayores obstáculos o barreras que usted(es) enfrenta(n) al realizar sus actividades educativas?			
3.36	Cuales son los mayores obstáculos o barreras para que las personas entiendan los mensajes educativos y comiencen a realizar los cambios de conducta esperados?			
3.37	De acuerdo con su experiencia como voluntario(s): Como podría mejorarse el componente educativo de salud en su comunidad?			
3.38	COMENTARIOS GENERALES			

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APRECIACIÓN RÁPIDA DEL COMPONENTE EDUCATIVO
PAYSA 1996
CARE GUATEMALA - PN-56
GUÍA DE OBSERVACION DIRECTA EN EL HOGAR

Comunidad: _____ Municipio: _____ Depto.: _____

Nombre de la persona que realizó la observación: _____

Nombre del Voluntario No 1: _____

Nombre del Voluntario No 2: _____

Nombre del Voluntario No 3: _____

Fecha de la Observación: _____ - _____ - 96 No de Observación: _____

Prácticas observadas ¹		Volunt. 1			Volunt. 2			Volunt. 3			TOTAL
		1	2	3	1	2	3	1	2	3	
4.1.	Está cubierta el agua que usan para tomar?										
4.2.	Están cubiertos los alimentos?										
4.3.	Hay animales en la cocina, o señales de que entran frecuentemente?										
4.4.	Están las manos de las personas que preparan alimentos limpias?										
4.5.	Están las manos de los niños limpias?										
4.6.	Hay jabón a la vista?										
4.7.	Esta el interior de la vivienda limpio (<i>barrido y sin presencia de basura</i>)?										
4.8.	Está el exterior de la vivienda limpia (<i>sin presencia de basura o estiércol animal</i>)?										
4.9.	Tiene la letrina señales de ser usada?										
4.10.	Está el asiento y el piso de la letrina limpios?										
4.11.	Está tapado el agujero de la letrina?										
4.12.	Hay bote o recipiente para los papeles en la letrina?										
4.13.	Hay corrales o gallineros para los animales?										

¹ Poner una "x" en las casillas donde la respuesta es positiva (SI). Si la respuesta es NO o no se pudo observar la práctica, dejar la casilla en blanco.

APRECIACIÓN RÁPIDA DEL COMPONENTE EDUCATIVO

PAYSA 1996

CARE GUATEMALA - PN-56

GUÍA DE ENTREVISTA A VOLUNTARIOS **SOBRE MATERIAL EDUCATIVO**

Comunidad: _____ municipio: _____ Depto.: _____

Nombre de la persona que realizó la entrevista: _____

Nombre del o de los Voluntarios: _____

Fecha de la Entrevista: _____ - _____ - 96 No. de Observación: _____

	Tipo de Material Educativo	Lo recibió?	Recibió Capacitación?	Para que lo utiliza?	Si no lo utiliza ... Por qué?
5.1.	MANUAL PARA EL VOLUNTARIO DE SALUD				
5.2.	CARTELES VISUALES Modulo Letrina (3) Modulo Agua (6) Modulo Diarrea (7) Modulo Vivienda- M. Amb. (4)				

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5.3.	HOJAS DE TRABAJO PARA ESCOLARES (4)				
5.4.	FOLLETO "SALUCITA Y LA GOTITA"				
5.5.	TRIFOLIER "USO ADECUADO DEL AGUA POTABLE"				
5.6.	ROTULOS AMAMOS A LA VIDA "LAVADO DE MANOS"				
5.7.	HA RECIBIDO OTROS MATERIALES EDUCATIVOS POR PARTE DE PAYSА? (CUALES?)				
5.8.	HA RECIBIDO OTROS MATERIALES EDUCATIVOS DE OTROS PROYECTOS O INSTITUCIONES? (CUALES?)				

COMPONENTE DE EDUCACIÓN EN SALUD ENCUESTA DE HOGAR

Nombre del Encuestador: _____ Fecha: ___/___/___
 Código del Proyecto (Comunidad-Municipio-Departamento): _____
 Comunidad: _____
 Municipio: _____ Departamento: _____

A. ESTRUCTURA FAMILIAR

A.1. Menos de 1 año: _____ A.2. de 1 a 3 años: _____
 A.3. de 4 a 15 años: _____ A.4. de 16 a 60 años: _____
 A.5. mas de 61 años: _____

B. USO DE LA LETRINA

B.1. Tiene Letrina (S/N): _____
Si la respuesta es "N", pase al la pregunta B.9.

B.2. Tipo de Letrina: B.2.a. Simple: _____
 B.2.b. Abonera: _____

B.3. Conservación y mantenimiento de la letrina (Aspecto):
 B.3.a. Limpia: _____
 B.3.b. Sucia: _____
 B.3.c. a medias: _____

B.4 Conservación y mantenimiento de la letrina (Estado):
 B.4.a. Bueno: _____
 B.4.b. Regular: _____
 B.4.c. Malo: _____

B.5. Hay bote de basura para los papeles (S/N): _____
 B.6. Echan de estiércol fresco de caballo o ceniza (S/N): _____

B.7. Tapadera de la letrina:
 B.7.a. Tiene tapadera la letrina (S/N): _____
 B.7.b. La mantienen tapada (S/N): _____

B.8. Puerta de la caseta:
 B.8.a. Tiene puerta la letrina (S/N): _____
 B.8.b. Mantienen la puerta cerrada(S/N): _____

B.9. Disposición de las excretas de los niños menores de 3 años:
 B.9.a. Se entierran: _____
 B.9.b. Se echan en la letrina: _____
 B.9.c. Se botan en el campo: _____
 B.9.d. Otros: _____

B.10. Disposición de las excretas de los niños de 4 a 15 años:

B.10.a. Letrina: _____

B.10.b. Campo: _____

B.10.c. Ambos: _____

B.11. Disposición de las excretas de los adultos (16 años en adelante):

B.11.a. Letrina: _____

B.11.b. Campo: _____

B.11.c. Ambos: _____

B.12. Por que es importante tener una letrina?

B.12.a. Evitan enfermedades: _____

B.12.b. Evita ser visto por lo demás: _____

B.12.c. Evita contaminación del ambiente: _____

B.12.d. Por higiene: _____

B.12.e. Nos protege del sol y lluvia: _____

B.12.f. Otros: _____

C. HIGIENE PERSONAL

C.1. Lavado de manos:

MADRES

C.1.a. Antes de dar de mamar: _____

C.1.b. Ates de preparar alimentos: _____

C.1.c. Antes de comer: _____

C.1.d. Después de comer: _____

C.1.e. Después de defecar: _____

C.1.f. Después de limpiar a los niños: _____

C.1.g. Después de cuidar los animales: _____

C.1.h. Después de trabajar: _____

NIÑOS

C.1.i. Ates de preparar alimentos: _____

C.1.j. Antes de comer: _____

C.1.k. Después de comer: _____

C.1.l. Después de defecar: _____

C.1.m. Después de cuidar los animales: _____

C.1.n. Después de jugar: _____

C.2. Con que se lavan las manos?

MADRES

C.2.a. Solo con agua: _____

C.2.b. Con jabón: _____

C.2.c. Otros: _____

NIÑOS

C.2.d. Solo con agua: _____

C.2.e. Con jabón: _____

C.2.f. Otros: _____

D. HIGIENE DOMÉSTICA

D.1. Ambiente de la cocina:

- D.1.a. Existen abundantes moscas: _____
- D.1.b. Están los alimentos protegidos: _____
- D.1.c. Están los platos y ollas protegidas: _____
- D.1.d. Hay presencia de animales en cocina: _____
- D.1.e. La cocina esta elevada: _____

D.2. Disposición de la basura:

- D.2.a. La entierran: _____
- D.2.b. La queman: _____
- D.2.c. La utilizan como abono: _____
- D.2.d. La tiran en el campo: _____
- D.2.e. La tiran al río: _____
- D.2.f. Se la dan a los animales: _____

E. AGUA PARA CONSUMO HUMANO

E.1. Fuente de abastecimiento de agua:

- E.1.a. Toma domiciliar: _____
- E.1.b. Pozo: _____
- E.1.c. Nacimiento: _____
- E.1.d. Río: _____
- E.1.e. Canal de riego: _____
- E.1.f. Otra: _____

E.2. Agua para beber:

- E.2.a. Hierve el agua (S/N): _____
- E.2.b. La mantiene tapada (S/N): _____
- E.2.c. Usa cloro (S/N): _____
- E.2.d. La mantiene tapada (S/N): _____
- E.2.e. Almacena agua (S/N): _____
- E.2.f. La mantiene tapada (S/N): _____

F. USO RACIONAL DEL AGUA

F.1. Estado de la llave domiciliar:

- F.1.a. Sin fuga: _____
- F.1.b. Con fuga leves: _____
- F.1.c. Con fuga fuere: _____

F.2. Estado de los alrededores de la llave:

- F.2.a. Limpio y seco: _____
- F.2.c. Charcos y lodo: _____

G. CONOCIMIENTOS SOBRE LA DIARREA

G.1. Cuales son las causas mas comunes de la diarrea?

- G.1.a. Beber agua sucia o contaminada: _____
- G.1.b. Comer alimentos en trastos sucios: _____
- G.1.c. Comer frutas o verduras sin lavar: _____
- G.1.d. Comer con las manos sucias: _____
- G.1.e. Comer alimentos mosqueados, mal cocidos o descompuestos: _____
- G.1.f. Otras causas: _____

- G.2. Por que es peligrosa la diarrea?
 - G.2.a. Porque se deshidratan los niños: _____
 - G.2.b. Porque los niños dejan de comer: _____
 - G.2.c. Porque los niños se desnutren: _____
 - G.2.d. Porque los niños se mueren: _____
 - G.2.e. Otras: _____

- G.3. Como reconoce si un niño esta deshidratado?
 - G.3.a. Escasez de orín, y el color del orín subido: _____
 - G.3.b. Perdida de peso: _____
 - G.3.c. Boca seca: _____
 - G.3.d. Ojos hundidos sin lágrimas: _____
 - G.3.e. Caída de mollera en niños pequeños: _____
 - G.3.f. Falta de elasticidad en la piel: _____

- G.4. Cuando un niño tuvo diarrea le dio pecho? (S/N): _____

- G.5. Cuando el niño tiene diarrea le da de tomar:
 - G.5.a. Mas líquidos: _____
 - G.5.b. Menos líquidos: _____
 - G.5.c. Igual cantidad: _____
 - G.5.d. No recuerda: _____

- G.6. Cuando el niño tiene diarrea le da de comer:
 - G.6.a. Mas comida: _____
 - G.6.b. Menos comida: _____
 - G.6.c. Igual cantidad: _____
 - G.6.d. Todavía no come: _____
 - G.6.e. No recuerda: _____

- G.7. Que tratamiento le dio al niño mientras tuvo diarrea?
 - G.7.a. Suero casero: _____
 - G.7.b. S.R.O: _____
 - G.7.c. Medicamentos: _____
 - G.7.d. Agua de arroz: _____
 - G.7.e. Infusión casera: _____
 - G.7.f. Otro tratamiento: _____
 - G.7.g. Ningún tratamiento: _____

- G.8. Cuando un niño tiene diarrea, con quien consulta o donde lo lleva para curarlo?
 - G.8.a. Familia/amigo: _____
 - G.8.b. Centro/Puesto Salud: _____
 - G.8.c. Farmacia: _____
 - G.8.d. Curandero: _____
 - G.8.e. Voluntario de Salud: _____
 - G.8.f. Ninguno: _____

G.9. Como prepara el Suero Casero: G.9.a. Correcto: _____
G.9.b. No sabe: _____

G.10. Como prepara las S.R.O.: G.10.a. Correcto: _____
G.10.b. No sabe: _____

H. MEDIO AMBIENTE

H.1. Que debemos hacer para proteger el medio ambiente:
H.1.a. No tirar la basura a los ríos: _____
H.1.b. Sembrar árboles para reponer los que se cortan: _____
H.1.c. Lavar ropa en el río: _____
H.1.d. Colocar la letrina cerca del río o fuentes de agua: _____
H.1.e. No defecar en el río o fuentes de agua: _____
H.1.f. Prevenir los incendios: _____
H.1.g. Evitar el uso de Agroquímicos: _____
H.1.h. Usar racionalmente los recursos naturales: _____
H.1.i. Otros: _____

I. CHARLAS EDUCATIVAS

I.1. Ha recibido charlas educativas (S/N): _____

Si la respuesta es "SI", pase a la pregunta I.3.

I.2. Porque no ha recibido las charlas?
I.2.a. No me he enterado: _____
I.2.b. Siempre hablan lo mismo: _____
I.2.c. No enseñan nada: _____
I.2.d. Muy lejos: _____
I.2.e. No entiendo lo que hablan: _____
I.2.f. No me gusta: _____
I.2.g. Me cae mal el que las da: _____
I.2.h. Otras: _____

Fin del inciso I., pase a la pregunta J.1.

I.3. Con que frecuencia reciben las charlas:
I.3.a. Cada semana: _____
I.3.b. Cada quince días: _____
I.3.c. Cada mes: _____
I.3.d. Cada 3 meses: _____
I.3.e. Cada 6 meses: _____
I.3.f. Mas de 6 meses: _____
I.3.g. Nunca: _____

- I.4. Donde ha recibido las charlas:
- I.4.a. Centro/Puesto de Salud: _____
 - I.4.b. Salón Comunal: _____
 - I.4.c. En comunidades vecinas: _____
 - I.4.d. En mi casa: _____
 - I.4.e. Otros: _____

- I.5. Que tipo de charlas a recibido?
- I.5.a. Sobre el manejo del agua: _____
 - I.5.b. Sobre el uso de la letrina: _____
 - I.5.c. Sobre el manejo adecuado de diarrea: _____
 - I.5.d. Sobre higiene personal: _____
 - I.5.e. Sobre higiene de la vivienda: _____
 - I.5.f. Sobre el manejo de la basura: _____
 - I.5.g. Sobre el medio ambiente: _____
 - I.5.h. Otras: _____

- I.6. Quien le dio las charlas?
- I.6.a. Miembro del Comité: _____
 - I.6.b. Voluntario: _____
 - I.6.c. Personal del Centro/Puesto de Salud: _____
 - I.6.d. Personal de PAYSA: _____
 - I.6.e. Otros: _____

J. VOLUNTARIO DE SALUD

- J.1. Existe algún Voluntario de Salud en la comunidad (S/N): _____
- J.2. El entrevistado identifica por nombre al o los voluntarios (S/N): _____
- J.3. El voluntario visita con frecuencia su vivienda (S/N): _____